

NOTICES OF SUPPLEMENTAL PROPOSED RULEMAKING

After an agency has filed a Notice of Proposed Rulemaking with the Secretary of State's Office for *Register* publication and the agency decides to make substantial changes to the rule after it is proposed, the agency must prepare a Notice of Supplemental Proposed Rulemaking for submission to the Office, and the Secretary of State shall publish the Notice under the Administrative Procedure Act (A.R.S. § 41-1001 et seq.). Publication of the Notice of Supplemental Proposed Rulemaking shall appear in the *Register* before holding any oral proceedings (A.R.S. § 41-1022).

NOTICE OF SUPPLEMENTAL PROPOSED RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 6. DEPARTMENT OF HEALTH SERVICES

COMMUNICABLE DISEASES

PREAMBLE

1. Register citation and date for the original Notice of Proposed Rulemaking:

Notice of Proposed Rulemaking: 7 A.A.R. 5130, November 9, 2001

Notice of Supplemental Proposed Rulemaking: 8 A.A.R. 1696, April 5, 2002

2. Sections Affected

Article 8

R9-6-801

R9-6-802

R9-6-803

Rulemaking Action

New Article

New Section

New Section

New Section

3. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):

Authorizing statute: A.R.S. § 36-136(F)

Implementing statute: A.R.S. § 13-1210

4. The name and address of agency personnel with whom persons may communicate regarding the rule:

Name: Kip Beardsley, Chief

Address: Arizona Department of Health Services
Bureau of Epidemiology and Disease Control Services
Office of HIV
3815 N. Black Canyon Highway
Phoenix, AZ 85015

Telephone: (602) 230-5819

Fax: (602) 230-5973

E-mail: kbeards@hs.state.az.us

or

Name: Kathleen Phillips, Rules Administrator

Address: Arizona Department of Health Services
1740 W. Adams, Room 102
Phoenix, AZ 85007

Telephone: (602) 542-1264

Fax: (602) 364-1150

E-mail: kphilli@hs.state.az.us

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5. An explanation of the rule, including the agency's reasons for initiating the rule:

This rulemaking adds a new Article 8, entitled "Assaults on Officers, Firefighters, or Emergency Medical Technicians" to 9 A.A.C. 6. The new Article 8 includes three new Sections to implement A.R.S. § 13-1210. A.R.S. § 13-1210 provides a procedure whereby a law enforcement officer, probation officer, surveillance officer, correctional service officer, detention officer, private prison security officer, firefighter, or emergency medical technician or the officer's, firefighter's, or emergency medical technician's employer can obtain a court-ordered test for the presence of blood-borne disease agents, including the human immunodeficiency virus, in the blood of another individual if there are reasonable grounds to believe that an exposure occurred and:

- a. The other individual is charged in a criminal complaint that alleges that the individual interfered with the official duties of the officer, firefighter, or emergency medical technician by biting, scratching, spitting, or transferring blood or other bodily fluids on or through the skin or membranes of the officer, firefighter, or emergency medical technician; or
- b. There is probable cause to believe that the other individual interfered with the official duties of the officer, firefighter, or emergency medical technician as described in (a) above, and the other individual is deceased.

If the court finds that probable cause exists to believe that a possible transfer of blood or other bodily fluids occurred between the officer, firefighter, or emergency medical technician and the other individual, the court shall order:

- a. If the individual is living, that the individual provide two specimens of blood for testing; or
- b. If the individual is deceased, that the medical examiner draw two specimens of blood for testing from the deceased individual.

A.R.S. § 13-1210(D) makes the Arizona Department of Health Services responsible for establishing the notification procedure to be used to provide the test results obtained from these specimens of blood and specifies to whom notice is to be provided.

This rulemaking creates a definitions Section and two additional Sections that describe the notification procedure to be used and identify the parties responsible for providing notice.

