

Oklahoma

Introduction and Table of Contents

April 8, 2011

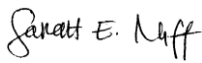
To the Reader:

The *Compendium of State HIV Testing Laws* describes key state HIV testing laws and policies. Each state's HIV testing laws are unique and many have undergone revision or supplementation since the release of the [CDC's 2006 HIV testing recommendations](#). The *Compendium* is designed to help clinicians understand HIV testing laws and to implement sound HIV testing policies. It should not, however, be used as an official legal document.

The NCCC provides clinical consultation for healthcare providers as part of the HRSA [AIDS Education and Training Centers](#) program. Clinicians with questions about HIV testing are encouraged to call the *National HIV Telephone Consultation Service (Warmline)* at (800) 933-3413. The Warmline also provides advice on HIV management, including antiretroviral treatment. Other NCCC consultation services include: the National Clinicians' Post-Exposure Prophylaxis Hotline ([PEPLINE](#)) at (888) 448-4911 for advice on managing occupational exposures to HIV and hepatitis; and the National Perinatal Consultation and Referral Service ([Perinatal HIV Hotline](#)) at (888) 448-8765 for consultation on preventing mother-to-child transmission of HIV.

We update the *Compendium* periodically, but it is beyond the scope of the project to perform updates and verification concurrent with all changes. We encourage readers to send updates (with citations when possible) and comments to Sarah Neff at neffs@nccc.ucsf.edu.

Thank you,



Sarah E. Neff, MPH
Director of Research and Evaluation

&



Ronald H. Goldschmidt, MD
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The Warmline, PEPLINE, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

Table of Contents	i
Definitions and Helpful Resources	ii
Quick Reference Guide for Clinicians to Oklahoma HIV Testing Laws	iii
Perinatal Quick Reference Guide for Clinicians	iv
State Policies Relating to HIV testing, 2011	OK-1 – OK-32

Definitions and Helpful Resources

April 8, 2011

Definitions Commonly Used Nationally

- **Anonymous Testing** – Patient’s name is not recorded with test results.
- **Confidential** – Patient’s name is recorded with test results.
- **HIV Prevention Counseling** – Refers to an interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV and developing a plan to take specific steps to reduce risks.¹
 - **Pre-test counseling** can include: (1) discussing HIV, risk factors and prevention methods; (2) explaining the meaning of positive and negative test results and their implications; (3) assessing the patient’s personal and social supports; (4) determining the patient’s readiness to cope with test results; (5) discussing disclosure of test results to others; and (6) advising the patient if reporting positive test results to health authorities is required.
 - **Post-test counseling** can include: (1) informing the patient of the results and meaning of the test results; (2) providing education about avoiding risks of sexual and injection drug exposures; and, for patients who test positive, (3) assessing the impact of test results for the patient and family; (3) explaining treatment options; (4) discussing partner counseling and disclosure of test results to others; and (5) initiating a support and treatment plan.
- **General Consent** – Consent for HIV screening is included in the general medical consent.
- **HIV** – Human Immunodeficiency Virus.
- **Informed Consent** – A process of communication between patient and provider through which an informed patient can choose whether to undergo HIV testing or decline to do so. Elements of informed consent typically include providing oral or written information regarding HIV, the risks and benefits of testing, the implications of HIV test results, how test results will be communicated, and the opportunity to ask questions.¹
- **Name-based reporting** – Cases are reported by patient name (required in all states except HI and VT).
- **Opt-in** – Patients typically are provided pre-HIV test counseling and must consent specifically to an HIV-antibody test, either orally or in writing.²
- **Opt-out** – Performing HIV screening after notifying the patient that: the test will be performed; and the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.¹
- **Routine Testing** – HIV screening that is performed routinely during health-care encounters.
- **Rapid Testing** – Testing with any of the six FDA-approved rapid HIV tests that produce results in 30 minutes or less.³
- **Specific Consent** – Consent for the HIV screening is separate from the general medical consent.

Helpful Resources

CDC Recommendations and Guidelines: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>

Emergency Department Implementation Guide: <http://edhivtestguide.org/>

Prenatal HIV Testing Website: <http://www.cdc.gov/hiv/topics/perinatal/1test2lives/>

For questions or comments about the compendium, contact NCCC: neffs@nccc.ucsf.edu

Clinicians with questions about HIV testing can call the Warmline at 800-933-3413.

¹ Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR Recomm Rep. 2006 Sep 22;55(RR-14):1-17; quiz CE1-4. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

² <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>

³ <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

Oklahoma

A Quick Reference Guide for Clinicians to Oklahoma HIV Testing Laws

April 8, 2011

This Quick Reference Guide for clinicians is a summary of relevant Oklahoma state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Oklahoma HIV testing laws, please refer to the section of the Compendium that follows this Quick Reference Guide.

Informed Consent

- If the testing person, employer, or facility is presented with a written statement of consent by the person being tested, no civil or criminal liability shall be incurred.

Counseling

- Physician must instruct in measures of preventing the spread of disease and of the necessity for treatment with HIV positive test results.

Provisos of Testing

- **Anonymous**
 - No specific provisions regarding anonymous testing were found.
- **Rapid**
 - Rapid testing may be used on source patient in cases of occupational exposure of health care workers.
- **Routine**
 - No specific provisions regarding routine testing were found.

Disclosure

- No specific provisions regarding the notification of partners or contacts were found.

Minor/Adolescent Testing

- Minors may consent to STD testing, HIV explicitly included.
- Physicians may, but are not required to, notify the parents of the HIV test result.

Oklahoma

Perinatal Quick Reference Guide:

A Guide to Oklahoma Perinatal HIV Testing Laws for Clinicians

April 8, 2011

This Perinatal Quick Reference Guide for clinicians is a summary of relevant Oklahoma perinatal state HIV testing laws. Note that if a section in this Quick Reference Guide reads “no specific provisions were found,” provisions actually might exist for this topic within the state’s statutes, codes, or rules and regulations, but probably are not essential to clinicians.

For a more complete synopsis of Oklahoma HIV testing laws, please refer to the corresponding section of the *State HIV Testing Laws Compendium* (www.nccc.ucsf.edu), “Testing of pregnant women and/or newborns.”

Prenatal

- **Initial visit**
 - No specific provisions regarding initial visit prenatal testing were found.
- **Third trimester**
 - No specific provisions regarding third trimester prenatal testing were found.

Labor & Delivery

- No specific provisions regarding labor & delivery testing were found.

Neonatal

- No specific provisions regarding neonatal testing were found.

Other

- **Counseling**
 - Physician must instruct in measures of preventing the spread of disease and of the necessity for treatment with HIV positive test results.

**Oklahoma
State Policies Relating to HIV Testing, 2011**

Table of Contents

Oklahoma Statutes [OS]

Title 43A: Mental Health..... Page 4
Title 63: Public Health and Safety..... Pages 5-19

Oklahoma Administrative Rules [OAR]

Title 130: Cerebral Palsy Commission Page 20
Title 195: Board of Dentistry..... Page 21
Title 310: Oklahoma State Department of Health..... Pages 22-25
Title 340: Department of Human Services..... Pages 26-30
Title 450: Department of Mental Health and Substance Abuse Services.....Page 31
Title 550: Oklahoma Police Pension and Retirement System..... Page 32

