

County: **Wayne**

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) 962-5063 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. TDD callers please dial (716) 423-8120.
<p>Finger Lakes Migrant Health Care Project</p> <p>6600 Middle Road Suite 2100 Sodus NY 14551 (800) 724-0862</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 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 checked="" 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.	Serves migrants and seasonal workers.
<p>Planned Parenthood of the Rochester/Syracuse Region - Newark</p> <p>513 West Union Street Newark NY 14513 (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 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.	Call toll free 1-866-600-6886 for appointment.
<p>Via Health of Wayne, Myers Campus</p> <p>6600 Middle Road Sodus NY 14551 (315) 332-2022</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 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.	Doctor requisition required. Limited hours.
<p>Via Health of Wayne, Newark Campus</p> <p>111 Driving Park Avenue Newark NY 14513 (315) 332-2280 www.viahealth.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 type="checkbox"/> By Appointment <input 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 checked="" type="checkbox"/> Oth.	<input type="checkbox"/> A. <input checked="" type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Doctor requisition required. Operates satellite service site. Call for location.
<p>Wayne County Public Health Service</p> <p>1519 Nye Road Suite 200 Lyons NY 14489 (315) 946-5749 www.wcpbublichealth.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 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 checked="" type="checkbox"/> A. <input type="checkbox"/> D. <input type="checkbox"/> B. <input type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	Must be accompanied by parent if under 12.
<p>Women's Health Care, ViaHealth of Wayne-Newark Campus</p> <p>PO Box 111 Driving Park Avenue Newark NY 14513 (315) 332-2427</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 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 type="checkbox"/> E. <input type="checkbox"/> C. <input type="checkbox"/> F.	

***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.