

Directory of Public STD Services In California

November 2001

For STD Control Branch use only.

ALAMEDA COUNTY

CITY OF BERKELEY PUBLIC HEALTH CLINIC

ADDRESS

830 University Avenue
Berkeley, CA 94710

TELEPHONE NUMBER

(510) 644-8571 - Main
(510) 644-8571 - Appointments
(510) 644-8682 - Fax

OFFICE HOUR

Monday	no clinics
Tuesday	8:30-12:00*
Wednesday	8:30-12:00* / 1:00-3:00**
Thursday	2:00-6:00*
Friday	1:00-3:00**

* Appointment Needed

** Drop-in

FEES

Patient Fees?	Sliding Scale
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Some
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
SYPHILIS - Late
SYPHILIS - Neurosyphilis
SYPHILIS - Congenital
CHLAMYDIA
GONORRHEA
CHANCROID
LGV
NGU
PID
CERVICITIS
HEPATITIS B
HEPATITIS C
HERPES
SCABIES
WARTS
HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

F

M

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	Yes

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Sliding scale
Yes
Yes
Yes

ALAMEDA COUNTY

CENTRAL HEALTH CENTER

ADDRESS

470 27th Street
Oakland, CA 94612

TELEPHONE NUMBER

(510) 271-4263 - Main
(510) 271-4205 - Fax

OFFICE HOUR

Monday	
Tuesday	12:30-4:00*
Wednesday	
Thursday	12:30-4:00*
Friday	

Walk-In Only

* Registration 12:30-2:30; Clinic hours 1:00-4:00

FEES

Patient Fees?	Based on eligibility
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	Yes	Hmong	No
Tagalog	Yes	Mien	Yes
Laotian	Yes	Russian	Yes
Chinese	Yes	French	No
Korean	Yes	TTY	Yes

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

Sliding scale

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
Sliding scale

Colposcopy available

Yes

Condoms available

Yes

ALPINE COUNTY

ALPINE COUNTY HEALTH DEPARTMENT

ADDRESS

75-B Diamond Valley Road
Markleeville, CA 96120

TELEPHONE NUMBER

(530) 694-2146 - Main
(530) 694-2146 - Appointments
(530) 694-2252 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	
Wednesday	
Thursday	8:00-5:00
Friday	

FEES

Patient Fees?	Average ~ \$15
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	No*

* Will be Family PACT provider by Fall 2001

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Children - \$7.50 per shot Adults - \$45 per shot High Risk - fee waived
No
No
Yes

AMADOR COUNTY

AMADOR COUNTY PUBLIC HEALTH DEPARTMENT

ADDRESS

1003 Broadway, Suite 203
Jackson, CA 95642

TELEPHONE NUMBER

(209) 223-6407 - Main
(209) 223-1562 - Fax

OFFICE HOUR

Monday	7:00-5:00
Tuesday	7:00-5:00
Wednesday	7:00-5:00
Thursday	7:00-5:00
Friday	7:00-5:00

FEES

Patient Fees?	\$5 (exam only) \$20 (lab tests)
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Hepatitis B on request

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Children 18 & under - free Adults - \$40 per shot
Will order & charge for cost of vaccine if high risk patient
No
Yes

BUTTE COUNTY

BUTTE COUNTY PUBLIC HEALTH - CHICO

Community Employment Clinic

ADDRESS

2445 Carmichael Street
Chico, CA 95928

TELEPHONE NUMBER

(530) 879-3665 - Main
(530) 879-3665 - Appointments
(530) 879-3666 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Minimum - \$31
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Child - \$10/shot Adult - \$31/shot
Yes Child - \$10/shot Adult - \$43/shot
No
Yes

BUTTE COUNTY

BUTTE COUNTY PUBLIC HEALTH - CHICO

ADDRESS

695 Oleander Avenue
Chico, CA 95926

TELEPHONE NUMBER

(530) 891-2731 - Main
(530) 891-2745 - Appointments
(530) 891-8743 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Minimum - \$31
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

Child - \$10/shot
Adult - \$31/shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
Child - \$10/shot
Adult - \$43/shot

Colposcopy available

No

Condoms available

Yes

BUTTE COUNTY

BUTTE COUNTY HEALTH DEPARTMENT - OROVILLE

ADDRESS

78 Table Mountain Blvd.
Oroville, CA 95966

TELEPHONE NUMBER

(530) 538-7341 - Main
(530) 538-7341 - Appointments
(530) 538-5294 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Minimum - \$31
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

Child - \$10/shot
Adult - \$31/shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
Child - \$10/shot
Adult - \$43/shot

Colposcopy available

No

Condoms available

Yes

COLUSA COUNTY

COLUSA COUNTY HEALTH & HUMAN SERVICES

ADDRESS

251 E. Webster
PO Box 610
Colusa, CA 95932

TELEPHONE NUMBER

(530) 458-0380 - Main
(530) 458-4136 - Fax

OFFICE HOUR

Monday	8:30-12:00 / 1:00-5:00
Tuesday	8:30-12:00 / 1:00-5:00
Wednesday	8:30-12:00 / 1:00-5:00
Thursday	8:30-12:00 / 1:00-5:00
Friday	8:30-12:00 / 1:00-5:00

Walk-In Only

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
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 SYPHILIS - Congenital
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 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	N/A
<input type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$58 per shot
Yes
No
Yes

CONTRA COSTA COUNTY

PUBLIC HEALTH CLINIC

ADDRESS

2355 Stanwell Circle
Concord, CA 94520

TELEPHONE NUMBER

(925) 646-5275 - Main
(925) 646-5006 - Fax

OFFICE HOUR

Monday	
Tuesday	1:00-8:00
Wednesday	
Thursday	
Friday	

Walk-In Only

FEES

Patient Fees?	Single Fee - \$20
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
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 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

No

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
Yes

CONTRA COSTA COUNTY

PITTSBURG HEALTH CENTER

ADDRESS

550 School Street
Pittsburg, CA 94565

TELEPHONE NUMBER

(925) 427-8010 - Main
(925) 427-8046 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	1:00-8:00
Thursday	
Friday	

Walk-In Only

FEES

Patient Fees?	Single Fee - \$20
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
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 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	
Cambodian	No	Hmong	
Tagalog	No	Mien	
Laotian	No	Russian	
Chinese	No	French	
Korean	No	TTY	

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
Yes

CONTRA COSTA COUNTY

RICHMOND HEALTH CENTER

ADDRESS

100 - 39th Street
Richmond, CA 94801

TELEPHONE NUMBER

(510) 374-3115 - Main
(510) 374-3094 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	1:00-8:00
Friday	