	Policy Category	Type	Section Code(s)
RESTRICTIONS/MANDATES	Restrictions on use of HIV test	No related laws found	
	Mandatory testing within the criminal justice system	Occupational exposure – law enforcement officers, prison employees may request testing of source inmate	63 OS §1-523 63 OS §1-502.1
		Persons charged with prostitution	63 OS §1-524 63 OS §1-524.1
		Persons charged with a sex offense	63 OS §1-524 63 OS §1-524.1
	Mandatory testing outside of the criminal justice system	Occupational exposure – health care workers may request testing of source patient. No liability if written statement of verification of exposure or court order	63 OS §1-502.3
		Occupational exposure - dental health care workers who expose patients must notify patient of exposure and undergo testing	OAR 195:35-1-5
		General exposures – health care workers, EMS, funeral workers may request testing of source patient	OAR 310:555-1-4
		Blood, tissue, or sperm donations	63 OS §2151.1
		Child under care of Child Welfare may be tested for HIV if	OAR 340:75-1-114

		deemed at high risk	
PRE-TESTING	Mandatory offering of HIV/AIDS information and/or testing	HIV testing must be offered to all drug dependent persons in state and community facilities	43A OS §3-425.1 OAR 450:17-3-62
	Informed consent	No age limits on giving consent – minors OK	63 OS §1-532.1
		No civil or criminal liability if testing person, employer, or facility is presented with a written statement of consent by person being tested	63 OS § 1-502.3
	Counseling requirements	Treating physician must instruct patients in measures of preventing the spread of such disease and of the necessity for treatment with HIV+ results	63 OS §1-528
		Mandated pre- and post-test counseling for victims of sex offenses who choose to get test	63 OS §1-525
		Department certified employees responsible for pre- and post-test counseling	OAR 340:75-1-118
		Counseling must be made available for wards of Child Welfare	OAR 340:75-1-114
		Community mental health services must refer all drug dependent persons to counseling	OAR 450:17-3-62
		Anonymous testing	No related laws found
	POST-TESTING	Disclosure/confidentiality	HIV test results as confidential
Exceptions to confidentiality			63 OS §1-502.2 63 OS §1-502.1
Instructions/requirements for lawful disclosure			63 OS §1-502.3 63 OS §1-502.2 63 OS §1-502.1
Disclosure in health care worker, emergency medical services, state employee exposure cases			63 OS §1-502.3 63 OS §1-502.2 63 OS §1-502.1
Disclosure to law enforcement officers for purposes of apprehending escaped suspect			63 OS §1-502.2
Disclosure to employees of Pardon and Parole Board if direct contact with inmate			63 OS §1-523

		Disclosure to funeral directors	63 OS §1-502.2 63 OS §1-502.1
		Disclosure of HIV status of sex offender to victim	63 OS §1-525
		Victim notification	OAR 310:564-5-1 63 OS §1-525
		Court orders may allow access to confidential test results	63 OS §1-502.2
	Reporting	HIV diagnoses must be reported – not specified name vs. code-based reporting; OSDH forms require name	63 OS §1-503 63 OS §1-527
OTHER	Testing of pregnant women and/or newborns	No related laws found	
	Testing of minors/adolescents	Minors may consent to STD services	63 OS §2602 63 OS §1-532.1
		Minors may consent to HIV testing and treatment	63 OS §2602
		County health departments do not provide HIV services for minors under 12 years	OAR 310:564-5-2
		Physicians may, but are not required to, inform parents	63 OS §2602
	Rapid HIV testing	May be used to test source patient of exposed healthcare worker	OAR 310:555-1-4
Training and education of health care providers	Educational training required for all Child Welfare employees	OAR 340:75-1-114	

Recommended Resources

Oklahoma Legislature

<http://www.lsb.state.ok.us/>


Oklahoma Administrative Code

<http://204.87.112.100/oar/codedoc02.nsf/frmMain?OpenFrameSet&Frame=Main&Src=75tnm2shfcdnm8pb4dthj0chedppmcbq&dtmmak31ctijujpgcln50ob7ckj42tbkdt374obdcli00>


Oklahoma State Department of Health

www.health.state.ok.us/

Title 43A: Mental Health

OK Title 43A Code §	Code Language
§ 3-425.1	<p>HIV education, testing and counseling services</p> <p>Every approved treatment facility in this state shall:</p> <ol style="list-style-type: none">1. provide Human Immunodeficiency Virus (H.I.V.) infection education sessions to drug-dependent persons in such facility and shall make said education sessions available to the spouses or other sexual partners of such persons as part of its treatment program for drug-dependent persons; and2. refer all drug-dependent persons in its program for Human Immunodeficiency Virus (H.I.V.) infection testing and counseling. <p>The treatment facility shall provide assistance as necessary to enable drug-dependent persons in its program to receive said testing and counseling services and may enter into a contract with a public or private organization for the provision of testing or counseling services at the treatment facility site. The results of individual tests shall be maintained in a confidential manner as required by state and federal law. </p>

Title 63: Public Health and Safety	
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OK Title 63 Code §	Code Language
§ 1-501	<p>Definitions</p> <p>For the purposes of this article:</p> <p>(a) The term "disease" means the disturbances of the normal functions or alterations of the state of the human body resulting in physical or mental ill health and/or disability.</p> <p>(b) The term "prevention" means any and all conditions that may preclude or reduce the possibility of the onset or beginning of disease.</p> <p>(c) The term "control" means any and all procedures which modify, or may modify, favorably the course of disease.</p> <p>(d) The term "communicable disease" means an illness due to a specific infectious agent or its toxic products, arising through transmission of that agent or its products from reservoir to susceptible host, either directly as from an infected person or animal, or indirectly through the agent of an intermediate plant or animal host, a vector, or the inanimate environment. It also means an infestation by an ectoparasite and similar species. </p>
§ 1-502.1	<p>Communicable diseases--Universal precautions--Rules and regulations--Risk exposure</p> <p>A. All agencies and organizations that regularly employ emergency medical technicians, paramedics, fire fighters, peace officers, as defined in Section 648 of Title 21 of the Oklahoma Statutes, correctional officers and employees, or health care workers, all mental health or mentally retarded treatment or evaluation programs that employ persons involved with providing care for patients, the J.D. McCarty Center for Children with Developmental Disabilities, and all juvenile institutions of the Department of Human Services shall implement the universal precautions for the prevention of the transmission of communicable diseases published by the Centers for Disease Control, U.S. Public Health Service, in the Morbidity and Mortality Weekly Report, Volume 36, Number 2S or as subsequently amended.</p> <p>B. The State Board of Health shall promulgate rules and guidelines that will implement a system of notification of emergency medical technicians, paramedics, fire fighters, health care workers, funeral directors and peace officers relating to risk exposures during health care activities, emergency response activities or funeral preparations. Risk exposure shall be defined by the State Board of Health to be exposure that is epidemiologically demonstrated to have the potential for transmitting a communicable disease.</p> <p>C. The Mental Health Board, Commission for Human Services, Oklahoma</p>



OK Title 63 Code §	Code Language
	Cerebral Palsy Commission, and State Board of Corrections shall each promulgate rules, guidelines or policies to provide for such notification of risk exposures to persons employed by such agencies
§ 1-502.2	<p>Certain information to be confidential--Circumstances under which release permissible--Written consent defined--Multidisciplinary advisory committee on HIV/HBV-infected health care workers--Wrongful disclosure of certain information</p> <p>A. Unless otherwise provided by law, all information and records which identify any person who has or may have any communicable or venereal disease which is required to be reported pursuant to Sections 1-501 through 1-532.1 of this title and which are held or maintained by any state agency, health care provider or facility, physician, health professional, laboratory, clinic, blood bank, funeral director, third party payor, or any other agency, person, or organization in the state shall be confidential. Any information authorized to be released pursuant to paragraphs 1 through 8 of this subsection shall be released in such a way that no person can be identified unless otherwise provided for in such paragraph or by law. Such information shall not be released except under the following circumstances:</p> <ol style="list-style-type: none"> 1. Release is made upon court order; 2. Release is made in writing, by or with the written consent of the person whose information is being kept confidential or with the written consent of the legal guardian or legal custodian of such person, or if such person is a minor, with the written consent of the parent or legal guardian of such minor; 3. Release is necessary as determined by the State Department of Health to protect the health and well-being of the general public. Any such order for release by the Department and any review of such order shall be in accordance with the procedures specified in Sections 309 through 323 of Title 75 of the Oklahoma Statutes. Only the initials of the person whose information is being kept confidential shall be on public record for such proceedings unless the order by the Department specifies the release of the name of such person and such order is not appealed by such person or such order is upheld by the reviewing court; 4. Release is made of medical or epidemiological information to those persons who have had risk exposures pursuant to Section 1-502.1 of this title; 5. Release is made of medical or epidemiological information to health professionals, appropriate state agencies, or district courts to enforce the provisions of Sections 1-501 through 1-532.1 of this title and related rules and regulations concerning the control and treatment of communicable or venereal diseases; 6. Release is made of specific medical or epidemiological information for statistical purposes in such a way that no person can be identified; 7. Release is made of medical information among health care providers, their agents or employees, within the continuum of care for the purpose of diagnosis and treatment of the person whose information is released. This exception shall not authorize the release of confidential


