

PUBLIC HEALTH ORDER

Dear

has determined that you are infected with (specify the STD or state HIV), a serious infection transmitted from person to person through unprotected vaginal, anal, or oral sex or exposure to certain body fluids (blood, semen, vaginal secretions). Based upon information supplied to our department, it is believed that you are non-cooperative in treating the communicable disease you are living with and continue to practice behaviors which are known to transmit STDs and HIV. Therefore, this infection of a communicable disease is considered a public health threat.

In compliance with the Texas Health and Safety Code (V.T.C.A. HSC §81.083) you are hereby required to:

- (1) CEASE and DESIST any activity which puts others at risk of infection including, but not limited to:
 - a) the misrepresentation of your infectious status to future sexual and/or needle-sharing partners;
 - b) engaging in sexual intercourse or needle-sharing activity without first notifying the individual of your STD and HIV status
- (2) Cooperate with in its efforts to provide you with counseling, education, and access to health and social services.
- (3) Report to at on . The health department is located at . If you are unable to keep this appointment, you must contact to reschedule.
- (4) Possibly receive testing for Sexually Transmitted Diseases (Syphilis, Gonorrhea, Chlamydia), and or the presence of other communicable diseases, to the satisfaction of the public health follow up investigator to determine your health status.
- (5) Follow through with any referrals given to you by these referrals will be made to provide you with access to treatment, linkage to HIV medical care , and access to other health and social services as deemed appropriate.

Failure to comply with the conditions in this notice may result in referring this case to the local city, county or district attorney who may petition the district court of this county to implement court ordered treatment as defined by Texas law. Except in the case of an emergency, you have the right to a notice and hearing before the district court issues an order in your case.

Issued by the .

Health Authority Signature: _____ Date: _____

City of _____, County of _____, Texas

The contents of this warning notice have been explained to me. I understand that I must comply with the conditions set forth.

Client Signature: _____ Date _____

Witness: _____ Signature Date: _____