Walk-In Only

FEES

Patient Fees?	Single Fee - \$20
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
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 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	
Cambodian	No	Hmong	
Tagalog	No	Mien	
Laotian	No	Russian	
Chinese	No	French	
Korean	No	TTY	

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

No

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
Yes

DEL NORTE COUNTY

DEL NORTE COUNTY HEALTH DEPARTMENT

ADDRESS

880 Northcrest Drive
Crescent City, CA 95531

TELEPHONE NUMBER

(707) 464-3191 - Main
(707) 465-6701 - Fax

OFFICE HOUR *

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

* STD services not available (contracted out)

FEES

Patient Fees?	
Waived if unable to pay?	Yes, if Medi-Cal
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x*	

* 1st & 3rd Tuesday & Wednesday 1:00-3:00
2nd & 4th Tuesday & Wednesday 9:00-11:00

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

	N/A
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$50 per shot Age <12, \$5 per shot
Yes Kids < 18, \$5 per shot Adults, \$52 per shot
No
Yes

EL DORADO COUNTY

EL DORADO COUNTY HEALTH DEPARTMENT

Placerville

ADDRESS

931 Spring Street
Placerville, CA 95667

TELEPHONE NUMBER

(530) 621-6100 - Main
(530) 621-6100 - Appointments
(530) 626-4713 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Appointments

FEES

Patient Fees?	Yes
Waived if unable to pay?	\$20 minimum
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

HERPES

x

*

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

* will treat if recurrent infection

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$183 per series (private pay adults)

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

Yes, offsite

Condoms available

Yes

EL DORADO COUNTY

EL DORADO COUNTY HEALTH DEPARTMENT

South Lake Tahoe

ADDRESS

1360 Johnson Boulevard, Suite 103
South Lake Tahoe, CA 96150

TELEPHONE NUMBER

(530) 573-3155 - Main
(530) 573-3155 - Appointments
(530) 541-8409 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Yes
Waived if unable to pay?	\$20 minimum
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

HERPES

x

*

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

* will treat if recurrent infection

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$183 per series (private pay adults)

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

Yes, offsite

Condoms available

Yes

FRESNO COUNTY

FRESNO COUNTY HEALTH DEPARTMENT

ADDRESS

1221 Fulton Mall
Fresno, CA 93721

TELEPHONE NUMBER

(559) 445-3416 - Main
(559) 445-3416 - Appointments
(559) 445-3595 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	Yes	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes, Children & Adults > 19 years under SOFP/County Clinic

If available, cost to patient

None

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes for HIV Positive

Colposcopy available

Yes

Condoms available

Yes

GLENN COUNTY

GLENN COUNTY HEALTH DEPARTMENT

ADDRESS

240 North Villa Avenue
Willows, CA 95988

TELEPHONE NUMBER

(530) 934-6588 - Main
(530) 934-6588 - Appointments
(530) 934-6463 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	*

* 1st Monday of each month only

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early

SYPHILIS - Late

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

GONORRHEA

CHANCROID

LGV

NGU

PID

CERVICITIS

HEPATITIS B

HEPATITIS C

HERPES

SCABIES

WARTS

HIV INFECTION

DX

RX

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

STS

GC - all anatomic sites

GC - selected anatomic sites

Chlamydia

Wet Mount/KOH

HIV test offered

Pap Smear

Pregnancy

HSV Serology

F

M

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Outside provider offers FP/STD/pelvic exams one day per month by health dept using OFP funding & Medi-Cal.

Yes
Children <18 - Free Adults - \$31 per shot
Yes Children - Free Adults - \$25 per shot
No
Yes

HUMBOLDT COUNTY

HUMBOLDT COUNTY PUBLIC HEALTH

ADDRESS

529 I Street
Eureka, CA 95501

TELEPHONE NUMBER

(707) 268-2108 - Main
(707) 445-6091 - Fax

OFFICE HOUR

Monday	9:00-12:00 / 1:00-4:00
Tuesday	9:00-12:00 / 1:00-4:00
Wednesday	9:00-12:00 / 1:00-4:00
Thursday	1:00-4:00
Friday	9:00-12:00 / 1:00-4:00

Walk-In Only

FEES

Patient Fees?	\$50 Maximum
Waived if unable to pay?	Sometimes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	No	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$35 per shot
Yes \$20 per shot
No
Yes

HUMBOLDT COUNTY

SIX RIVERS PLANNED PARENTHOOD

ADDRESS

2316 Harrison Avenue
Eureka, CA 95501

TELEPHONE NUMBER

(707) 442-5709 - Main
(707) 442-5709 - Appointments
(707) 442-6681 - Fax

OFFICE HOUR

Monday	8:30-7:00
Tuesday	8:30-5:00
Wednesday	8:30-8:00
Thursday	8:30-5:00
Friday	8:30-5:00

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
FamPact - Free Children - Free Adults - \$64 per shot
No
Yes
Yes

HUMBOLDT COUNTY

GARBERVILLE PUBLIC HEALTH CLINIC

ADDRESS

727 Cedar Street
Garberville, CA 95542

TELEPHONE NUMBER

(707) 923-2779 - Main
(707) 923-7207 - Fax

OFFICE HOUR *

Monday	
Tuesday	9:00-12:00
Wednesday	
Thursday	
Friday	

* HIV testing

FEES

Patient Fees?	Free HIV testing
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	No	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Cash, Medi-Cal, CHDP

\$35 per shot

Yes
\$20 per shot

No

Yes

HUMBOLDT COUNTY

WILLOW CREEK PUBLIC HEALTH CLINIC

ADDRESS

77 Walnut Way
Willow Creek, CA 95573

TELEPHONE NUMBER

(530) 629-2410 - Main
(530) 629-4306 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	9:00-12:00 / 1:00-5:00
Friday	

Female/Adult health services on Thursday only. HIV testing available Monday and Thursday and when the public health nurse is in the office.