OK Title 63 Code §	Code Language
	<p>information by a state agency to a health care provider unless such release is otherwise authorized by this section; or</p> <p>8. When the patient is an inmate in the custody of the Department of Corrections or a private prison or facility under contract with the Department of Corrections, and the release of the information is necessary:</p> <ul style="list-style-type: none"> a. to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and it is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat, or b. for law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody. <p>B. For the purposes of this section only, the words "written consent" shall mean that the person whose information is required to be kept confidential by this section or the person legally authorized to consent to release by this section has been informed of all persons or organizations to whom such information may be released or disclosed by the specific release granted. Releases granted pursuant to paragraph 2 of subsection A of this section shall include a notice in bold typeface that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). Consent obtained for release of information, pursuant to paragraph 2 of subsection A of this section, shall not be considered valid unless prior to consent, the person consenting to the release was given notice of the provisions for release of confidential information pursuant to this section.</p> <p>C. 1. The State Department of Health may convene a confidential meeting of a multidisciplinary team for recommendation on school placement of a student who is infected with the human immunodeficiency virus. The multidisciplinary team shall include, but not be limited to the following:</p> <ul style="list-style-type: none"> a. the parent, parents, legal representative, or legal guardian or legal custodian of the student; b. the physician of the student; c. a representative from the superintendent's office of the affected school district; d. a representative from the State Department of Education; and e. a representative from the State Department of Health. <p>Each member of the team shall be responsible for protecting the confidentiality of the student and any information made available to such person as a member of the team. The multidisciplinary team shall be exempt from the requirements of Sections 301 through 314 of Title 25 of the Oklahoma Statutes and Sections 24A.1 through 24A.19 of Title 51 of the Oklahoma Statutes.</p>


OK Title 63 Code §	Code Language
	<p>2. Each member of the local school board having jurisdiction over the student shall also be responsible for protecting the confidentiality of the student and any information made available to such person as a school board member.</p> <p>D. The State Department of Health may convene a confidential meeting of a multidisciplinary advisory committee to make recommendations regarding the practice of health care workers who are infected with the human immunodeficiency virus (HIV) or hepatitis B (HBV), who may be performing exposure-prone procedures. The membership of the multidisciplinary advisory committee shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. The Commissioner of Health or her designee; 2. Legal counsel to the Commissioner of Health; 3. The state epidemiologist or his designee; 4. An infectious disease specialist with expertise in HIV/HBV infection; <p>and</p> <ol style="list-style-type: none"> 5. Two practicing health care workers from the same discipline as the HIV/HBV-infected health care worker. <p>In addition, the health care worker being discussed, and/or an advocate, and the personal physician of the health care worker being discussed shall be invited to the multidisciplinary advisory committee meeting. Discussion of the case shall be made without using the actual name of the health care worker. Each member of the multidisciplinary advisory committee shall be responsible for protecting the confidentiality of the HIV/HBV-infected health care worker and the confidentiality of any information made available to such person as a member of the multidisciplinary advisory committee. The multidisciplinary advisory committee shall be exempt from the requirements of the Oklahoma Open Meeting Act and the Oklahoma Open Records Act.</p> <p>E. Upon advice of the multidisciplinary advisory committee, the Commissioner of Health, or her designee, may notify an appropriate official at the health care facility where the HIV/HBV-infected health care worker practices that said health care worker is seropositive for HIV and/or HBV. Notification shall be made only when necessary to monitor the ability of the HIV/HBV-infected health care worker to comply with universal precautions and appropriate infection control practices, and/or to monitor the ongoing functional capacity of the health care worker to perform his or her duties. Notification shall occur through one of the following officials:</p> <ol style="list-style-type: none"> 1. The facility administrator; 2. The hospital epidemiologist; 3. The chairman of the infection control committee of the facility; or 4. The medical chief of staff of the facility. <p>F. If the HIV/HBV-infected health care worker fails or refuses to comply with the recommendations of the multidisciplinary advisory committee, the Commissioner of Health, or her designee, may take such actions as</p>

OK Title 63 Code §	Code Language
	<p>may be required to perform the duties imposed by the laws of the State of Oklahoma, and may advise the appropriate licensing board.</p> <p>G. Any person who negligently, knowingly or intentionally discloses or fails to protect medical or epidemiological information classified as confidential pursuant to this section, upon conviction, shall be guilty of a misdemeanor punishable by the imposition of a fine of not less than One Thousand Dollars (\$ 1,000.00) or by imprisonment in the county jail for not more than thirty (30) days, or by both such fine and imprisonment.</p> <p>H. Any person who negligently, knowingly or intentionally discloses or fails to protect medical or epidemiological information classified as confidential pursuant to this section shall be civilly liable to the person who is the subject of the disclosure for court costs, attorney fees, exemplary damages and all actual damages, including damages for economic, bodily or psychological harm which is proximately caused by the disclosure.</p>
§ 1-502.3	<p>Persons withdrawing or testing blood for human immunodeficiency virus (HIV)--Civil and criminal liability--Definitions</p> <p>A. No person who withdraws or tests blood for human immunodeficiency virus or employer of such person nor any hospital or health care facility where blood is withdrawn or tested for human immunodeficiency virus shall incur any civil or criminal liability as a result of the proper withdrawal of blood or testing for human immunodeficiency virus when acting in compliance with the provisions of this section. The withdrawal or testing shall be performed in a reasonable manner, according to generally accepted clinical practice. The person, employer or facility shall be presented with:</p> <ol style="list-style-type: none"> 1. A written statement by the person whose blood is to be withdrawn and tested; or 2. A written statement from a health care or emergency care worker verifying that the health care or emergency care worker in an occupational setting has been exposed to the bodily fluids of the person whose blood is to be withdrawn and tested, which exposure placed the health care or emergency care worker at risk for transfer of the bodily fluids; or 3. An order from a court of competent jurisdiction that blood be withdrawn and tested. <p>When presented with such a statement or court order, the person authorized to withdraw the blood, the employer and the hospital or other health care facility where the withdrawal or testing occurs may rely on such statement or order as evidence that the person has consented to or has been required to submit to the clinical procedure and shall not be required to obtain any additional consent, acknowledgement or waiver form. In such case, the person authorized to perform the procedure, the employer of such person, and the hospital or other health care facility</p>


OK Title 63 Code §	Code Language
	<p>shall not be liable in any action alleging lack of consent or lack of informed consent.</p> <p>B. No person specified in this section shall incur any civil or criminal liability for:</p> <ol style="list-style-type: none"> 1. Providing results of the testing to: <ol style="list-style-type: none"> a. the person whose blood was tested, b. the person incurring the exposure, or c. the State Department of Health or such agency it may designate; 2. Not providing the results of the testing to any other person; or 3. Failing to diagnose or falsely diagnosing the presence of the human immunodeficiency virus where the procedure was performed in a reasonable manner according to generally accepted clinical practice. <p>C. For the purposes of this section:</p> <ol style="list-style-type: none"> 1. "Bodily fluids" means fluids which have been medically proven and medically accepted as transmitters or conductors of human immunodeficiency virus; and 2. "Health care worker" or "emergency care worker" means one of the persons specified in subsection A of Section 1-502.1 of this title. 
§ 1-503	<p>Reports of disease</p> <p>(a) The State Board of Health shall promulgate rules and regulations establishing a system of reporting of cases of diseases diagnosed or detected by practicing physicians and/or clinical laboratories which come within the purview of this article. A reporting system established by the Board shall be applicable to penal and eleemosynary institutions. Failure or refusal to report diseases as required by the Board shall constitute a misdemeanor.</p> <p>(b) It shall be the duty of each local health officer to report the existence of disease in his jurisdiction, as may be required by rules and regulations of the State Board of Health. </p>
§ 1-517	<p>Definitions</p> <p>For the purposes of the following sections of this article:</p> <p>(a) The term "venereal disease" means syphilis, gonorrhea, chancroid, granuloma inguinale, lymphogranuloma venereum and any other disease which may be transmitted from any person to any other person through or by means of sexual intercourse and found and declared by medical science or accredited schools of medicine to be infectious or contagious; and is hereby declared to be communicable and dangerous to the public health.</p> <p>(b) The term "infected person" means any individual, either sex, who may be carrying the organism or is afflicted with any venereal disease.</p>




