**Section 693.45 Notification of Health Care Contacts**

a) The Department will develop a form letter, which the Department will use to notify health care contacts pursuant to Section 693.40 of this Part and that will be offered to individuals choosing to self-notify their health care contacts. The letter will include a list of facilities where HIV counseling and testing are available and information about HIV transmission and laboratory tests, and will recommend that the recipient contact his or her personal physician or one of the counseling and testing facilities listed.

1) For contacts who are patients, the letter will identify the type of health care professional with whom the recipient had contact, without naming the specific health care professional.

2) For contacts who are health care professionals, the letter will state that the recipient is believed to have performed an exposure-prone invasive procedure on a patient who has been reported to the Department as a case with HIV, without naming the patient.

3) The letter will also advise the recipient as to applicable confidentiality requirements.

b) The Department will provide notification by first-class mail, with the envelope marked "confidential". Case subjects or their representatives choosing to self-notify will be encouraged to utilize the same method and may use the Department's return address instead of their own.

c) Within 10 days after completing self-notification, the case subject or his or her representative shall submit a written, signed statement to the local health department or the Department, whichever is applicable, describing the dates and methods of notification and the number of contacts notified, and including a copy of the notification letter, if different from the Department-generated form. Self-notification shall be completed within 45 days after the date on which the Department or the local health department advised the individual that notification was necessary.

(Source: Amended at 37 Ill. Reg. 8762, effective June 12, 2013)