FEES

Patient Fees?	
Waived if unable to pay?	On a case by case basis
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

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ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$35 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$20 per shot

Colposcopy available

Yes

Condoms available

Yes

IMPERIAL COUNTY

IMPERIAL COUNTY HEALTH DEPARTMENT

ADDRESS

935 Broadway
El Centro, CA 92243

TELEPHONE NUMBER

(760) 339-4454 - STDs
(760) 352-9933 - Fax

OFFICE HOUR

Monday	8:00-11:00 / 1:00-4:00
Tuesday	8:00-11:00 / 1:00-4:00
Wednesday	8:00-11:00 / 1:00-4:00
Thursday	8:00-11:00 / 1:00-4:00
Friday	8:00-11:00 / 1:00-4:00

Walk-In Only

FEES

Patient Fees?	Single Fee - \$15
Waived if unable to pay?	No
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$38
Yes
No
Yes

INYO COUNTY

BISHOP HEALTH DEPARTMENT

ADDRESS

207A West South Street
Bishop, CA 93514

TELEPHONE NUMBER

(760) 873-7868 - Main
(760) 873-7800 - Fax

OFFICE HOUR

Monday	1:00-5:00
Tuesday	
Wednesday	1:00-5:00
Thursday	
Friday	9:00-12:00

Walk-In

Scheduled appts Monday thru Thursday 8-5

FEES

Patient Fees?	Single Fee - \$30
Waived if unable to pay?	Sometimes possible
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$30 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
to VFC eligible clients

Colposcopy available

Referred out*

Condoms available

Yes

* Referred out to local provider

INYO COUNTY

LONE PINE HEALTH DEPARTMENT

ADDRESS

380 N. Mt. Whitney
Lone Pine, CA 93545

TELEPHONE NUMBER

(760) 876-5545 - Main
(760) 876-5127 - Fax

OFFICE HOUR

Monday	
Tuesday	10:00-3:30
Wednesday	
Thursday	9:30-12:00
Friday	

Walk-In

FEEES

Patient Fees?	Single Fee - \$30
Waived if unable to pay?	Sometimes possible
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

<u>CONDITIONS</u>	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis		
SYPHILIS - Congenital		
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID	x	x
LGV	x	x
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B		
HEPATITIS C		
HERPES	x	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	x

ROUTINE STD TESTS

<u>ROUTINE STD TESTS</u>	<u>F</u>	<u>M</u>
STS	x	x
GC - all anatomic sites		
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH	x	N/A
HIV test offered	x	x
Pap Smear	x	N/A
Pregnancy	x	N/A
HSV Serology	x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$30 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes to VFC eligible clients
Colposcopy available	Referred out*
Condoms available	Yes

Updated: November 2001

* Referred out to local provider

KERN COUNTY

KERN COUNTY HEALTH DEPARTMENT

ADDRESS

1800 Mt. Vernon St. (effective 12/15/01)
Bakersfield, CA 93305

TELEPHONE NUMBER

(661) 868-0503 - Main
(661) 868-0503 - Appointments
(661) 868-0215 - Fax

OFFICE HOUR

Monday	8:00-11:00 / 1:00-4:00
Tuesday	8:00-11:00 / 1:00-4:00
Wednesday	8:00-11:00 / 1:00-4:00
Thursday	8:00-11:00 / 1:00-4:00
Friday	8:00-11:00 / 1:00-4:00

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$8
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$56.50 per shot
Age <13, \$3.00

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

No

Condoms available

Yes

KINGS COUNTY

KINGS COUNTY HEALTH DEPARTMENT

ADDRESS

330 Campus Drive
Hanford, CA 93230

TELEPHONE NUMBER

(559) 584-1401 - Main
(559) 584-1401 - Appointments
(559) 582-0927 - Fax

OFFICE HOUR

Monday	8:00-11:00 / 1:00-4:00*
Tuesday	8:00-11:00 / 1:00-4:00*
Wednesday	8:00-11:00 / 1:00-4:00
Thursday	8:00-11:00 / 1:00-4:00
Friday	8:00-11:00 / 1:00-4:00

Both Appointment and Walk-In

* STD closed Mondays and Tuesdays

FEES

Patient Fees?	Single Fee - \$5
Waived if unable to pay?	Yes
Sliding Scale?	
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	DX	RX
SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis		
SYPHILIS - Congenital		
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID	x	x
LGV		
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B		
HEPATITIS C		
HERPES	visual	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	x

ROUTINE STD TESTS

	F	M
STS	x	x
GC - all anatomic sites		
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH	x	N/A
HIV test offered	x	x
Pap Smear	x	N/A
Pregnancy	x	N/A
HSV Serology	x*	x*

* must pay for HSV serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No
Japanese			

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$125 Also Family PACT benefits
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Soon
Colposcopy available	No
Condoms available	Yes

LAKE COUNTY

LAKE COUNTY HEALTH SERVICES - SOUTH SHORE

ADDRESS

7000B Southshore Civic Center Drive
Clearlake, CA 95422

TELEPHONE NUMBER

(707) 994-9433 - Main
(707) 994-9433 - Appointments or
(800) 794-9291
(707) 994-6739 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	1:30-3:00*
Friday	

* 1st and 3rd Thursday of month

By appointment only

FEES

Patient Fees?	\$25 plus meds/lab
Waived if unable to pay?	Yes, if symptoms
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes (lab only)
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis	refer*	refer*
SYPHILIS - Congenital	refer*	refer*
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID		
LGV		
NGU	x	x
PID	x	x**
CERVICITIS	x	x
HEPATITIS B	x	refer*
HEPATITIS C	x***	
HERPES	x	refer*
SCABIES	x	call Rx
WARTS	x	x
HIV INFECTION	x	refer

* will refer to PMD with consultation

** Rx if ambulatory or will refer to PMD

*** if client is able to pay lab fees

ROUTINE STD TESTS

F

M

STS	x	x
GC - all anatomic sites	x	x
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH		N/A
HIV test offered	x	x
Pap Smear	x	N/A
Pregnancy	x	N/A
HSV Serology	x*	x*

* upon patient request at clinician recommendation and is able to pay

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes for all who request and as routine pediatric
If available, cost to patient	\$35 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes \$24 per shot upon request
Colposcopy available	By Referral
Condoms available	Yes

LAKE COUNTY

LAKE COUNTY HEALTH SERVICES - NORTH SHORE

ADDRESS

922 Bevins Court
Lakeport, CA 95453

TELEPHONE NUMBER

(707) 263-1090 - Main
(707) 263-1090 - Appointments or
(800) 794-9291
(707) 262-4280 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	8:30-10:40*
Thursday	
Friday	

* See clients until 10:30

By appointment only

FEES

Patient Fees?	\$25 plus meds/lab
Waived if unable to pay?	Yes, if symptoms
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes (lab only)
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis	refer*	refer*
SYPHILIS - Congenital	refer*	refer*
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID		
LGV		
NGU	x	x
PID	x	x**
CERVICITIS	x	x
HEPATITIS B	x	refer*
HEPATITIS C	x***	
HERPES	x	refer*
SCABIES	x	call Rx
WARTS	x	x
HIV INFECTION	x	refer

* will refer to PMD with consultation

** Rx if ambulatory or will refer to PMD

*** if client is able to pay lab fees

ROUTINE STD TESTS

F

M

STS	x	x
GC - all anatomic sites	x	x
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH		N/A
HIV test offered	x	x
Pap Smear	x	N/A
Pregnancy	x	N/A
HSV Serology	x*	x*