6. An explanation of the substantial change that resulted in this supplemental notice:

Original Notice of Supplemental Proposed Rulemaking

The Department became aware that health care providers' compliance with the rules might be enhanced if the rules more closely resembled the rule for reporting positive HIV test results. Thus, in an effort to make the rules more similar to the rule for reporting positive HIV test results, while still maintaining the mandate of A.R.S. § 13-1210, the Department made the following changes:

- a. In R9-6-802(A), (B), and (C), the Department extended the notification deadlines from 14 days to 30 days and added "after the date";
- b. In R9-6-802(C), the Department changed "a laboratory report" to "written notice" to be consistent with R9-6-802(A)(2) and (F);
- c. The Department replaced R9-6-802(G) in its entirety;
- d. The Department deleted R9-6-802(H) and (I);
- e. In R9-6-803(A) and (B), the Department extended the notification deadlines from 14 days to 30 days and added "after the date";
- f. In R9-6-803(B), the Department changed "a laboratory report" to "written notice" to be consistent with R9-6-803(A)(3) and (E);
- g. The Department replaced R9-6-803(F) in its entirety;
- h. The Department replaced R9-6-803(G) in its entirety; and
- i. The Department deleted R9-6-803(H).

In addition, to improve the clarity, conciseness, and understandability of the rules, the Department made several minor changes to the text of the rules.

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Laws 2002, Chapter 312 amended A.R.S. § 13-1210 by adding probation officers, surveillance officers, and emergency medical technicians to the list of individuals authorized to petition for a court order under A.R.S. § 13-1210. In addition, Laws 2002, Chapter 312 added to A.R.S. § 13-1210 requirements regarding deceased individuals' having

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their blood drawn by the medical examiner. To accommodate these changes in A.R.S. § 13-1210, the Department made the following changes in the proposed rules:

- a. The Department changed the name of the Article to “Assaults on Officers, Firefighters, or Emergency Medical Technicians”;
- b. The Department added a definition of “emergency medical technician” and renumbered the other proposed definitions to conform;
- c. The Department amended the definition of “employer” to include emergency medical technicians;
- d. The Department added a definition of “medical examiner” and renumbered the other proposed definitions to conform;
- e. The Department amended the definition of “occupational health care provider” to include emergency medical technicians;
- f. The Department amended the definition of “officer” to include probation officers and surveillance officers;
- g. The Department amended the definition of “subject” to include a deceased individual whose blood is drawn by the medical examiner;
- h. The Department amended R9-6-802 to include emergency medical technicians; and
- i. The Department amended R9-6-803 to include emergency medical technicians and to clarify the requirements regarding notification of a deceased subject.

In addition, the Department made a number of minor changes throughout the proposed rules to make the rules more clear, concise, and understandable and to conform to current rulemaking format and style requirements.

7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

8. The preliminary summary of the economic, small business, and consumer impact:

As used in this economic impact summary, minimal means less than \$1,000, moderate means \$1,000 to \$9,999, and substantial means \$10,000 or greater.

The Department will incur a moderate cost for staff time to write, review, and process the rules through promulgation. The Department anticipates that the rules themselves will result in no additional burden on the Department.

The occupational health care provider for an officer, firefighter, or emergency medical technician who is the victim of an assault covered by A.R.S. § 13-1210 will incur minimal costs as a result of the notification requirements in the rule. Likewise, the health care provider for a subject who is ordered to provide blood samples for testing under A.R.S. § 13-1210 will incur minimal costs as a result of the notification requirements in the rule. If a subject is detained or incarcerated, the chief medical officer of the facility in which the subject is detained or incarcerated will also incur minimal costs as a result of the notification requirements in the rule. The Department estimates that fewer than 50 subjects have been ordered to provide blood specimens under A.R.S. § 13-1210 each year since the statute was enacted. With the addition of emergency medical technicians, probation officers, and surveillance officers to the statute, the Department anticipates that the annual number of court orders will still be fewer than 100. The costs resulting from each order should be minimal for each occupational health care provider, health care provider, and chief medical officer who provides notice. The aggregate annual costs for occupational health care providers, health care providers, and chief medical officers should be moderate to substantial for each group.