OK Title 63 Code §	Code Language
	<p>(c) The term "dealer" means any person who may handle, for sale, any medicinal remedies or supposed remedies for venereal diseases, and the agents, clerks and employees of any such person; and any person who may profess or claim to treat or cure, by the use of medicine or otherwise, any venereal disease, and his agents, clerks and employees.</p> <p>(d) The term "physician" shall include reputable physicians who have complied with all the requirements of law regulating the practice of their respective schools of medicine, and duly licensed by such law to practice medicine in their respective schools, or surgery, or both, and no other person. </p>
§ 1-518	<p>Report and treatment of disease</p> <p>It shall be unlawful for any person, being an infected person, to refuse, fail or neglect to report such fact to, and submit to examination and treatment by, a physician. </p>
§ 1-519	<p>Diseased persons--Marriage or sexual intercourse</p> <p>It shall be unlawful and a felony for any person, after becoming an infected person and before being discharged and pronounced cured by a physician in writing, to marry any other person, or to expose any other person by the act of copulation or sexual intercourse to such venereal disease or to liability to contract the venereal disease.</p>
§ 1-523	<p>Institutions--Treatment of infected inmates--Notice to persons in contact with infected inmates--Testing of inmates</p> <p>A. 1. Any and all institutions in this state, whether penal or eleemosynary, public or private, and free or for pay, shall make, and preserve for a period of at least one (1) year, a record showing the name, age, sex, race, nationality and place of residence of any infected inmate of such institution who may come to their knowledge.</p> <p>2. The institution shall make available such record at all reasonable hours for inspection by the State Commissioner of Health or the local health officer.</p> <p>3. Such institutions shall further furnish a physician and all proper medicines, instruments and apparatus for the proper treatment of such infected inmate.</p> <p>B. Each institution and each Department of Corrections district office, and each county or municipal jail shall notify their correctional officers, probation and parole officers, and any jailor, or other employee or any employee of the Pardon and Parole Board, who has or will have direct contact with an inmate, when such inmate is infected with the human immunodeficiency virus (HIV) or has the Acquired Immune Deficiency Syndrome (AIDS) disease.</p> <p>C. 1. If an officer or employee of the State of Oklahoma, or any other</p>


OK Title 63 Code §	Code Language
	<p>person comes into contact with the bodily fluids of an inmate in a state correctional facility, the Director of the Department of Corrections or designee, under such rules as the Director shall promulgate to carry out the provisions of this section, shall cause such inmate to be tested for such disease, if no prior record of the existence of such disease exists.</p> <p>2. The Director or designee shall promptly communicate in writing the results of the test to the person so exposed and refer the employee to the Department of Correction's Employee Assistance Program for appropriate referrals for counseling, health care, and support services for the person so exposed.</p> <p>3. As used in this section, the term "serious transmissible disease" means the Human Immunodeficiency Virus (HIV) and hepatitis. </p>
§ 1-524	<p>Prisoners--Examinations--Testing certain persons for venereal disease or human immunodeficiency virus (HIV)--Treatment--Quarantine</p> <p>A. The keeper of any prison or penal institution in this state shall cause to be examined every person confined in such prison or penal institution, to determine whether such person is an infected person.</p> <p>B. Any licensed physician may examine persons who are arrested by lawful warrant for prostitution, or other sex crimes not specified in Section 2 of this act, for the purpose of determining if they are infected with a venereal disease or a communicable disease including, but not limited to, the human immunodeficiency virus (HIV). For purposes of expediting such examination, in counties with a population of greater than four hundred thousand (400,000), the county sheriff or the chief of police of any municipality with a population of greater than two hundred thousand (200,000) that is located within such county and that has a municipal court of record shall notify the city-county health department serving the county of any person who has been arrested by county or city officers for prostitution. Any such examination shall be made subsequent to arrest and if the examination is for the human immunodeficiency virus, upon order of the court issued at the initial appearance of the arrested person. Every person shall submit to the examination and shall permit specimens to be taken for laboratory examinations. Such person may be detained until the results of the examination are known. The examination shall be made by a licensed physician. A determination as to whether or not the person is infected shall not be based on any prior examination. Any person found to be infected with a venereal disease shall be treated by the State Commissioner of Health or local health officer, or a physician of such person's own choice, until such person is noninfectious or dismissed by the Commissioner or local health officer or physician. In the event a person infected with a venereal disease refuses or fails to submit to treatment, then such person may be quarantined for the purpose of treatment, and a report thereof shall be made to the Commissioner.</p> <p>C. For purposes of this section, the term "initial appearance" shall refer</p>


OK Title 63 Code §	Code Language
	to the first court appearance of an individual, in person or by closed circuit television, before a magistrate on a presentment, indictment or preliminary information on a felony offense. 
§ 1-524.1	<p>Examination of certain arrested persons for venereal disease including human immunodeficiency virus (HIV)--Court order--Required provisions--Notification concerning results to victim's designated professional--Treatment--Responsibility for costs</p> <p>A. A licensed physician shall examine persons who are arrested by lawful warrant for the offense of first or second degree rape, forcible sodomy or the intentional infection or attempt to intentionally infect a person with the human immunodeficiency virus for the purpose of determining if the person is infected with a venereal disease, including, but not limited to, the human immunodeficiency virus (HIV). For purposes of expediting such examination, in counties with a population of greater than four hundred thousand (400,000), the county sheriff or the chief of police of any municipality with a population of greater than two hundred thousand (200,000) that is located within such county and that has a municipal court of record shall notify the city-county health department serving the county of any person who has been arrested by county or city officers for such offense. Any such examination shall be made subsequent to arrest as provided in this section. Every person shall submit to the examination and shall permit specimens to be taken for laboratory examinations. Such person may be detained until the results of the examination are known. A determination as to whether or not the person is infected shall not be based on any prior examination. Any person found to be infected with a venereal disease shall be treated by the State Commissioner of Health or local health officer, or a physician of such person's own choice, until such person is noninfectious or dismissed by the Commissioner or local health officer or physician. The costs of such treatment shall be the responsibility of the person who is examined and tested and the court shall order the person to pay such costs. In the event a person infected with a venereal disease refuses or fails to submit to treatment, then such person may be quarantined for the purpose of treatment, and a report thereof shall be made to the Commissioner.</p> <p>B. The district attorney shall file a motion for a court-ordered examination and testing of the person arrested for the offenses specified in subsection A of this section at the time the criminal charges are filed or the court may provide a standing order for such examination and testing which shall issue automatically at the time of arrest for the offenses specified in subsection A of this section.</p> <p>C. Any peace officer in this state upon the arrest of a person within six (6) hours or less of the actual offense of first or second degree rape, forcible sodomy or intentional infection or attempt to intentionally infect a person with the human immunodeficiency virus shall immediately deliver and submit the person for a rapid test for human immunodeficiency virus (HIV) without a court order, if a rapid test site is</p>