* upon patient request at clinician recommendation and is able to pay

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes for all who request and as routine pediatric
If available, cost to patient	\$35 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes \$24 per shot upon request
Colposcopy available	By Referral
Condoms available	Yes

LASSEN COUNTY

LASSEN COUNTY PUBLIC HEALTH DEPARTMENT

ADDRESS

555 Hospital Lane
Susanville, CA 96130

TELEPHONE NUMBER

(530) 251-8183 - Main
(530) 251-8183 - Appointments
(530) 251-4871 - Fax

OFFICE HOUR

Monday	**
Tuesday	**
Wednesday	**
Thursday	**
Friday	**

** Usually by appointment.
Will take walk-ins as schedule permits.

FEES

Patient Fees?	Testing - \$15
Waived if unable to pay?	Yes (no one refused)
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No*
Family PACT provider?	No

* Fee waived for Medi-Cal

LANGUAGES SPOKEN

Spanish	No	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	x	referred
SYPHILIS - Late	x	referred
SYPHILIS - Neurosyphilis		
SYPHILIS - Congenital		
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID		
LGV		
NGU	x	x
PID	referred	
CERVICITIS		
HEPATITIS B	referred	
HEPATITIS C	referred	
HERPES	referred	referred
SCABIES		
WARTS	x	referred
HIV INFECTION	x	x

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS		
GC - all anatomic sites		
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH		N/A
HIV test offered	x	x
Pap Smear		N/A
Pregnancy	x	N/A
HSV Serology		

For CT and GC, DNA probe (PCR) is used.
Pelvic exams for females are not available.

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes - Ages 0-18 and Adults if employer pays for vaccine & admin cost
If available, cost to patient	\$5 for office visit Fee waived if unable to pay or a Medi-Cal recipient
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Ages 2-18
Colposcopy available	No
Condoms available	Yes

LOS ANGELES COUNTY

GLENDALE PUBLIC HEALTH CENTER

Glendale Health District - San Fernando Service Planning Area (SPA 2)

ADDRESS

501 N. Glendale Avenue
Glendale, CA 91206

TELEPHONE NUMBER

(818) 500-5762 - Business Office

OFFICE HOUR *

Monday	12:30-2:30
Tuesday	8:00-10:30
Wednesday	8:00-10:30
Thursday	12:30-2:30
Friday	12:30-2:30**

Walk-In Only

* Call to confirm clinic hours and services

** No clinic on 3rd Friday every month

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	Yes	TTY	No

Also - Farci and Persian

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes only for under 18
None
Yes to children at the IZ clinic
No
Yes

LOS ANGELES COUNTY

CURTIS TUCKER PUBLIC HEALTH CENTER

Inglewood Health District - South Bay Service Planning Area (SPA 8)

ADDRESS

123 W. Manchester Boulevard
Inglewood, CA 90301

TELEPHONE NUMBER

(310) 419-5325 - Business Office

OFFICE HOUR *

Monday	8:00-4:30
Tuesday	10:00-5:30
Wednesday	8:00-4:30
Thursday	8:00-4:30
Friday	8:00-4:30**

Walk-In Only

* Call to confirm clinic hours and services

** 3rd Friday hours are 8:00-12:00

FEES

Patient Fees?	None
Waived if unable to pay?	N/A
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
refer	refer
x	x
x	x
x	x
x	x
x	x
x	refer
x	x
x	x
x	x
x	refer

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
Yes

LOS ANGELES COUNTY

ANTELOPE VALLEY HEALTH CENTER

Antelope Valley Health District - Antelope Valley Service Planning Area (SPA 1)

ADDRESS

335-B East Avenue K-6
Lancaster, CA 93535

TELEPHONE NUMBER

(661) 723-4526 - Appointments

OFFICE HOUR *

Monday	
Tuesday	7:30-12:00
Wednesday	
Thursday	
Friday	

Walk-In Only

* Call to confirm clinic hours and services

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
	N/A
	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Children <= 18

None
Covered by federal vaccine program

Yes
Children <= 18

No

Yes

LOS ANGELES COUNTY

LONG BEACH DEPARTMENT OF HEALTH & HUMAN SERVICES

ADDRESS

2525 Grand Avenue, Room 106
Long Beach, CA 90815

TELEPHONE NUMBER

(562) 570-4315 - Main
(562) 570-4320 - Information Line
(562) 570-4033 - Fax

OFFICE HOUR

Monday	9:00-5:15
Tuesday	9:00-5:15
Wednesday	9:00-5:15
Thursday	9:00-5:15
Friday	8:00-4:00

Walk-In Only
Specialty Clinic (Warts) - by Appointment Only

FEES

Patient Fees?	\$30
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	EIP

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	Yes	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes, Family Planning Patients Only

None - covered by Family PACT

No

No

Yes

LOS ANGELES COUNTY

CENTRAL PUBLIC HEALTH CENTER

Central Health District - Metropolitan Service Planning Area (SPA 4)

ADDRESS

241 N. Figueroa Street
Los Angeles, CA 90012

TELEPHONE NUMBER

(213) 240-8203 - Main
(213) 240-8223 - Appointments
(213) 250-5396 - Fax

OFFICE HOUR *

Monday	12:00-4:30
Tuesday	8:00-4:30
Wednesday	12:00-4:30
Thursday	
Friday	12:00-4:30

Walk-ins accepted:

8:00-10:30 on Tuesdays

12:00-3:00 except Thursdays

* Schedule may change depending on availability of STD clinician.

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Children <= 18
If available, cost to patient	None
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Children <= 18
Colposcopy available	No
Condoms available	Yes

LOS ANGELES COUNTY

HOLLYWOOD-WILSHIRE PUBLIC HEALTH CENTER

Hollywood-Wilshire Health District - Metropolitan Service Planning Area (SPA 4)

ADDRESS

5205 Melrose Avenue
Los Angeles, CA 90038

TELEPHONE NUMBER

(323) 769-7800 - Business Office

OFFICE HOUR *

Monday	8:00-4:00
Tuesday	
Wednesday	8:00-4:00
Thursday	8:00-4:00
Friday	8:00-12:00

Walk-In Only

* Call to confirm clinic hours and services

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
Yes

LOS ANGELES COUNTY

RUTH TEMPLE PUBLIC HEALTH CENTER

South Health District - South Service Planning Area (SPA 6)

ADDRESS

3834 S. Western Avenue
Los Angeles, CA 90062

TELEPHONE NUMBER

(323) 730-3507 - Business Office

OFFICE HOUR

Monday	8:00-4:00
Tuesday	8:00-4:00
Wednesday	8:00-4:00
Thursday	8:00-4:00*
Friday	8:00-4:00**

* 2nd and 4th Thursday of each month - no AM clinic

** 1st and 3rd Friday of each month - no PM clinic

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	DX	RX
SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis	refer	refer
SYPHILIS - Congenital	x	x
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID	x	x
LGV	x	x
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B	refer	.refer
HEPATITIS C	refer	
HERPES	x	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	refer

ROUTINE STD TESTS

	F	M
STS	x	x
GC - all anatomic sites	x	x
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH	x	N/A
HIV test offered	x	x
Pap Smear		N/A
Pregnancy		N/A
HSV Serology		

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	Yes

Provide language line services for all languages.

