

County: **Albany**

New York State Department of Health AIDS Institute
HIV Counseling and Testing Resource Directory [January 2008 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
<p>NYSDOH AIDS Institute - Anonymous HIV C&T</p> <p>(800) 962-5065 www.nyhealth.gov/diseases/aids/testing/sites.htm</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites, call for locations.
<p>AIDS Council of Northeastern New York - Albany</p> <p>927 Broadway Albany NY 12207 (518) 434-4686 www.aidsCouncil.org</p>	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
<p>Albany County Department of Health</p> <p>175 Green Street Albany NY 12202 (518) 447-4570 www.albanycounty.com</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	<p>Clients must live, work, or go to school in the county.</p> <p>Walk-in available on Tuesday and Thursday morning through STD clinic.</p>
<p>Albany Medical Center</p> <p>47 New Scotland Ave., A-158 Albany NY 12208 (518) 262-6828 www.amc.edu</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	<p>Accepts insurance for payment.</p> <p>Fee for testing is \$40.</p>
<p>Albany Medical Center - AIDS Treatment Center</p> <p>66 Hackett Blvd., Box 13 Albany NY 12209 (518) 262-4439</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	
<p>Albany Memorial Hospital</p> <p>600 Northern Boulevard Albany NY 12204 (518) 271-3307 www.nehealth.com</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input checked="" type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input type="checkbox"/> Cre. <input checked="" type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	<p>Physician prescription required.</p> <p>Operates multiple HIV C&T sites. Call for locations.</p>
<p>Capital District African American Coalition on AIDS</p> <p>388 Clinton Avenue Albany NY 12206 (518) 427-2957 www.cdaaca.org</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
<p>Upper Hudson Planned Parenthood - Latham</p> <p>Rt. 155 West, Shaker Center Latham NY 12210 (518) 785-1146 www.uhpp.org</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood <input type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input type="checkbox"/> Rapid Oral Fluid	<input type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input type="checkbox"/> Chi. <input type="checkbox"/> Sp. <input type="checkbox"/> Rus. <input type="checkbox"/> Fr. <input type="checkbox"/> ASL <input type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	<p>Serves established patients/clients and their partners.</p> <p>General public pays a \$50 charge for HIV C&T services.</p>

***Table Key:** Language: Eng. - English Cre. - Creole ASL - Sign Language Fee Information: A. Free of charge to all clients regardless of their ability to pay. D. Accept 3rd-party private insurance.
 Sp. - Spanish Chi. - Chinese Oth. - Other Languages. B. Free of charge or reduced fee based on client income. E. Accept out-of-pocket payment.
 Fr. - French Rus. - Russian Call for details. C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+). F. Other payment method. Contact provider for details.

County: **Albany**

New York State Department of Health AIDS Institute
 HIV Counseling and Testing Resource Directory [January 2008 Update]

Organization	HIV Test	Test Method	Type of Visit	Language*	Fee Information*	Service Features / Limitations
Name, Address, Appointment Number, and URL	Anonymous Test	Standard and Rapid Testing Available				(Please call for details)
Whitney M. Young, Jr Health Center - CHEER Program 920 Lark Drive Albany NY 12207 (518) 463-6824	<input type="checkbox"/>	<input type="checkbox"/> Blood <input checked="" type="checkbox"/> Oral Fluid <input type="checkbox"/> Rapid Blood <input checked="" type="checkbox"/> Rapid Oral Fluid	<input checked="" type="checkbox"/> Walk In <input checked="" type="checkbox"/> By Appointment <input checked="" type="checkbox"/> Evening Hours <input checked="" type="checkbox"/> Weekend Hours	<input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> Chi. <input checked="" type="checkbox"/> Sp. <input checked="" type="checkbox"/> Rus. <input checked="" type="checkbox"/> Fr. <input checked="" type="checkbox"/> ASL <input checked="" type="checkbox"/> Cre. <input type="checkbox"/> Oth.	<input checked="" type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Offers comprehensive medical care and medical case management. Support groups available Monday through Thursday. Call for details. Mobile health unit travels throughout Capital District. Call to schedule. On site CTR available at community agencies per request.

***Table Key:** Language: Eng. - English
 Sp. - Spanish
 Fr. - French
 Cre. - Creole
 Chi. - Chinese
 Rus. - Russian
 ASL - Sign Language
 Oth. - Other Languages.
 Call for details.

Fee Information: A. Free of charge to all clients regardless of their ability to pay.
 B. Free of charge or reduced fee based on client income.
 C. Accept government programs (e.g. Medicaid, Medicare, and ADAP+).

D. Accept 3rd-party private insurance.
 E. Accept out-of-pocket payment.
 F. Other payment method. Contact provider for details.