OK Title 63 Code §	Code Language
	<p>available. If the rapid HIV test results are positive the physician examining the victim of such offense shall be immediately notified and the physician shall immediately provide the victim with preventive treatment, if the victim can be treated within the medically proscribed period for preventive measures.</p> <p>D. The examination and testing required by this section shall not be for evidentiary purposes and shall be expedited and conducted solely to screen for and identify the need for the victim's treatment due to potential exposure to venereal diseases. A confirmation examination and test may be conducted following any examination or test yielding a positive result that is not conclusive of the presence of the human immunodeficiency virus (HIV) or other venereal diseases.</p> <p>E. The court shall include the following provisions in its order and shall not include the name or address of the alleged victim:</p> <ol style="list-style-type: none"> 1. A list of specific examinations and tests, including, but not limited to: blood tests for human immunodeficiency virus (HIV), hepatitis B, hepatitis C, and syphilis, and cultures or smears for gonorrhea and chlamydia, and visual examinations for evidence of genital herpes and genital warts for which examinations and tests are available; 2. A provision requiring the physician, clinic or hospital which provides the examination and testing to immediately notify the district attorney's office, through the Victim Witness Coordinator, when the test and examination results have been completed; 3. A provision requiring copies of the examination report and test results be forwarded by the physician, clinic or hospital that conducted such examination and tests to the designated physician or counseling site as made known to the Victim Witness Coordinator by the victim, or if not specified by the victim then copies of the reports and results shall be forwarded to the Victim Witness Coordinator. Results of examinations and tests shall be forwarded within three (3) days of completion of the examination or testing; 4. A provision that the victim be notified within three (3) days of the receipt of the examination report and test results by the designated physician or counseling site as designated by the victim or the Victim Witness Coordinator, if no designation has been made by the victim; 5. A provision directing the offender and victim to be treated for infection as indicated in any positive examination and test result; and 6. A provision directing the facility having custody of the arrested person to be responsible for the costs of examination and tests; provided, however, that the court may order reimbursement of such costs at the time of sentencing. <p>F. Upon notification that the results of the examination and tests are completed, the Victim Witness Coordinator shall instruct the physician, clinical laboratory or hospital that completed such results to forward copies of the results according to the victim's designation or, if no designation has been made, forward copies to the Victim Witness Coordinator's office. The Victim Witness Coordinator shall notify the</p>

OK Title 63 Code §	Code Language
	<p>victim's designated professional that the results are being forwarded and instruct the victim to set a time to receive the results in person.</p> <p>G. When the examination and test results indicate infection of any venereal disease, the victim shall be treated by the State Commissioner of Health or local health officer, or a physician of the victim's own choice, until noninfectious or dismissed by the Commissioner, local health officer or physician.</p> <p>H. All examinations and testing shall be performed by a licensed physician and/or clinical laboratory or hospital. The test forms shall include the words "Sex Crime" to expedite handling and shall include a criminal case number, if known.</p> <p>I. If the arrested person refuses to be examined and tested upon arrest, the court shall issue an order for such examination and test at the initial appearance of the person arrested.</p> <p>J. The cost of examination and testing authorized by this section shall be the responsibility of the facility having custody of the person at the time of arrest. The court shall order the defendant to reimburse such facility at the time of sentencing for all actual costs associated with examination and testing required by this section. No cost of any kind shall be incurred by any victim of such crimes for testing, obtaining the results of tests, or for treatment required by a victim due to a positive result for a test for venereal disease resulting from an offense specified in this section.</p> <p>K. For purposes of this section, the term "initial appearance" shall refer to the first court appearance of an individual, in person or by closed circuit television, before a magistrate on a presentment, indictment or preliminary information on a felony offense. </p>
§1-525	<p>Prescriptions and records—Exposure</p> <p>A. Except as otherwise provided by law, the prescription and records required by the foregoing provisions to be filed and kept shall not be exposed to any person other than the State Commissioner of Health or local health officer, or when properly ordered by a court of competent jurisdiction to be used as evidence in such court, and no information whatever shall be given to any person concerning any infected person except to appropriate persons for use in the proper courts of this state. Provided, that records of diagnosis and treatment may be transmitted to physicians and to health authorities in this and other states upon written request of the person affected. Provided further, results of examinations conducted on persons arrested by lawful warrant for the offense of first or second degree rape, forcible sodomy, or intentional infection or attempted infection of a person with the human immunodeficiency virus, shall be provided to the alleged victim of the crime upon the request of the victim, the parent of the victim if the victim is a minor, or upon request of the legal guardian or custodian of the victim. The name of the</p>

OK Title 63 Code §	Code Language
	<p>arrested and examined person shall not be disclosed on the transmitted record. The State Department of Health shall provide to the victims the positive test results. The Department shall provide free testing to the alleged victim for any venereal or communicable disease for which the arrestee tests positive, as indicated in the transmitted record of diagnosis. Such testing shall be accompanied with pretest and post-test counseling. Such counseling shall include the provision of information to the victim or the parent, legal guardian or custodian of the victim concerning the venereal or communicable disease indicated in the transmitted record and the location of public and private facilities in the vicinity offering tests and counseling for persons who have the venereal or communicable disease.</p> <p>B. The State Board of Health shall promulgate rules and regulations for the examination authorized or required by Section 1-524 of this title and for the release of records containing results of examinations authorized by subsection A of this section. The rules and regulations shall establish procedural guidelines which respect the rights of the person arrested for the alleged offense and the victim of the alleged offense.</p>
§ 1-527	<p>Reports of venereal disease</p> <p>Any physician who makes a diagnosis or treats a case of venereal disease, and every superintendent or manager of a hospital, dispensary or charitable or penal institution in which there is a case of venereal disease, shall report such case immediately, in writing, to the State Commissioner of Health, or the local health officer, in the same manner as other communicable diseases are reported, in forms to be prescribed and furnished by the Commissioner. </p>
§ 1-528	<p>Venereal disease cases--Instructions--Notification</p> <p>(a) It shall be the duty of every physician who examines or treats a person having a venereal disease to instruct him in measures preventing the spread of such disease and of the necessity for treatment until cured.</p> <p>(b) If an attending physician or other person knows or has good reason to suspect that a person having a venereal disease is so conducting himself as to expose other persons to infection, or is about to so conduct himself, he shall notify the local health officer of the name and address of the diseased person and the essential facts in the case. </p>
§ 1-532.1	<p>Minor's consent to examination and treatment for venereal disease</p> <p>Any person, regardless of age, has the capacity to consent to examination and treatment by a licensed physician for any venereal disease. </p>
§ 1-534.2	<p>State Plan for the Prevention and Treatment of AIDS--Contents</p>

OK Title 63 Code §	Code Language
	<p>The State Plan for the Prevention and Treatment of AIDS shall include, but not be limited to:</p> <ol style="list-style-type: none"> 1. Coordinated or joint recommendations for funding, legislation and other appropriate action for the prevention and control of the spread of the Human Immunodeficiency Virus and AIDS, the provision of necessary treatment and other services to persons infected with the virus, and the protection of human and civil rights and the health of the citizens of this state; 2. Education and information programs about the Human Immunodeficiency Virus and AIDS which are intended for the general public, health care professionals and other professionals, and specialized education and information efforts, as appropriate, for the effective prevention and control of the spread of the Human Immunodeficiency Virus and AIDS. The programs shall include, but not be limited to, instruction indicating that: <ol style="list-style-type: none"> a. engaging in any promiscuous homosexual, bisexual or heterosexual activity or intravenous chemical substance use, or contact with contaminated blood products is now known to be the primary method of transmission of the Human Immunodeficiency Virus and AIDS, b. avoiding the activities specified in subparagraph a of this paragraph is the only known method of preventing the spread of the Human Immunodeficiency Virus and AIDS, c. sexual intercourse, with or without condoms, with any person testing positive for Human Immunodeficiency Virus (HIV) antibodies, or any other person infected with HIV, places an individual in a high-risk category for contracting AIDS, d. abstinence from sexual activity is the only certain means of preventing the spread or contraction of the Human Immunodeficiency Virus or AIDS through sexual contact, and e. the use of artificial means of birth control is not a guaranteed method of preventing the spread of the Human Immunodeficiency Virus or AIDS, and reliance on such a method places a person at risk for exposure to the disease; 3. An appropriate array of Human Immunodeficiency Virus testing and counseling programs and services, and Human Immunodeficiency Virus prevalence surveillance and monitoring activities, including reporting and notification of contacts, as prudent and necessary for the protection of the public health and safety; 4. Testing and education programs and services designed to prevent and control the spread of the Human Immunodeficiency Virus and AIDS among intravenous chemical substance users; and 5. Case management and other programs that ensure access to needed health care and that reduce the cost of treatment for persons with AIDS. 