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	No
If available, cost to patient	
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	No
Colposcopy available	No
Condoms available	Yes

LOS ANGELES COUNTY

SOUTH PUBLIC HEALTH CENTER

South Health District - South Service Planning Area (SPA 6)

ADDRESS

1522 E. 102nd Street
Los Angeles, CA 90002

TELEPHONE NUMBER

(323) 563-4112 - STD Clinic

OFFICE HOUR *

Monday	8:00-3:30
Tuesday	8:00-3:30
Wednesday	8:00-3:30
Thursday	8:00-3:30
Friday	8:00-12:00

Walk-In Only

* Call to confirm clinic hours and services

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	x
x	N/A
x	x
	N/A
x*	N/A
x	x

* as needed

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	Yes
Tagalog	Yes	Mien	Yes
Laotian	No	Russian	Yes
Chinese	No	French	Yes
Korean	No	TTY	Yes

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Immunization Clinic Only

Immunization Clinic Only

No

Yes

LOS ANGELES COUNTY

MONROVIA PUBLIC HEALTH CENTER

Foothill Health District - San Gabriel Valley Service Planning Area (SPA 3)

ADDRESS

330 W. Maple Avenue
Monrovia, CA 91016

TELEPHONE NUMBER

(626) 256-1600 - Business Office

OFFICE HOUR ^{*}

Monday	12:30-4:30
Tuesday	8:00-12:00
Wednesday	10:00-2:00
Thursday	12:30-4:30
Friday	

Walk-In Only

* Call to confirm clinic hours and services

FEEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

- SYPHILIS - Early
- SYPHILIS - Late
- SYPHILIS - Neurosyphilis
- SYPHILIS - Congenital
- CHLAMYDIA
- GONORRHEA
- CHANCROID
- LGV
- NGU
- PID
- CERVICITIS
- HEPATITIS B
- HEPATITIS C
- HERPES
- SCABIES
- WARTS
- HIV INFECTION

<u>DX</u>	<u>RX</u>
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	

ROUTINE STD TESTS

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

<u>F</u>	<u>M</u>
x	x
x	x
x	x
x	N/A
x	
	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	Yes	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine
available? *Describe to whom,
if limited availability.*

Colposcopy available

Condoms available

Yes Adults & < 18 with parent consent
None
Yes Ages 2-18
No
Yes

LOS ANGELES COUNTY

PACOIMA PUBLIC HEALTH CENTER

San Fernando Valley Health District - San Fernando Valley Service Planning Area (SPA 2)

ADDRESS

13300 Van Nuys Boulevard
Pacoima, CA 91331

TELEPHONE NUMBER

(818) 896-1903 - Main
(818) 896-1903 - Appointments
(818) 834-3961 - Fax

OFFICE HOUR

Monday	8:00-10:30
Tuesday	11:30-2:30
Wednesday	11:30-2:30
Thursday	8:00-10:30
Friday	

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

Pap smear pilot study done on all new episode STD clinic patients.

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	Yes	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes children up to 18
None
Yes children 2-18
No
Yes

LOS ANGELES COUNTY

PASADENA HEALTH DEPARTMENT

ADDRESS

1845 North Fair Oaks Avenue
Pasadena, CA 91103

TELEPHONE NUMBER

(626) 744-6025 - Main
(626) 744-6025 - Appointments
(626) 744-6100 - Fax

OFFICE HOUR

Monday	
Tuesday	5:00pm-7:00pm
Wednesday	
Thursday	
Friday	

Walk-In Only

FEES

Patient Fees?	Single Fee - \$25
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

N/A

Pregnancy

N/A

HSV Serology

In the process of developing protocols for HSV serology.

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$65 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$75 per shot

Colposcopy available

No

Condoms available

Yes

LOS ANGELES COUNTY

POMONA PUBLIC HEALTH CENTER

Pomona Health District - San Gabriel Valley Service Planning Area (SPA 3)

ADDRESS

750 S. Park Avenue
Pomona, CA 91766

TELEPHONE NUMBER

(909) 868-0235 - Business Office

OFFICE HOUR ^{*}

Monday	
Tuesday	12:30-4:30
Wednesday	
Thursday	2:30-6:30
Friday	

Walk-In Only

* Call to confirm clinic hours and services

FEEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

- SYPHILIS - Early
- SYPHILIS - Late
- SYPHILIS - Neurosyphilis
- SYPHILIS - Congenital
- CHLAMYDIA
- GONORRHEA
- CHANCROID
- LGV
- NGU
- PID
- CERVICITIS
- HEPATITIS B
- HEPATITIS C
- HERPES
- SCABIES
- WARTS
- HIV INFECTION

<u>DX</u>	<u>RX</u>
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	

ROUTINE STD TESTS

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

<u>F</u>	<u>M</u>
x	x
x	x
x	x
x	N/A
x	x
	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	Yes	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine
available? *Describe to whom,
if limited availability.*

Colposcopy available

Condoms available

Yes Adults & < 18 with parent consent
None
Yes Ages 2-18
No
Yes

LOS ANGELES COUNTY

YVONNE BURKE HEALTH CENTER

West Health District - West Service Planning Area (SPA 5)

ADDRESS

2509 Pico Boulevard, 2nd Floor
Santa Monica, CA 90405

TELEPHONE NUMBER

(310) 998-3203 - Business Office

OFFICE HOUR *

Monday	
Tuesday	8:00-4:00
Wednesday	
Thursday	
Friday	

Walk-In Only

* Call to confirm clinic hours and services

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	DX	RX
SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis		x
SYPHILIS - Congenital		x
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID	x	x
LGV	x	x
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B		
HEPATITIS C		
HERPES	x	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	

ROUTINE STD TESTS

	F	M
STS	x	x
GC - all anatomic sites	x	x
GC - selected anatomic sites	x	x
Chlamydia	x	x
Wet Mount/KOH	x	N/A
HIV test offered	x	x
Pap Smear		N/A
Pregnancy		N/A
HSV Serology		