A number of entities will benefit from the rules. The Department will receive minimal benefits from no longer receiving inquiries from individuals and agencies confused about the notification process under A.R.S. § 13-1210. Each officer, firefighter, or emergency medical technician who is the victim of an assault covered by A.R.S. § 13-1210 will receive a significant, unquantifiable benefit from the information received in the notification counseling and the ability to take appropriate action to protect the officer’s, firefighter’s, or emergency medical technician’s own health and the health of those around the officer, firefighter, or emergency medical technician if the subject tests positive for an infectious agent. A living subject will also receive a significant, unquantifiable benefit from the information received in the notification counseling and the ability to receive treatment to combat an infectious agent for which the subject tests positive and to take action to protect the health of those around the subject.

An agency or entity that employs an officer, firefighter, or emergency medical technician who is the victim of an assault covered by A.R.S. § 13-1210 will receive a significant, unquantifiable benefit from the information received in a notification counseling and the ability to institute appropriate control measures to prevent further transmission if

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an officer, firefighter, or emergency medical technician has been exposed to an infectious subject. A law enforcement agency that is detaining or incarcerating a subject will receive the same benefit from the ability to institute appropriate control measures to prevent transmission by an infectious subject.

The individuals who are required to provide notice under the rules will receive minimal benefits from the clarity of the notification procedure under the rules. Currently, there is much confusion over who is responsible to provide notification to whom and in what manner. The rules clarify the responsible parties, identify to whom each responsible party is to provide notification, and prescribe the manner in which notification is to be completed. The Department solicited input from a number of different law enforcement agencies, firefighting agencies, courts, and health care provider organizations throughout the state in drafting the rules and designated the individuals who are required to provide notice after determining the parties who are typically involved in providing this notification in the absence of rules.

9. The name and address of agency personnel with whom persons may communicate regarding the accuracy of the economic, small business, and consumer impact statement:

Name: Kip Beardsley, Chief
Address: Arizona Department of Health Services
Bureau of Epidemiology and Disease Control Services
Office of HIV
3815 N. Black Canyon Highway
Phoenix, AZ 85015
Telephone: (602) 230-5819
Fax: (602) 230-5973
E-mail: kbeards@hs.state.az.us

or

Name: Kathleen Phillips, Rules Administrator
Address: Arizona Department of Health Services
1740 W. Adams, Room 102
Phoenix, AZ 85007
Telephone: (602) 542-1264
Fax: (602) 364-1150
E-mail: kphilli@hs.state.az.us

10. The time, place, and nature of the proceedings for the making, amendment, or repeal of the rule or, if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:

Date: October 9, 2002
Time: 9:00 a.m.
Location: Conference Room A
Arizona Department of Health Services
Bureau of Emergency Medical Services
1651 E. Morten
Phoenix, AZ 85020
Nature: Oral Proceeding
Close of Record: 5:00 p.m. on October 9, 2002

11. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

12. Incorporations by reference and their location in the rules:

Not applicable

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13. The full text of the changes follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 6. DEPARTMENT OF HEALTH SERVICES
COMMUNICABLE DISEASES**

**ARTICLE 8. ~~RENUMBERED~~ ASSAULTS ON OFFICERS, FIREFIGHTERS, OR
EMERGENCY MEDICAL TECHNICIANS**

Section

R9-6-801. ~~Renumbered~~ Definitions

R9-6-802. ~~Renumbered~~ Notice of Test Results: Subject Incarcerated or Detained

R9-6-803. ~~Renumbered~~ Notice of Test Results: Subject Not Incarcerated or Detained

**ARTICLE 8. ~~RENUMBERED~~ ASSAULTS ON OFFICERS, FIREFIGHTERS, OR
EMERGENCY MEDICAL TECHNICIANS**

R9-6-801. Renumbered Definitions

In this Article, unless otherwise specified:

1. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
2. “Agent” means a virus or bacterium that causes a disease or syndrome in a human.
3. “Average window period” means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
4. “Chief medical officer” means the senior health care provider or that individual’s designee who is also a health care provider.
5. “Emergency medical technician” means one of the following who was named as the victim of a subject’s assault in a petition filed under A.R.S. § 13-1210 and granted by a court:
 - a. A “basic emergency medical technician,” defined in A.R.S. § 36-2201;
 - b. An “emergency paramedic,” defined in A.R.S. § 36-2201; or
 - c. An “intermediate emergency medical technician,” defined in A.R.S. § 36-2201.
- 5-6. “Employer” means an individual in the senior leadership position with the agency or entity for which the officer or firefighter, or emergency medical technician works or that individual’s designee.
- 6-7. “Entity” has the same meaning as “person” in A.R.S. § 1-215.
- 7-8. “Facility” means an institution in which a subject is incarcerated or detained.
- 8-9. “Firefighter” means an individual who is a member of a state, federal, tribal, city, county, district, or private fire department and who was named as the victim of a subject’s assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
- 9-10. “Health care provider” means:
 - a. An individual licensed as a doctor of:
 - i. Allopathic medicine under A.R.S. Title 32, Chapter 13;
 - ii. Naturopathic medicine under A.R.S. Title 32, Chapter 15;
 - iii. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
 - iv. Homeopathic medicine under A.R.S. Title 32, Chapter 29;
 - b. A physician assistant, as defined in A.R.S. § 32-2501;
 - c. A registered nurse, as defined in A.R.S. § 32-2501; or
 - d. A registered nurse practitioner, as defined in A.R.S. § 32-1601.
- 10-11. “Laboratory report” means a document, produced by a laboratory that ~~conducted~~ conducts a test or tests on a subject’s blood, ~~showing~~ that shows the outcome of each test ~~conducted~~ and ~~including~~ includes personal identifying information about the subject.
12. “Medical examiner” means an individual:
 - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or
 - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
- 11-13. “Occupational health care provider” means a health care provider who provides medical services for work-related health conditions for an agency or entity for which an officer or firefighter, or emergency medical technician works.
- 12-14. “Officer” means a law enforcement officer, probation officer, surveillance officer, correctional service officer, detention officer, or private prison security officer who is named as the victim of a subject’s assault in a petition filed under A.R.S. § 13-1210 and granted by a court.
- 13-15. “Officer in charge” means the individual in the senior leadership position or that individual’s designee.

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~~14-16.~~ "Personal notice" means informing an individual by speaking directly to the individual ~~in person~~ while physically present with the individual.

~~15-17.~~ "Petition" means a formal written application to a court requesting judicial action on a matter.

~~16-18.~~ "Subject" means an individual:

- a. ~~whom~~ Whom a court orders, under A.R.S. § 13-1210, to provide samples of blood for testing; or
- b. From whom, under A.R.S. § 13-1210, a medical examiner draws samples of blood for testing.

~~17-19.~~ "Telephonic notice" means informing an individual by speaking directly to the individual on the telephone, but does not include a message left on a recording device or with another individual.

~~18-20.~~ "Test results" means information about the outcome of a laboratory analysis and does not include personal identifying information about the subject.

~~19-21.~~ "Written notice" means a document that:

- a. Describes each test result;
- b. Identifies a subject only by court docket number; and
- c. Is provided to an individual:
 - i. In person.
 - ii. By delivery service.
 - iii. By facsimile transmission.
 - iv. By electronic mail, or
 - v. By mail.

~~20-22.~~ "Work" means to labor with or without compensation.

R9-6-802. Renumbered Notice of Test Results; Subject Incarcerated or Detained

A. Within ~~14~~ 30 days after the date of receipt of a laboratory report for ~~blood tests~~ a test ordered by ~~the~~ a health care provider on a ~~subject~~ subject's blood, the health care provider shall provide:

1. A copy of the laboratory report to the chief medical officer of the facility in person, by delivery service, by facsimile transmission, or by mail; and
2. Written notice to the occupational health care provider.

B. Within ~~14~~ 30 days after the date of receipt of a laboratory report ~~under subsection (A)~~, the chief medical officer of the facility shall provide:

1. Personal notice, telephonic notice, or written notice to the subject;
2. If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
3. Personal notice, telephonic notice, or written notice to the officer in charge of the facility.

