

# Sample HIV Criminalization Survey Assessment

Below are a series of sample questions which may be used by AIDS directors in assessing HIV-related policies and procedures at the state, county or local level. The National Alliance of State & Territorial AIDS Directors (NASTAD) has developed these sample questions in connection with the release of *Understanding HIV Criminalization Policy: a Summary of Survey Findings (Part II) and Strategic Guidance Towards Ending Criminalization-Related Stigma and Discrimination*. NASTAD encourages health departments to use all or any portion of these sample guidelines as may be appropriate. Whatever survey instrument is used, that survey must adhere to the principals set out in NASTAD's *Guidelines to End HIV Criminalization in Public Health Practice*.

<b>1</b>	Does your practice have any institutional policies that require persons who are HIV positive to sign forms or document and acknowledge possible criminal liability if they engage in otherwise legal conduct (such as sexual intercourse) without prior disclosure of their HIV status?	yes	no	uncertain
<b>2</b>	If you answered 'yes' to question 1, when were these institutional policies last reviewed?	within the last 12 months	1 year or more ago	uncertain
<b>3</b>	If you answered 'yes' to question 1, were these institutional policies reviewed to ensure they are consistent with local law?	yes	no	uncertain
<b>4</b>	If you answered 'yes' to question 1, were these institutional policies reviewed to ensure they are consistent with established public health approaches to disease prevention and health promotion?	yes	no	uncertain
<b>5</b>	If you answered 'yes' to question 1, do you have periodic training for members of your staff regarding these policies?	yes	no	uncertain
<b>6</b>	Regardless of your answer to question 1, please attach a copy of any form or document that requires an individual to acknowledge possible criminal liability if they engage in otherwise legal conduct (such as sexual intercourse) without prior disclosure of their HIV status or any written policy regarding these forms or documents.			
<b>7</b>	Does your practice have any institutional policies that may discourage individuals from seeking HIV testing, counseling or treatment services for concern of criminal liability for engaging in non-criminal conduct (such as counseling and testing consent forms which require agreement not to intentionally transmit)?	yes	no	uncertain

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<b>8</b>	If you answered 'yes' to question 7, when were these institutional policies last reviewed?	within the last 12 months	1 year or more ago	uncertain
<b>9</b>	If you answered 'yes' to question 7, were these institutional policies reviewed to ensure they are consistent with local law?	yes	no	uncertain
<b>10</b>	If you answered 'yes' to question 7, were these institutional policies reviewed to ensure they are consistent with established public health approaches to disease prevention and health promotion?	yes	no	uncertain
<b>11</b>	If you answered 'yes' to question 7, do you have periodic training for members of your staff regarding these policies?	yes	no	uncertain
<b>12</b>	Regardless of your answer to question 7, please attach a copy of any counseling and testing consent form and any written policy regarding these consent forms.			
<b>13</b>	Does your practice have any policies or procedures around the release of medical records to law enforcement in incidences involving alleged HIV exposure?	yes	no	uncertain
<b>14</b>	If you answered 'yes' to question 13, when were these institutional policies last reviewed?	within the last 12 months	1 year or more ago	uncertain
<b>15</b>	If you answered 'yes' to question 13, were these institutional policies reviewed to ensure they are consistent with applicable law (such as HIPAA)?	yes	no	uncertain
<b>16</b>	If you answered 'yes' to question 13, do you have periodic training for members of your staff regarding the policies and procedures?	yes	no	uncertain
<b>17</b>	If you answered 'yes' to question 13, do you have a person on staff who has responsibility for maintaining your medical records privacy policies?	yes (please provide the title of the person holding this position _____)	no	uncertain
<b>18</b>	Regardless of your answer to question 13, please attach a written copy of the written policies and procedures regarding medical records privacy.			