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

Also - Farsi

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes children up to 18
If available, cost to patient	free if low income
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	No
Colposcopy available	No
Condoms available	Yes

LOS ANGELES COUNTY

TORRANCE PUBLIC HEALTH CENTER

Torrance Health District - South Bay Service Planning Area (SPA 8)

ADDRESS

2300 W. Carson Street
Torrance, CA 90501

TELEPHONE NUMBER

(310) 222-6571 - Business Office

OFFICE HOUR *

Monday	10:00-5:30
Tuesday	
Wednesday	10:00-5:30
Thursday	
Friday	

Walk-In Only

* Call to confirm clinic hours and services

FEES

Patient Fees?	None
Waived if unable to pay?	N/A
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis		
SYPHILIS - Congenital	refer	refer
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	refer
HEPATITIS C		
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	refer

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites		
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear		N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology		

* if needed

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	No
If available, cost to patient	
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	
Colposcopy available	No
Condoms available	Yes

LOS ANGELES COUNTY

WHITTIER PUBLIC HEALTH CENTER

Whittier Health District - East Los Angeles Service Planning Area (SPA 7)

ADDRESS

7643 S. Painter Avenue
Whittier, CA 90602

TELEPHONE NUMBER

(562) 464-5350 - Business Office

OFFICE HOUR *

Monday	12:00-3:30
Tuesday	12:00-3:30
Wednesday	12:00-3:30
Thursday	12:00-7:00
Friday	

Walk-In Only

* Call to confirm clinic hours and services

FEES

Patient Fees?	None
Waived if unable to pay?	N/A
Sliding Scale?	N/A
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
refer	x
refer	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	children
x	x
x	x
x	x
x	refer

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	x
x	N/A
x	x
	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	Yes*	Hmong	No
Tagalog	Yes*	Mien	No
Laotian	No	Russian	No
Chinese	No	French	Yes*
Korean	Yes*	TTY	Yes

Also - Arabic*

* Upon Request

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Age <18 or household of prenatal

If available, cost to patient

No charge

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

No

Condoms available

Yes

MADERA COUNTY

MADERA COUNTY HEALTH DEPARTMENT

ADDRESS

14215 Road 28
Madera, CA 93638

TELEPHONE NUMBER

(559) 675-7893 - Main
(559) 674-7262 - Fax

OFFICE HOUR

Monday	
Tuesday	8:00-10:00*
Wednesday	
Thursday	
Friday	8:00-10:00

Walk-In Only

* Also open 1st & 3rd Tuesday 4:30-6:30pm

FEES

Patient Fees?	None
Waived if unable to pay?	n/a
Sliding Scale?	n/a
Private insurance accepted?	n/a
Medi-Cal accepted?	n/a
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Age 2mo-18yr Only

None

Yes
Age 2yr-18yr Only

No.

Yes

MARIN COUNTY

MARIN COUNTY HEALTH SERVICES

ADDRESS

920 Grand Avenue
San Rafael, CA 94901

TELEPHONE NUMBER

(415) 499-6944 - Main
(415) 499-6855 - Fax

OFFICE HOUR

Monday	8:00-11:00
Tuesday	8:00-11:00
Wednesday	8:00-11:00
Thursday	1:00-3:00
Friday	9:00-11:00

Drop-In

FEES

Patient Fees?	Single Fee - \$20 + Pap Smear \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	refer
x	
x	x
x	x
x	x
x	x
x	x
x	x
refer	
x	x
x	x
x	x
x	refer

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x*	x*

* separate fee

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Will refer out

No, will refer

Yes

MARIPOSA COUNTY

MARIPOSA COUNTY HEALTH DEPARTMENT

ADDRESS

4988 11th Street
Mariposa, CA 95338

TELEPHONE NUMBER

(209) 966-3689 - Main
(209) 966-3689 - Appointments
(209) 966-4929 - Fax

OFFICE HOUR

Monday	1:00-5:00
Tuesday	
Wednesday	
Thursday	
Friday	

By Appointment

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Age < 19 (VFC vaccine)

N/C
(if contact)

Yes
Age < 19 (VFC vaccine)

No

Yes

MENDOCINO COUNTY

MENDOCINO COUNTY HEALTH DEPARTMENT - UKIAH

ADDRESS

890 North Bush Street
Ukiah, CA 95482

TELEPHONE NUMBER

(707) 463-4471 - Main
(707) 463-4138 - Fax

OFFICE HOUR

Monday	
Tuesday	8:30-3:30
Wednesday	10:30-7:00
Thursday	8:30-3:30 HIV Testing
Friday	8:30-3:30

By Appointment

FEES

Patient Fees?	Average ~ \$25
Waived if unable to pay?	Yes*
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Free if patient qualifies for FamPact

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> Relay

Also use certified interpreters for ASL

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

☒

☒

SYPHILIS - Late

☒

☒

SYPHILIS - Neurosyphilis

☐

☒

SYPHILIS - Congenital

☐

☐

CHLAMYDIA

☒

☒

GONORRHEA

☒

☒

CHANCROID

☐

☐

LGV

☐

☐

NGU

☒

☒

PID

☒

☒

CERVICITIS

☒

☒

HEPATITIS B

☐

☐

HEPATITIS C

☐

☐

HERPES

☒

☒

SCABIES

☐

☐

WARTS

☒

☒

HIV INFECTION

☒

☐

Other STD services in the county are through the rural clinics on sliding scale or through Family Pact.

ROUTINE STD TESTS

F

M

STS

☐

☐

GC - all anatomic sites

☐

☐

GC - selected anatomic sites

☒

☒

Chlamydia

☒

☒

Wet Mount/KOH

☒

N/A

HIV test offered

☒

☒

Pap Smear

☒

N/A

Pregnancy

☒

N/A

HSV Serology

☒

☒

* HSV I and II smears

All other tests done as indicated.

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
FamPACT; MediCal; thru federal vaccine for children

If available, cost to patient

Free with FamPact, MediCal, federal vaccine

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
Those with rectal intercourse exposure

Colposcopy available

Yes

Condoms available

Yes

MODOC COUNTY

MODOC COUNTY HEALTH DEPARTMENT

ADDRESS

441 N. Main Street
Alturas, CA 96101

TELEPHONE NUMBER

(530) 233-6311 - Main
(530) 233-5754 - Fax

OFFICE HOUR *

Monday	8:30-12:00 / 1:00-5:00
Tuesday	8:30-12:00 / 1:00-5:00
Wednesday	8:30-12:00 / 1:00-5:00
Thursday	8:30-12:00 / 1:00-5:00
Friday	8:30-12:00 / 1:00-5:00

* Patients requesting STD services referred to the hospital or a doctor in town.