OK Title 63 Code §	Code Language
§ 2151.1	<p>Donation of sperm, tissue or organ from person testing positive to human immunodeficiency virus prohibited</p> <p>No human sperm, tissue or organ shall be procured for donation purposes from any person testing positive for the human immunodeficiency virus infection.</p> <p>1. Every donor, donor candidate or tissue or organ to be donated shall be tested for said virus infection immediately prior to the donation of sperm, or tissues or organs for transplant. If such test has not been conducted immediately prior to the donation, then the test shall be conducted immediately prior to the implantation of the donor organ or tissue.</p> <p>2. If the donor is living, the donor shall be notified of the test results. Notification shall be consistent with donor confidentiality and with the requirements of state and federal law. The hospital or other facility responsible for the sperm, tissue or organ donation shall provide directly or otherwise make available appropriate information and counseling services to sperm donors and to living tissue or organ donors. </p>
§2602	<p>Right of self-consent under certain conditions--Doctor patient privileges</p> <p>A. Notwithstanding any other provision of law, the following minors may consent to have services provided by health professionals in the following cases:</p> <ol style="list-style-type: none"> 1. Any minor who is married, has a dependent child or is emancipated; 2. Any minor who is separated from his parents or legal guardian for whatever reason and is not supported by his parents or guardian; 3. Any minor who is or has been pregnant, afflicted with any reportable communicable disease, drug and substance abuse or abusive use of alcohol; provided, however, that such self-consent only applies to the prevention, diagnosis and treatment of those conditions specified in this section. Any health professional who accepts the responsibility of providing such health services also assumes the obligation to provide counseling for the minor by a health professional. If the minor is found not to be pregnant nor suffering from a communicable disease nor drug or substance abuse nor abusive use of alcohol, the health professional shall not reveal any information whatsoever to the spouse, parent or legal guardian, without the consent of the minor; 4. Any minor parent as to his child; 5. Any spouse of a minor when the minor is unable to give consent by reason of physical or mental incapacity; 6. Any minor who by reason of physical or mental capacity cannot give consent and has no known relatives or legal guardian, if two physicians agree on the health service to be given; or 7. Any minor in need of emergency services for conditions which will endanger his health or life if delay would result by obtaining consent from his spouse, parent or legal guardian; provided, however, that the

OK Title 63 Code §	Code Language
	<p>prescribing of any medicine or device for the prevention of pregnancy shall not be considered such an emergency service.</p> <p>If any minor falsely represents that he may give consent and a health professional provides health services in good faith based upon that misrepresentation, the minor shall receive full services without the consent of the minor's parent or legal guardian and the health professional shall incur no liability except for negligence or intentional harm. Consent of the minor shall not be subject to later disaffirmance or revocation because of his minority.</p> <p>B. The health professional shall be required to make a reasonable attempt to inform the spouse, parent or legal guardian of the minor of any treatment needed or provided under paragraph 7 of subsection A of this section. In all other instances the health professional may, but shall not be required to inform the spouse, parent or legal guardian of the minor of any treatment needed or provided. The judgment of the health professional as to notification shall be final, and his disclosure shall not constitute libel, slander, the breach of the right of privacy, the breach of the rule of privileged communication or result in any other breach that would incur liability.</p> <p>Information about the minor obtained through care by a health professional under the provisions of this act shall not be disseminated to any health professional, school, law enforcement agency or official, court authority, government agency or official employer, without the consent of the minor, except through specific legal requirements or if the giving of the information is necessary to the health of the minor and public. Statistical reporting may be done when the minor's identity is kept confidential.</p> <p>The health professional shall not incur criminal liability for action under the provisions of this act except for negligence or intentional harm.</p>

**Oklahoma Administrative Rules – Title 130: Cerebral Palsy
Commission**

Title 130 OAR	Code Language
130:12-3-4	Admission requirements (Inpatient) (k) Consent shall be obtained from the person's legal guardian at the time of admission for HIV/HBV testing to be used if needed at a later date during current admission.

Oklahoma Administrative Code – Title 195: Board of Dentistry

Title 195 OAR	Code Language
195:35-1-5	<p>Assessment and practice management of HIV and HBV infected dental health care workers</p> <p>(c) Following a break in a barrier technique, a dental health care worker who exposes the mucous membrane or non-intact skin of a patient to his or her blood shall undergo HIV and HBV surface antigen testing and ensure that the patient is notified of the exposure. The patient must be notified of the dental health care worker's test results, observing the provisions of the Oklahoma Public Health Code regarding confidentiality of communicable disease test results.</p>

Oklahoma Administrative Rules – Title 310: Oklahoma State Department of Health

Title 310 OAR	Code Language
310:515-1-4	<p>Additional diseases, conditions, and injuries to be reported</p> <p>The following diseases, conditions and injuries must be reported by physicians, laboratories, and hospitals (by infection control practitioners, medical records personnel, and other designees) to the Oklahoma State Department of Health as dictated in the following subsections:</p> <p>Infectious diseases. Reports of infectious diseases and conditions listed in this subsection must be telephoned, faxed, or mailed to the Oklahoma State Department of Health (OSDH) within one (1) business day of diagnosis or positive test as specified in the OSDH Disease Reporting Manual.</p> <p>(R) Human Immunodeficiency Virus (HIV) infection.</p>
310:555-1-4	<p>Notification system</p> <p>(a) Any health care worker, emergency responder or funeral worker who sustains a risk exposure, not occurring during employment at a health care facility, is responsible for immediately reporting that exposure. To initiate this notification system, the exposed worker shall complete Part I of the OSDH Communicable Disease Risk Exposure Report Form (ODH #207) and submit it to their employer or employer's designated person.</p> <p>(d) The health care facility or the source patient's attending physician, if the source patient was being cared for outside of a health care facility, shall be responsible for designating an appropriate person authorized by law (and at least one back-up person) to provide confidential follow-up of the Risk Exposure Report. Follow-up should include:</p> <p>(2) Testing of the source patient for HBV, HCV and/or HIV should be pursued upon request of the exposed worker's employer under the following conditions:</p> <p>(A) the health care facility has been provided with a completed written report of occupational exposure utilizing ODH Form 207, and</p> <p>(B) ODH Form 207 has been signed by a licensed health care professional verifying that a risk exposure to the source patient's blood or other potentially infectious body fluid has occurred. In accordance with 63 O.S. 2001, Section 1-502.3(A), testing of a source patient's blood may be performed</p> <p>(i) with their written consent,</p> <p>(ii) without consent when ODH Form 207 is presented to the health care facility as noted above, or</p>

