

STEP 15A

HIV PROPHYLAXIS (HIV_nPEP) PATIENT INFORMATION SHEET_[ML1]

You have been prescribed HIV post-exposure prophylaxis (PEP). These medicines can reduce the risk of becoming infected with HIV. The HIV_nPEP medicines must be taken for a total of 28 days. Follow-up care from a nurse or doctor within 4-5 days is extremely important.

There are several important things that you need to know when starting the medicines:

IMPORTANT

- **THE HIV MEDICINES MUST BE TAKEN FOR A TOTAL OF 28 DAYS.**
- **YOU MUST FOLLOW UP WITH A NURSE OR DOCTOR WITHIN 4 TO 5 DAYS OF STARTING THESE HIV MEDICATIONS**

Follow-up Care: Due to the potential side effects of this medication, you must be seen by a nurse or doctor within **4-5 days.**

Please call _____ - _____ tomorrow to schedule an appointment with _____ (provider name) for your follow-up care regarding these HIV medications. **Bring this form with you to this appointment.**

OR

Your appointment has been scheduled for ____/____/____ at _____ AM/PM with _____ (provider name). **Bring this form with you to this appointment.**

Medication Refills: You were given a ____ day supply of medicines, and **you will need to get the remainder to complete the 28-day course of medicine.** You should obtain the rest of the prescription from _____

Taking your Medicine:

- ***These medications need to be taken as directed.***
- It is important that you do not miss any doses. Missing doses will decrease its effectiveness.
- If you miss a dose, start taking again as soon as possible and make sure you allow the recommended amount of time between doses.
- **NEVER** take more than the prescribed dose.
- ***DO NOT STOP TAKING THE MEDICATION WITHOUT FIRST TALKING WITH YOUR DOCTOR OR NURSE.***
- **CAUTION:** Keep medication away from children and pets.

Call your provider **IMMEDIATELY** if you experience rash, abdominal pain, fever, or severe nausea.

GIVE TO PATIENT IF PRESCRIBED HIV_nPEP

You may experience other side effects from this medication. The most common side effects are: stomach upset, diarrhea and nausea, headache, muscle ache, insomnia, fatigue, weakness and/or tiredness, dizziness, lightheadedness, impaired concentration, vivid dreams and feeling “high”. If you experience any of these possible side effects, let your doctor or nurse know. They can help you manage these side effects. **Side effects usually go away after a few days; tell your provider if they do not.**

NOTE:

- **Avoid alcohol**
- **Take with food to decrease stomach upset**

Contact your doctor or nurse before starting any new medication. New medications may interact with many other prescriptions and over the counter medications, as well as street drugs.

Frequently Asked Questions

What if I want to stop these medications?

Do not stop the medicines before you talk with your doctor or nurse. Take the medications as directed. They will not work as well if you miss a dose.

What do I do if I have a problem with side effects from the medicines?

Talk with your nurse or doctor if this happens. There are ways to manage side effects. Side effects usually get better after the first week.

How should I store the medicines?

Medicines should be stored as directed and kept out of the reach of children and pets.

Should I be concerned if I take birth control pills?

Some of these medicines may make birth control pills less effective. We recommend that if you are sexually active, you use latex condoms. This is especially important while you are taking these medicines.

What if I take other drugs or medicines?

Be sure to tell your doctor or nurse what other medicines or drugs you take. Other medicines including over-the-counter medicines can interact with PEP medicines. Also, street drugs can interact with these medicines.

Will I need to have blood tests done?

Yes, your doctor or nurse will tell you when you need to have blood tests done. It is important to get them done when recommended.

ATTENTION: FOLLOW-UP MEDICAL PROVIDER

If you are NOT an Infectious Disease provider, consult with an Infectious Disease provider in your area for the recommended HIVnPEP regimen, treatment and testing for this patient.

GIVE TO PATIENT IF PRESCRIBED HIV nPEP

STEP 15B[ML2]

SEXUAL ASSAULT MEDICAL/ FORENSIC FOLLOW-UP EXAMINATION VOUCHER FORM



New Hampshire Victims' Compensation Program
NH Department of Justice
33 Capitol Street
Concord, NH 03301
Tel: 603-271-1284
Fax: 603-271-1255
Email: victimcomp@doj.nh.gov

Billing Instructions for Health Care Providers:

The State of New Hampshire is responsible for paying for the forensic/medical examination of victims of sexual assault (RSA 21-M:9-c), as well as one follow-up visit with the medical provider of her/his choice, **paid at the fee for service Medicaid rate**. The patient presenting this follow-up visit voucher, should not be required to pay any out of pocket costs for the follow-up examination you are performing, and should not be billed for any costs over the Medicaid rate. **Please mail the original Voucher, along with an itemized bill, to the New Hampshire Victims' Compensation Program at the above address.**

For the Medical Provider: (This voucher is not valid unless the following information is completed.)