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

	N/A
x	x
	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes Ages 0-18
No
Yes Ages 2-18
No
Yes

MONO COUNTY

MONO COUNTY HEALTH DEPARTMENT

ADDRESS

185 Twin Lakes Road
Bridgeport, CA 93517

TELEPHONE NUMBER

(760) 932-7485 - Main
(760) 932-5284 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x

Mono will not DX STD patients. They are referred to PMDs. However, if patient's partners show up at the clinic they will be epi treated.

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	No	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$34 per shot
No
Yes

MONO COUNTY

MONO COUNTY HEALTH DEPARTMENT

ADDRESS

437 Old Mammoth Road, Suite Q
Minaret Mall
Mammoth Lakes, CA 93546

TELEPHONE NUMBER

(760) 924-5410 - Main
(760) 924-5467 - Fax

OFFICE HOUR

Monday	8:00-5:00*
Tuesday	8:00-5:00*
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

* Chlamydia and gonorrhea testing can now be done on Mondays (all day) and Tuesdays (until noon).

FEES

Patient Fees?	None*
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

* There is a \$10 fee for pregnancy test

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x

Mono will not DX STD patients. They are referred to PMDs. However, if patient's partners show up at the clinic they will be epi treated.

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

*	*
	N/A
*	*
	N/A
**	N/A

* Immigration and Naturalization only

** Positive pregnancy tests are referred to PMDs

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$27 per shot for adults
Yes to everyone
No
Yes

MONTEREY COUNTY

MONTEREY COUNTY HEALTH DEPARTMENT

ADDRESS

1270 Natividad Road
Salinas, CA 93906

TELEPHONE NUMBER

(831) 755-4500 - Main
(831) 755-4500 - Appointments
(831) 757-9586 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	1:00-4:00
Thursday	
Friday	1:00-4:00

Walk-In Only

FEES

Patient Fees?	Single Fee - \$50
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

N/A

Pregnancy

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	
Cambodian	No	Hmong	
Tagalog	Yes	Mien	
Laotian	No	Russian	
Chinese	No	French	
Korean	Yes	TTY	

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$65 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

No

Condoms available

Yes

MONTEREY COUNTY

SEASIDE FAMILY HEALTH CENTER

ADDRESS

1150 Fremont Blvd.
Seaside, CA 93955

TELEPHONE NUMBER

(831) 899-8100 - Main
(831) 899-8100 - Appointments
(831) 899-8105 - Fax

OFFICE HOUR *

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

* No set hours - must call for appointment. If immediate attention is needed, contact the Monterey Health Department at (831) 755-4500.

FEES

Patient Fees?	Single Fee - \$50
Waived if unable to pay?	Yes*
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

* Waived for teens and epi referrals

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

F

M

STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$65 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	
Colposcopy available	Yes
Condoms available	Yes

NAPA COUNTY

NAPA COUNTY HEALTH & HUMAN SERVICES AGENCY

Maternal Child Health Division

ADDRESS

2344 Old Sonoma Road, Building G
Napa, CA 94559

TELEPHONE NUMBER

(707) 253-4227 - Main
(707) 253-4227 - Appointments
(707) 253-4880 - Fax

OFFICE HOUR

Monday	8:00-12:00 / 1:00-5:00
Tuesday	
Wednesday	
Thursday	
Friday	8:00-12:00

Appointment Only

FEES

Patient Fees?	Single Fee - \$3
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes, children only

Referred

Yes

NEVADA COUNTY

NEVADA COUNTY HEALTH DEPARTMENT

Nevada City Clinic

ADDRESS

10433 Willow Valley Road, Suite B
Nevada City, CA 95959

TELEPHONE NUMBER

(530) 265-1450 - Main
(530) 265-1451 - Appointments
(530) 265-1426 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00*
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Appointment Only

* Tuesday 1:00-3:30 - Teen Walk-In

FEES

Patient Fees?	Average ~ \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	Age <18 - \$10 or CHDP Age 19 - \$25 per shot Age 20+ - \$40 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Age <18 - \$10 or CHDP Age 19 - \$25 per shot Age 20+ - \$40 per shot
Colposcopy available	Yes
Condoms available	Yes

NEVADA COUNTY

NEVADA COUNTY HEALTH DEPARTMENT

Truckee Clinic

ADDRESS

10075 Levon Avenue, Suite 207
Truckee, CA 96161

TELEPHONE NUMBER

(530) 582-7814 - Main
(530) 582-7814 - Appointments
(530) 582-7732 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00*
Thursday	8:00-5:00
Friday	8:00-5:00

Appointment Only

* Wednesday 1:00-4:00 - Teen Walk-In

FEES

Patient Fees?	Average ~ \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Age <18 - \$10 or CHDP Age 19 - \$25 per shot Age 20+ - \$40 per shot
Age <18 - \$10 or CHDP Age 19 - \$25 per shot Age 20+ - \$40 per shot
Yes
Yes

ORANGE COUNTY

HEALTH CARE AGENCY

ADDRESS

1725 West 17th Street
Santa Ana, CA 92706

TELEPHONE NUMBER

(714) 834-7700 - Main
(714) 834-8592 - General Information
(714) 834-8275 - Fax

OFFICE HOUR

Monday	8:00-4:00
Tuesday	8:00-5:30
Wednesday	8:00-4:00
Thursday	8:00-4:00
Friday	8:00-4:00

Walk-In Only

FEES

Patient Fees?	None
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
Ages 0-24 and
25+ high risk adults

If available, cost to patient

None

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

Yes

Condoms available

Yes

PLACER COUNTY

PLACER COUNTY COMMUNITY CLINIC EAST

ADDRESS

11583 C Avenue
Auburn, CA 95603

TELEPHONE NUMBER

(530) 889-7215 - Main
(530) 889-7215 - Appointments
(800) 829-7199 x7215
(530) 889-6822 - Fax

OFFICE HOUR

Monday	
Tuesday	8:00-5:00
Wednesday	1:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Appointment Only

FEES

Patient Fees?	Average ~ \$72
Waived if unable to pay?	Yes, if contact or STD positive
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x*

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

* immunization only

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

ATT language line

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
FamPACT, Medi-Cal,
VFC eligible, Private Pay

If available, cost to patient

\$35 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes

Colposcopy available

No

Condoms available

Yes

PLACER COUNTY

PLACER COUNTY HEALTH DEPARTMENT

ADDRESS

11484 B Avenue
Auburn, CA 95603

TELEPHONE NUMBER

(530) 889-7170 - Main
(530) 889-7170 - Appointments
(800) 829-7199 x7170
(530) 889-7189 - Fax