Title 310 OAR	Code Language
	<p>(iii) upon court order.</p> <p>(3) The source patient's blood, whenever available, shall be submitted for testing within 24 hours after ODH Form 207 has been received. When Rapid HIV Testing of the source patient is available and appropriate, efforts shall be made to have these results communicated to the health care facility's designated person immediately. All other test results shall be communicated to the health care facility's designated person within the next 5 days. In some instances, special arrangements (e.g., telephone call) may need to be made in order to have results within 5 days.</p> <p>(4) Positive test results for HIV, HBV, and HCV from source patients should be made available by the health care facility designee immediately, and not more than 24 hours of receipt of the results to the physician or designee providing post-exposure follow-up to the exposed worker named on ODH Form 207. In addition, the health care facility designated person may (without consent) release the results of the source patient's HIV, HBV and HCV tests to:</p> <p>(A) the source patient (and his/her physician);</p> <p>(B) the exposed worker named on ODH Form 207; and/or</p> <p>(C) Oklahoma State Department of Health.</p> <p>(h) All information on the OSDH Risk Exposure Report shall be strictly confidential in accordance with applicable state laws.</p>
310:564-3-1	<p>Suspect examination and testing for HIV/STDs</p> <p>(a) Court order for suspect examination and testing. A motion for a court order for the examination and testing of suspects for HIV/STDs shall be filed automatically at the time charges are filed. It is not necessary that the victim request such examination and testing. The court order shall contain the following:</p> <p>(1) A list of the specific examinations and tests ordered by the court. The list shall include, but not necessarily be limited to blood tests for HIV, hepatitis B, and syphilis, cultures or smears for gonorrhea and chlamydia, and visual examination for evidence of genital herpes and genital warts.</p> <p>(2) A provision that the physician's office, out-patient clinic, or hospital which provided the suspect's examination and testing notify the District Attorney's office, through the Victim Witness Coordinator, when the suspect's test results are ready, and</p> <p>(3) A provision that copies of the results of court-ordered examinations and testing be forwarded by the physician's office, out-patient clinic, or</p>

Title 310 OAR	Code Language
	<p>hospital to either a licensed physician or, in the case of adolescent/adult victims only, to the nearest county health department HIV counseling and test site, according to the choice of the victim, as made known to the Victim Witness Coordinator, for disclosure of suspect results to the victim.</p> <p>(b) Sources for obtaining suspect examination and testing. Court-ordered HIV/STD examination and testing of suspects should be performed by a licensed physician. Local physician's offices, hospitals, and out-patient clinics all have access to the resources needed to perform such examinations and testing.</p> <p>(c) Suspect identification on test records. The suspect should be identified on test forms by the case number assigned by the court. In order to assure proper handling of results by the disclosing facility, the test form should specify "sex crimes" testing adjacent to the court case number.</p>
310:564-3-2	<p>Suspect treatment for positive HIV/STD test results (Sex Crimes Victims and Suspects)</p> <p>(a) Suspects who test positive for HIV and/or STDs shall be provided treatment as appropriate.</p> <p>(b) Licensed physicians can provide treatment for STDs. County health departments have the ability to treat some, but not all STDs for which adolescent/adult suspects may test positive. County health departments do not provide STD treatment to children under the age of 12 years. Prior to presenting adolescent/adult suspects for STD treatment at county health departments, the county health department administrator or designee shall be contacted.</p> <p>(c) Suspects who test positive for HIV must be evaluated by a licensed physician. County health departments do not have the resources to manage the primary care of persons who are HIV positive.</p>
310:564-5-1	<p>Victim notification</p> <p>(a) Upon notification that results of the suspect's examination and testing are ready, the Victim Witness Coordinator shall instruct the physician, out-patient clinic, or hospital which performed such examination and testing to forward copies of the results according to the choice of the victim [OAR 310:564-3-1(a)(3)].</p> <p>(b) The Victim Witness Coordinator shall notify the physician or county health department HIV counseling and test site chosen by the victim that results are being forwarded, and shall provide the physician or county health department counseling and test site counselor with a physical description of the victim and the suspect's court case number.</p>

Title 310 OAR	Code Language
	(c) The Victim Witness Coordinator shall notify the victim that results are ready and shall instruct the victim to contact the physician or county health department counseling and test site to make an appointment for disclosure of suspect's results. The victim shall be instructed that he/she must have the suspect's court case number and a self-photo identification in hand when presenting for disclosure of suspect's results.
310:564-5-2	<p>Victim HIV/STD testing and treatment (Sex Crimes Victims and Suspects)</p> <p>(a) Licensed physicians can provide for appropriate testing and treatment for HIV and STDs in any patient.</p> <p>(b) County health departments are limited in their ability to test for and treat certain STD's, and do not provide STD services to children under the age of 12 years.</p> <p>(c) HIV testing is available at some, but not all, county health departments. Local county health departments and Victim Witness Coordinators can refer adolescent/adult victims to the nearest county health department HIV counseling and test site. These sites do not provide HIV counseling and testing to children under the age of 12 years.</p>
310:670-3-1	<p>Basic standards</p> <p>The facility administrator shall develop and implement written policies and procedures for the operation of a lockup facility which shall include and address at a minimum, the following:</p> <p>(4) Medical screening shall be performed on all prisoners and documented and shall include at a minimum, the following information:</p> <p>(A) Communicable diseases (i.e. HIV/STD, HEPATITIS, TB);</p>

Oklahoma Administrative Rules – Title 340: Department of Human Services	
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Title 340 OAR	Code Language
340:75-1-114	<p>Child Welfare Services - General requirements regarding HIV</p> <p>(a) Education. Educational training regarding Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection is required for all Child Welfare (CW) staff and placement providers.</p> <p>(b) Services to children not in OKDHS custody. A child who engaged or is engaging in high risk behaviors associated with HIV is referred by CW staff, along with the child's parent(s), to medical providers and counseling when the child or parent(s) believes there is a risk of exposure to HIV.</p> <p>(c) Services to children in OKDHS custody. Services provided to children in Oklahoma Department of Human Services (OKDHS) custody by the CW worker include, but are not limited to, education, screening and early identification, individualized needs based treatment planning, counseling, placement, and case management, per OAC 340:75-1-115.</p> <p>(d) Confidentiality. Confidentiality requirements pertaining to communicable disease information about children in OKDHS custody are specified in OAC 340:75-1-114(1)(A) through (D).</p> <p>(1) Section 1-502.2 of Title 63 of the Oklahoma Statutes (63 O.S. § 1-502.2) mandates, except as otherwise provided by law, all state records relating to the identity of . . . <i>any person who has or may have any communicable or venereal disease</i> . . . are confidential. 10 O.S. § 7005-1.4 provides OKDHS records, including information regarding any communicable or sexually transmitted disease, pertaining to a child may be inspected and contents disclosed without a court order to certain persons showing proper credentials and pursuant to their lawful duties. HIV-related information about the child, or any person who is a member of the child's case record, may be disclosed to:</p> <p>(A) the court having the child currently before it in any proceeding pursuant to Title 10 of the Oklahoma Statutes;</p> <p>(B) a district attorney (DA) and employees of the office of the DA in the course of their official duties pursuant to Title 10 of the Oklahoma Statutes;</p> <p>(C) the attorney representing a child who is the subject of a proceeding pursuant to Title 10 of the Oklahoma Statutes;</p> <p>(D) others entitled to access CW records without a court order, per 10 O.S. § 7005-1.4; and</p> <p>(E) per 10 O.S. § 7003-5.4, the placement provider, if this information is known to OKDHS.</p> <p>(2) Disclosure of the child's HIV serological status is limited to the child's placement provider, court, DA, and child's attorney. CW staff confer with the judge and DA to determine the appropriate method of disclosure of HIV-related information to the court and DA to prevent inadvertent disclosure by inclusion of this information in the child's court file. Others entitled to access to CW records without a court order, per</p>