I, (Name of Patient) _____ voluntarily authorize the disclosure of billing information, including name, date of birth., diagnosis and procedure codes. The information is to be disclosed by (Name of Provider) _____ and is to be provided to the New Hampshire Victims' Compensation Program at the NH Attorney General's Office, 33 Capitol Street, Concord, New Hampshire 03301. The purpose of this disclosure is to verify patient information so that payment for treatment may be made.

The information to be disclosed from my health record is only information related to the care provided to me on (Date) _____ and I understand that my Protected Health Information (PHI) may be re-disclosed and therefore no longer protected under the Privacy Rule. I understand that the Attorney General's Office will maintain the privacy of my PHI in accordance with RSA 21-M:8-c and will not release it without additional authorization. I further understand that I have the right to revoke this authorization in writing except to the extent that it has already been relied upon. The authorization is valid for one-year following the treatment date.

Authorized by: _____ Date: _____
(Patient Signature)

Witness: _____ Date: _____

Relationship to Patient: _____

For the Follow-up Provider: (Please complete the following information so that we can pay you promptly.)

Medical Provider: _____

Federal Employer Identification Number: _____

Remittance Address: _____

GIVE TO PATIENT

NH DOMESTIC VIOLENCE and SEXUAL ASSAULT SUPPORT SERVICES

NEW HAMPSHIRE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE

603-224-8893 (Office)

NH Domestic Violence Hotline: **1-866-644-3574**
www.nhcadsv.org

Statewide Sexual Assault Hotline: **1-800-277-5570**
Teen Web Site: www.reachouthn.org

The New Hampshire Coalition is comprised of 13 programs throughout the state that provide services to survivors of sexual assault and domestic violence, stalking /or sexual harassment. You do not need to be in crisis to call. Services are free, confidential, and available to everyone regardless of age, race, religion, sexual preference, class, or physical ability. The services include: 24-hour crisis line, emergency shelter and transportation, legal advocacy in obtaining restraining orders against abusers, hospital and court accompaniment, information about and help in obtaining public assistance.

RESPONSE to Sexual & Domestic Violence

54 Willow Street
Berlin, NH 03570
1-866-662-4220 (crisis line)
603-752-5679 (Berlin office)
603-636-1747 (Groveton office)
www.coosfamilyhealth.org/response

Turning Points Network

11 School Street
Claremont, NH 03743
1-800-639-3130 (crisis line)
603-543-0155 (fax Claremont office)
603-863-4053 (Newport office)
www.turningpointnetwork.org

Crisis Center of Central New Hampshire (CCCNH)

PO Box 1344
Concord, NH 03302-1344
1-866-841-6229 (crisis line)
603-225-7376 (office)
www.cccnh.org

Starting Point: Services for Victims of Domestic & Sexual Violence

PO Box 1972
Conway, NH 03818
1-800-336-3795 (crisis line)
603-447-2494 (Conway office)
603-452-8014 (Southern Carroll County office)
www.startingpointnh.org

Sexual Harassment & Rape Prevention Program (SHARPP)

2 Pettee Brook
Wolff House
Durham, NH 03824
1-888-271-SAFE (7233) (crisis line)
603-862-3494 (office)
www.unh.edu/sharpp

Monadnock Center for Violence Prevention

12 Court Street
Keene, NH 03431-3402
1-888-511-6287 (crisis line)
603-352-3782 (crisis line)
603-352-3782 (Keene office)
603-209-4015 (Peterborough)
www.mcvprevention.org

New Beginnings – Without Violence and Abuse

PO Box 622
Laconia, NH 03247
1-866-841-6247 (crisis line)
603-528-6511 (office)
www.newbeginningsnh.org

WISE

38 Bank Street
Lebanon, NH 03766
1-866-348-WISE (9473) (crisis line)
603-448-5525 (local crisis line)
603-448-5922 (office)
www.wiseuv.org

The Support Center at Burch House

PO Box 965
Littleton, NH 03561
1-800-774-0544 (crisis line)
603-444-0624 (Littleton office)
www.tccap.org/support_center.htm

YWCA crisis Service

72 Concord Street
Manchester, NH 03101
603-668-2299 (crisis line)
603-625-5785 (Manchester office)
www.ywcanh.org

Bridges: Domestic & Sexual Violence Support

PO Box 217
Nashua, NH 03061-0217
603-883-3044 (crisis line)
603-889-0858 (Nashua office)
www.bridgesnh.org

Voices Against Violence

PO Box 53
Plymouth, NH 03264
1-877-221-6176 (crisis line)
603-536-1659 (local crisis line)
603-536-5999 (public office)
603-536-3423 (shelter office)
www.voicesagainstvviolence.net

HAVEN

20 International Drive, Suite 300
Portsmouth, NH 03801
603-994-SAFE (7233) (crisis line)
603-436-4107 (Portsmouth office)
(Offices in Portsmouth, Rochester and Salem)
www.havennh.org

For Military Personnel

NH National Guard Sexual Assault
Response Coordinator (SARC):
603-856-6700

GIVE TO EVERY PATIENT