

Default Question Block

The HIV.STD.TB and Viral Hepatitis Programs are collecting information on the services available to people in the state of North Dakota. The data collected in the survey below will be used to populate an online resource for individuals to know where medical care and support services are available within the state. Please take the time to fill out the information you would like to share on this online resource. This survey will also help our programs assess the barriers and gaps in care, and help us develop the HIV Prevention and Care Plan for calendar years 2017-2021. Please fill out the survey by January 31, 2016. If you have questions, please send them to gcokrlc@nd.gov or call 701.328.2378.

What is your clinic/agency's name?

What is the physical address of your clinic/agency?

What is your clinic/agency's phone number?

Select your clinic/agency's Days of Operation. In the box below, enter the Hours of Operation for each day.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What your clinic/agency's web address?

Please list any providers that would like to be identified as practicing at your facility.

Select screenings currently provided at your clinic/agency.

- Chlamydia testing

- Gonorrhea testing
- Syphilis testing
- Rapid HIV testing
- Confirmatory HIV testing
- Rapid hepatitis C testing
- Confirmatory hepatitis C testing
- Hepatitis B testing
- Tuberculosis (TB) testing
- HPV testing (Cervical Cancer Screening and Genital Warts)
- Herpes testing
- Other Testing

Select services provided at your site/agency.

- HIV Treatment
- Ryan White Case Management
- Chlamydia & Gonorrhea Treatment
- Syphilis Treatment
- TB Medical Care
- Hepatitis C Treatment
- Immunizations
- Family Planning Services (Birth Control)
- Health Coverage Sign-Up
- Dental Care
- Vision Care
- Pharmacy
- Civil Surgeons for TB Assessments
- Homeless Health
- Food Assistance
- Refugee Services
- Other, please specify:

Please list names of providers at your clinic that offer HIV treatment.

Please list names of providers at your clinic that offer HCV treatment.

Would your clinic/agency like to identify as gay friendly?

Yes. If Yes, please indicate which providers specifically.

No

Is your clinic/agency a:

- Private Facility
- Student Health
- Family Planning
- Local Public Health Unit (LPHU)
- Federally Qualified Health Center (FQHC)
- Community Health Center (CHC)
- Indian Health Service (IHS)
- Other

Does your clinic/agency provide services free of charge or on a sliding-fee scale?

Free of Charge: Please Describe

Sliding-Fee Scale: Please Describe

No

Does your agency provide interpretation services for non-English speaking patients?

Yes

No

Please indicate what languages interpretation services are available for:

Is your clinic/agency able to bill private insurance or Medicaid?

Private Insurance (Please specify which insurance providers)

ND Medicaid

We do not bill insurance

Does your clinic/agency have providers that are able and willing to provide HIV Pre-Exposure Prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP)? Please indicate which services.

PrEP (Pre-Exposure Prophylaxis)

nPEP (non-occupational Post-Exposure Prophylaxis)

We do not provide these services, but would like to learn about how we can.

We do not provide these services.

Please indicate which providers in your practice are able and willing to

provide PrEP:

Please indicate which providers in your practice are able and willing to provide nPEP:

Does your facility use Expedited Partner Therapy to treat contacts of STD positive individuals?

Yes. If Yes, please indicate which conditions. (Chlamydia, Gonorrhea or Both)

No

Please identify barriers and gaps that impede access to needed services for populations at higher risk for HIV, STDs, viral hepatitis, and TB.

Are there any educational topics that you feel your practice may benefit from?

Name of Person Filling Out This Survey:

Email Address:

Would you like to receive information from the North Dakota Department of Health on upcoming events and educational opportunities related to HIV, STDs, TB, and Viral Hepatitis?

- Yes
 No

Do you give permission for the North Dakota Department of Health to publish this information about the services provided at your facility on the department's website?

- Yes
 No