

HIV Screening Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Screening Results

Dear [Patient Name],

We are writing to inform you of your recent HIV screening results. Your test result is: **[Positive/Negative]**.

If Positive

If your result is positive, it is important to seek further medical attention. We recommend contacting the following support services for additional assistance:

- **HIV Health Services:** [Contact Information]
- **Local Support Groups:** [Contact Information]
- **Mental Health Services:** [Contact Information]

If Negative

If your result is negative, we encourage you to continue practicing safe behaviors and consider regular screenings as part of your health care routine.

If you have any questions or need further assistance, please do not hesitate to contact us at [Clinic or Health Center Phone Number].

Best Regards,
[Your Name]
[Your Title]
[Clinic/Health Center Name]