

County: **Fulton**

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)
Fulton County Public Health Department 2714 State Highway 29 Johnstown NY 12095 (518) 736-5720	<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 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 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.	Serves county residents only. Operates satellite service site. Call for location.
Planned Parenthood Mohawk Hudson, Inc. - Groversville 257 Kingsboro Avenue Groversville NY 12078 (518) 773-7303 www.ppmhchoices.org	<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.	Serves established patients/clients and their partners only.

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