Title 340 OAR	Code Language
	<p>OAC 340:75-1-44, are provided communicable disease information on a need-to-know basis.</p> <p>(3) Anyone advised of a person's HIV status, with the exception of the court, DA, or child's attorney, signs and dates the written statement of confidentiality in (A) of this paragraph.</p> <p>(A) This information is disclosed to you from confidential records that are protected by state law. State law prohibits you from making any further disclosure of this information without obtaining specific written authorization, per Part 9 of OAC 340:75-1, or as otherwise permitted by law. Any unauthorized further disclosure is in violation of state law and may result in criminal sanctions as provided by Oklahoma Statutes. A general authorization for release of medical or other information is not sufficient authorization for further disclosure.</p> <p>(B) A copy of the signed written statement is filed in the child's separate and confidential case record.</p> <p>(4) Any CW staff who violates confidentiality is subject to disciplinary action and any criminal sanctions as provided by Oklahoma Statutes.</p>
340:75-1-115	<p>HIV-related services and Child Welfare worker responsibilities</p> <p>The Child Welfare (CW) worker is responsible for the provision and documentation of services related to Human Immunodeficiency Virus (HIV) for a child in Oklahoma Department of Human Services (OKDHS) custody.</p> <p>(1) Education. The CW worker informs the:</p> <p>(A) child about the methods of transmission, high risk behaviors, methods to reduce risk, consequences of the child's behaviors, and confidentiality related to HIV; and</p> <p>(B) child's placement provider about methods of transmission, high risk behaviors, methods to reduce risk, consequences, confidentiality, infection control in the placement, and universal precautions related to HIV.</p> <p>(2) Early identification.</p> <p>(A) Per Section 7004-1.1 of Title 10 of the Oklahoma Statutes (10 O.S. § 7004-1.1), . . . the Department shall . . . provide for each child placed in the Department's emergency custody to receive, as soon as practicable after the filing of the petition, an initial health screening to identify any health problems that require immediate treatment, to diagnose infections and communicable diseases and to evaluate injuries or other signs of neglect or abuse. The Department shall provide such medical care as is necessary to preserve the child's health and protect the health of others in contact with the child . . .</p> <p>(B) When a child's medical history or behaviors, as assessed by the CW worker, indicates risk of exposure to HIV, an HIV test may be performed</p>

Title 340 OAR	Code Language
	<p>at the time of the initial health screening. The CW worker schedules the test as soon as feasible after the filing of the deprived petition.</p> <p>(3) Testing. Per 10 O.S. § 7003-5.4, ... if requested by the placement provider, the Department shall provide for the examinations or tests on the child ... based on the Centers for Disease Control guidelines for time and frequency of testing...</p> <p>(A) The first test is obtained when requested by the placement provider if no previous testing occurred. The first test serves as a baseline.</p> <p>(B) Regardless of test results from the first test, a second test is done six months after the first test. The second test confirms whether transmission has occurred.</p> <p>(4) Authorization. When requested by the child's placement provider, per 10 O.S. § 7003-5.4, OKDHS obtains authorization for an HIV test for the child and release of such test results to the placement provider. Authorization for HIV testing or release of HIV test results may be obtained by informed written consent or court order per OAC 340:75-1-116.</p> <p>(6) Counseling. The CW worker obtains HIV/Acquired Immune Syndrome (AIDS) counseling for the child who exhibits a need for such. Specialized HIV/AIDS counseling is provided by persons trained through Oklahoma State Department of Health or American Red Cross.</p> <p>(7) Case management and planning. Case management and planning activities for a child in emergency or temporary OKDHS custody include the child's parent(s). The parent(s) is encouraged to provide input into the planning and management of the child's treatment and placement. The CW worker shares HIV-related information concerning a child in emergency or temporary OKDHS custody with the child's parent(s).</p> <p>(8) Placement. A child with medically diagnosed HIV infection is placed in an out-of-home placement consistent with the child's assessed treatment needs in order to participate in all program activities. Disclosure of confidential HIV-related information to a placement provider must be accompanied by the required written statement, dated and signed by the placement provider, with a copy in the child's separate and confidential case record, per OAC 340: 75-1-114.</p> <p>(9) Case record maintenance and contents.</p> <p>(A) The CW supervisor responsible for the primary case oversees all case planning and maintains written documentation of all medical and case planning information regarding the health status of a child who is:</p> <p>(i) tested for HIV;</p>

Title 340 OAR	Code Language
	<p>(ii) HIV seropositive; or (iii) medically diagnosed with AIDS.</p> <p>(B) HIV-related information must be kept in a separate and confidential case record.</p> <p>(10) Public information. Medical information concerning specific clients is not disclosed to the public.</p>
340:75-1-116	<p>Methods of obtaining authorization for HIV testing and release of test results</p> <p>Per Sections 7003-5.2 and 7003-5.4 of Title 10 of the Oklahoma Statutes (10 O.S. § 7003-5.2 and 7003-5.4), authorization for Human Immunodeficiency Virus (HIV) testing or to release the results of HIV testing may be obtained by informed written consent or court order.</p> <p>(1) The Child Welfare (CW) worker obtains informed written consent, if possible. Separate consents must be obtained for testing and for release of test results.</p> <p>(A) Informed written consent for a child, regardless of age, in emergency or temporary Oklahoma Department of Human Services custody, must be obtained from the child's parent(s) or legal guardian.</p> <p>(B) Informed written consents, one for HIV testing and one for release of HIV test results, are obtained by the CW worker when explaining to the child and his or her parent(s) or legal guardian:</p> <ul style="list-style-type: none"> (i) the need for HIV testing; (ii) medical procedures to be conducted; (iii) confidentiality of HIV testing and disclosure of results; (iv) time frames for HIV test results; (v) reasons HIV test results are provided to the CW worker and placement provider; (vi) other persons who have a need to know about the child's HIV-related information, per 10 O.S. § 7005-1.4; and (vii) how HIV is transmitted and necessary precautions, including universal precautions. <p>(C) The CW worker uses Form DCYFS-8, Consent for Release of Information, to obtain informed written consent per OAC 340:75-1-114. A copy of completed Form DCYFS-8 is maintained in the child's HIV-related case record and includes:</p> <ul style="list-style-type: none"> (i) type of consent, whether for testing or for disclosure of confidential HIV-related information; (ii) to whom consent or disclosure is authorized; and (iii) purpose for consent or disclosure. <p>(2) When informed written consent from the parent(s) or legal guardian of the child in emergency or temporary OKDHS custody cannot be obtained, the county director or designee may consent for testing and disclosure of test results.</p>

Title 340 OAR	Code Language
	<p>(3) The county director or designee may consent for testing and for release of test results for a child in permanent OKDHS custody.</p> <p>(4) Any parental consent received by OKDHS, per 10 O.S. § 7003-5.4, applies to any future examination or tests and release of such results as deemed necessary by OKDHS upon the request of placement providers.</p>
340:75-1-118	<p>Certified HIV/AIDS counselor role</p> <p>Oklahoma Department of Human Services employees, who are trained as certified Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) counselors, are responsible for HIV pre-test and post-test activities.</p>

Oklahoma Administrative Rules – Title 450: Department of Mental Health and Substance Abuse Services
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Title 450 OAR	Code Language
450:17-3-62	<p>Community Mental Health Services - Outpatient counseling services, substance abuse</p> <p>(a) Facilities shall provide co-occurring disorder capable outpatient substance abuse counseling services.</p> <p>(b) These services shall include the provision of Human Immunodeficiency Virus (HIV) education, training, and counseling services for drug dependent persons (43A O.S. § 3-425.1), and every facility shall:</p> <p>(1) Provide educational sessions regarding HIV to such persons, and also make the sessions available to spouses or other sexual partners of the drug dependent person; and</p> <p>(2) Refer all drug dependent persons for HIV infection testing and counseling.</p> <p>(c) The HIV testing and counseling may be provided by the facility, or through a public or private organization for the testing or counseling services. All test results shall be maintained in the confidential manner prescribed by applicable state or federal statutes or regulations.</p> <p>(d) Compliance with 450:17-3-62 shall be determined by a review of the following: written policy and procedures; substance abuse consumer records; and other supporting facility records and documentation.</p>

Oklahoma Administrative Rules – Title 550: Oklahoma Police Pension and Retirement System

Title 550 OAR	Code Language
550:10-1-2	<p>Physical-medical examination requirements</p> <p>(a) The Oklahoma Police Pension and Retirement System shall supply the physical-medical examination form which shall be completed by the applicant and the examining medical professional and submitted to the Oklahoma Police Pension and Retirement System prior to employment with a participating municipality. The physical-medical examination form shall include a release for medical/psychological information.</p> <p>(c) The physical-medical examination shall cover, but is not limited to, the following medical conditions:</p> <p>(5) Other conditions.</p> <p>(I) Immunologic deficiency diseases:</p> <p>(i) Acquired immunodeficiency syndrome (Aids).</p> <p>(ii) HIV positive without evidence of HIV infection.</p>