

# HIV Screening Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

## Results Summary:

Your HIV screening results are as follows:

**Test Result:** [Insert Result]

**Testing Center:** [Insert Testing Center Name]

## Interpretation:

[Insert Interpretation of Results]

## Confidentiality Notice:

This communication contains confidential information intended only for the individual or entity named above. If you are not the intended recipient, please notify the sender and delete this message. Any unauthorized review, use, disclosure, or distribution is prohibited.

If you have any questions about your results, please contact us at [Insert Contact Information].