C. Within ~~14~~ 30 days after the date of receipt of ~~a laboratory report~~ written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer ~~or~~, firefighter, or emergency medical technician and the employer.

D. An individual who ~~notifies~~ provides notice to a subject, officer, ~~or~~ firefighter, or emergency medical technician as required under subsection (B) or (C) shall describe the test results and provide or arrange for the subject, officer, ~~or~~ firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:

1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. The average window period for the agent;
4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
7. The availability of assistance from local health agencies or other resources; and
8. The confidential nature of the subject's test results.

E. An individual who ~~notifies~~ provides notice to the employer or the officer in charge of the facility as required under subsection (B) or (C) shall describe the test results and provide or arrange for the employer or the officer in charge of the facility to receive the following information about each agent for which the subject's test results indicate the presence of infection:

1. A description of the disease or syndrome caused by the agent, including its symptoms;
2. A description of how the agent is transmitted to others;
3. Measures to reduce the likelihood of transmitting the agent to others;
4. The availability of assistance from local health agencies or other resources; and
5. The confidential nature of the subject's test results.

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- ~~F.~~ An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the chief medical officer of the facility or the subject.
- ~~G.~~ An individual who provides notice shall comply with the following to ensure that notice is provided only to the individual to be notified and to obtain acknowledgment of receipt of the notice:
- ~~1.~~ An individual who provides personal notice shall obtain a signed acknowledgment from the individual notified;
 - ~~2.~~ An individual who provides written notice by mail shall send the written notice by certified mail, restricted delivery, return receipt requested;
 - ~~3.~~ An individual who provides written notice by facsimile transmission shall mark the written notice confidential and shall request that the individual notified sign and return an acknowledgment by facsimile transmission;
 - ~~4.~~ An individual who provides written notice by electronic mail shall mark the written notice confidential and shall request that the individual notified return an acknowledgment by electronic mail;
 - ~~5.~~ An individual who provides written notice by delivery service shall request that the individual notified send an acknowledgment by facsimile transmission, electronic mail, or mail;
 - ~~6.~~ An individual who provides written notice in person shall obtain a signed acknowledgment from the individual notified; and
 - ~~7.~~ An individual who provides telephonic notice shall:
 - ~~a.~~ Verify the identity of the individual to be notified by receiving confirmation of any two of the following items regarding the individual to be notified:
 - ~~i.~~ Full name;
 - ~~ii.~~ Date of birth;
 - ~~iii.~~ Home address;
 - ~~iv.~~ Social security number; or
 - ~~v.~~ Badge number; and
 - ~~b.~~ Document the verbal acknowledgment of the individual notified.
- ~~G.~~ An individual who provides notice under this Section shall take measures to protect the confidentiality of the subject's personal identifying information and test results.
- ~~H.~~ If an individual who has a duty to provide notice to the subject, officer, or firefighter desires to provide telephonic notice and determines that the subject, officer, or firefighter does not have a telephone, the individual may send the subject, officer, or firefighter a letter explaining that the test results under A.R.S. § 13-1210 are available and requesting that the subject, officer, or firefighter telephone the individual to receive them.
- ~~I.~~ If an individual who has a duty to provide notice under this Section fails to provide notice after at least three attempts on three different dates, the individual shall send to the court that issued the order under A.R.S. § 13-1210 a letter explaining the individual's attempts and failure to provide notice.
- ~~J.H.~~ The A health care provider who ordered orders a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

R9-6-803. Renumbered Notice of Test Results; Subject Not Incarcerated or Detained

