ATTACHMENT 19
LOCAL HEALTH DEPARTMENT OR HEALTH DISTRICT
SAMPLE LETTER FOR CTR

TO: HIV Prevention Program Manager
Georgia Department of Community Health
Division of Public Health
12th Floor
2 Peachtree Street NW
Atlanta, GA 30303

This letter confirms that [INSERT NAME OF HEALTH DEPARTMENT] staff have reviewed and discussed [INSERT CBO NAME]'s plans for implementing HIV counseling, testing, and referral services.

[INSERT NAME OF HEALTH DEPARTMENT] can verify that this organization will comply with all state and local laws and regulations pertaining to HIV counseling, testing, and referral services.

We have discussed all issues below with [INSERT THE CBO NAME]:

- Anonymous versus confidential testing
- Follow-up for results
- Informed consent
- Early intervention services
- CLIA certificate of waiver
- Data collection and reporting
- Training of counselors
- Quality assurance of counselors
- Confidentiality
- Linkages with partner notification
- Surveillance reporting
- Local laws and regulations
- Laboratory processing
- Target population to be served
- Type of test(s) to be used
- Referral networks
- Physician orders

If you have any questions, please feel free to contact me at [INSERT CONTACT INFORMATION].

Sincerely,

[TYPE YOUR NAME HERE]
[TITLE]
[ADDRESS]