

County: **Onondaga**

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) 562-9423 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>American Indian Community House - WISH Program</p> <p>325 South Salina Street 5th Floor Syracuse NY 13202 (315) 478-3767</p>	<input type="checkbox"/>	<input 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 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 checked="" type="checkbox"/> F.	HIV C&T services provided free of charge to Native American clients.
<p>Crouse Chemical Dependency Treatment Services</p> <p>410 South Crouse Avenue Syracuse NY 13210 (315) 470-7381 www.crouse.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 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 type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Limited to clients of 410 S. Crouse Only.
<p>Crouse Hospital</p> <p>410 South Crouse Avenue Syracuse NY 13210 (315) 470-7381 www.crouse.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 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 checked="" type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input checked="" type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Operates multiple HIV C&T sites. Call for locations.
<p>Onondaga County Health Department - Bureau of Disease Control</p> <p>421 Montgomery Street, Basement, Room 80 Syracuse NY 13210 (315) 435-3236</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 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 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 checked="" type="checkbox"/> C. <input type="checkbox"/> F.	Extended sign-in on Thursday 12:30PM-4:30PM. No HIV results on Friday. Picture ID needed for HIV results.
<p>Planned Parenthood of the Rochester/Syracuse Region - Syracuse</p> <p>1120 Genessee Street Syracuse NY 13210 (866) 600-6886 www.pprsr.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 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 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 type="checkbox"/> D. <input checked="" type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	
<p>St. Joseph's Hospital</p> <p>301 Prospect Avenue Syracuse NY 13203 (315) 448-5539</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 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 type="checkbox"/> E. <input checked="" type="checkbox"/> C. <input checked="" type="checkbox"/> F.	Serves established patients/clients only.
<p>SUNY Upstate Medical University Hospital - Designated AIDS Center</p> <p>750 East Adams Street Syracuse NY 13210 (315) 464-5533 www.upstate.edu/uH/</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 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.	Provides adherence education and case management services.

***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.

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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)
Syracuse Community Health Center Inc. 819 South Salina Street Syracuse NY 13202 (315) 476-7921	<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 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 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.	Operates multiple HIV C&T sites. Call for locations.

***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.