- ~~A.~~ Within ~~14~~ 30 days after the date of receipt of a laboratory report for blood tests a test ordered by the a health care provider on a ~~subject~~ subject's blood, the health care provider shall provide:
- ~~1.~~ Personal Unless the subject is deceased, personal notice, telephonic notice, or written notice to the subject;
 - ~~2.~~ If requested by the subject, a copy of the laboratory report in person, by delivery service, by facsimile transmission, or by mail to the subject; and
 - ~~3.~~ Written notice to the occupational health care provider.
- ~~B.~~ Within ~~14~~ 30 days after the date of receipt of a laboratory report written notice, the occupational health care provider shall provide personal notice, telephonic notice, or written notice to the officer ~~or~~, firefighter, or emergency medical technician and the employer.
- ~~C.~~ An individual who ~~notifies~~ provides notice to a subject, officer, ~~or~~ firefighter, or emergency medical technician as required under subsection (A) or (B) shall describe the test results and provide or arrange for the subject, officer, ~~or~~ firefighter, or emergency medical technician to receive the following information about each agent for which the subject was tested:
- ~~1.~~ A description of the disease or syndrome caused by the agent, including its symptoms;
 - ~~2.~~ A description of how the agent is transmitted to others;
 - ~~3.~~ The average window period for the agent;
 - ~~4.~~ An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
 - ~~5.~~ Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
 - ~~6.~~ That it is necessary to notify others of the possibility of exposure to the agent by the individual receiving notice;
 - ~~7.~~ The availability of assistance from local health agencies or other resources; and
 - ~~8.~~ The confidential nature of the subject's test results.

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- D.** An individual who notifies provides notice to the employer as required under subsection (B) shall describe the test results and provide or arrange for the employer to receive the following information about each agent for which the subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
 2. A description of how the agent is transmitted to others;
 3. Measures to reduce the likelihood of transmitting the agent to others;
 4. The availability of assistance from local health agencies or other resources; and
 5. The confidential nature of the subject's test results.
- E.** An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the subject.
- F.** An individual who provides notice shall comply with the following to ensure that notice is provided only to the individual to be notified and to obtain acknowledgment of receipt of the notice:
1. An individual who provides personal notice shall obtain a signed acknowledgment from the individual notified;
 2. An individual who provides written notice by mail shall send the written notice by certified mail, restricted delivery, return receipt requested;
 3. An individual who provides written notice by facsimile transmission shall mark the written notice confidential and shall request that the individual notified sign and return an acknowledgment by facsimile transmission;
 4. An individual who provides written notice by electronic mail shall mark the written notice confidential and shall request that the individual notified return an acknowledgment by electronic mail;
 5. An individual who provides written notice by delivery service shall request that the individual notified send an acknowledgment by facsimile transmission, electronic mail, or mail;
 6. An individual who provides written notice in person shall obtain a signed acknowledgment from the individual notified; and
 7. An individual who provides telephonic notice shall:
 - a. Verify the identity of the individual to be notified by receiving confirmation of any two of the following items regarding the individual to be notified:
 - i. Full name;
 - ii. Date of birth;
 - iii. Home address;
 - iv. Social security number; or
 - v. Badge number; and
 - b. Document the verbal acknowledgment of the individual notified.
- F.** An individual who provides notice under this Section shall take measures to protect the confidentiality of the subject's personal identifying information and test results.
- G.** If an individual who has a duty to provide notice to the subject, officer, or firefighter desires to provide telephonic notice and determines that the subject, officer, or firefighter does not have a telephone, the individual may send the subject, officer, or firefighter a letter explaining that the test results under A.R.S. § 13-1210 are available and requesting that the subject, officer, or firefighter telephone the individual to receive them;
- G.** The A health care provider who orders the tests a test on a subject's blood may, at the time the subject is seen by the health care provider, present the subject with a telephone number and instruct the subject to contact the health care provider after a stated period of time for telephonic notice of the test results. Providing a telephone number and instructions as allowed by this subsection does not satisfy the health care provider's obligation to notify under subsection (A) if the subject does not contact the health care provider and receive telephonic notice.
- H.** If an individual who has a duty to provide notice under this Section fails to provide notice after at least three attempts on three different dates, the individual shall send to the court that issued the order under A.R.S. § 13-1210 a letter explaining the individual's attempts and failure to provide notice.
- I.H.** The A health care provider who orders the tests a test on a subject's blood shall comply with all applicable reporting requirements contained in this Chapter.