OFFICE HOUR

Monday	8:00-5:00 (TRT)
Tuesday	8:00-5:00 (TRT)
Wednesday	8:00-5:00 (TRT)
Thursday	8:30-4:30
Friday	8:00-5:00 (TRT)

By Appointment Only

FEES

Patient Fees?	Average ~ \$72
Waived if unable to pay?	Yes, if contact or STD positive
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
FamPACT, Medi-Cal,
VFC eligible, Private Pay

If available, cost to patient

\$35 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes - anyone
fee for service

Colposcopy available

No*

Condoms available

Yes

PLACER COUNTY

COMMUNITY CLINIC FORESTHILL

ADDRESS

Foresthill Family Resource Center
23801 Foresthill Road
Foresthill, CA 95631

TELEPHONE NUMBER

(530) 889-7170 - Main (Auburn #s)
(530) 889-7170 - Appointments
(800) 829-7199 x7170
(530) 889-7189 - Fax

OFFICE HOUR

Monday	9:00-4:00*
Tuesday	
Wednesday	
Thursday	
Friday	

Appointment Only

* 3rd Monday of month

FEES

Patient Fees?	Average ~ \$72
Waived if unable to pay?	Yes, if contact or STD positive
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x*

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

* immunization only

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

ATT language line

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
FamPACT, Medi-Cal,
VFC eligible, Private Pay

If available, cost to patient

\$35 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$25 fee for service

Colposcopy available

No*

Condoms available

Yes

* Referred to PMD or Roseville site

PLACER COUNTY

LINCOLN CLINIC

ADDRESS

630 6th Street
Lincoln, CA 95648

TELEPHONE NUMBER

(530) 889-7170 - Main (Auburn #s)
(530) 889-7170 - Appointments
(800) 829-7199 x7170
(530) 889-7189 - Fax

OFFICE HOUR

Monday	9:00-5:00*
Tuesday	
Wednesday	
Thursday	
Friday	

Appointment Only

* 2nd Monday of month

FEES

Patient Fees?	Average ~ \$72
Waived if unable to pay?	Yes, if contact or STD positive
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
FamPACT, Medi-Cal,
VFC eligible, Private Pay

If available, cost to patient

\$35 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$25 fee for service

Colposcopy available

No*

Condoms available

Yes

Updated: November 2001

* Referred to PMD or Roseville site

PLACER COUNTY

ROSEVILLE CLINIC

ADDRESS

1130 Conroy Lane, Suite 402/403
Roseville, CA 95661

TELEPHONE NUMBER

(530) 889-7170 - Main (Auburn #s)
(530) 889-7170 - Appointments
(800) 829-7199 x7170
(530) 889-7189 - Fax

OFFICE HOUR

Monday	
Tuesday	9:00-4:00*
Wednesday	9:00-12:00 / 1:00-3:30**
Thursday	
Friday	

Appointment Only

* 2nd and 4th Tuesday

** 1st Wednesday - AM and PM, 3rd Wednesday - PM

FEES

Patient Fees?	Average ~ \$72
Waived if unable to pay?	Yes, if contact or STD positive
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
SYPHILIS - Late
SYPHILIS - Neurosyphilis
SYPHILIS - Congenital
CHLAMYDIA
GONORRHEA
CHANCROID
LGV
NGU
PID
CERVICITIS
HEPATITIS B
HEPATITIS C
HERPES
SCABIES
WARTS
HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	
x	x
x	
x	

ROUTINE STD TESTS

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

F

M

x	x
x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes FamPACT, Medi-Cal, VFC eligible, Private Pay
\$35 per shot
Yes - anyone fee for service
Yes
Yes

PLUMAS COUNTY

PLUMAS COUNTY HEALTH SERVICES

ADDRESS

270 County Hospital Road
P.O. Box 3140
Quincy, CA 95971

TELEPHONE NUMBER

(530) 283-6330 - Main
(800) 801-6330 - Appointments (only within county)
(530) 283-6110 - Fax

OFFICE HOUR

Monday	8:00-12:00 / 1:00-5:00
Tuesday	8:00-12:00 / 1:00-5:00
Wednesday	8:00-12:00 / 1:00-5:00
Thursday	8:00-12:00 / 1:00-5:00
Friday	8:00-12:00 / 1:00-5:00

By Appointment

FEES

Patient Fees?	Single Fee - \$15*
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Lab fee only

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
SYPHILIS - Late
SYPHILIS - Neurosyphilis
SYPHILIS - Congenital
CHLAMYDIA
GONORRHEA
CHANCROID
LGV
NGU
PID
CERVICITIS
HEPATITIS B
HEPATITIS C
HERPES
SCABIES
WARTS
HIV INFECTION

* Tuesdays

DX

RX

x	x
x	
x	x
x	x
x	x
x	
x	
x	x
x*	x

ROUTINE STD TESTS

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

F

M

*	*
*	*
x	*
*	N/A
x	x
*	N/A
*	N/A

* Tests based on symptoms

LANGUAGES SPOKEN

Spanish	No	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$125 for series Age <12 - free
Yes High Risk
No
Yes

RIVERSIDE COUNTY

BANNING FAMILY CARE CENTER

ADDRESS

3055 W. Ramsey
Banning, CA 92220

TELEPHONE NUMBER

(909) 849-6794 - Main
(909) 849-0060 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$64.08 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
18 years or younger

Colposcopy available

No

Condoms available

Yes

RIVERSIDE COUNTY

CORONA FAMILY CARE CENTER

ADDRESS

505 S. Buena Vista Avenue
Corona, CA 92282

TELEPHONE NUMBER

(909) 272-5445 - Main
(800) 900-0888 - Appointments
(909) 272-5489 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$64.08 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes

Colposcopy available

No

Condoms available

Yes

RIVERSIDE COUNTY

HEMET FAMILY CARE CENTER

ADDRESS

880 N. State Street
Hemet, CA 92543

TELEPHONE NUMBER

(909) 766-2450 - Main
(909) 766-2450 - Appointments
(909) 766-2479 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$64.08 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$64.08 per shot

Colposcopy available

No

Condoms available

Yes

RIVERSIDE COUNTY

INDIO FAMILY CARE CENTER

ADDRESS

47923 Oasis
Indio, CA 92201

TELEPHONE NUMBER

(760) 863-8283 - Main
(760) 863-8366 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	refer

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* If requested or indicated

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$64.08 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes limited to contacts
Colposcopy available	Yes
Condoms available	Yes

RIVERSIDE COUNTY

LAKE ELSINORE FAMILY CARE CENTER

ADDRESS

30195 Fraiser Drive
Lake Elsinore, CA 92330

TELEPHONE NUMBER

(909) 674-3250 - Main
(909) 245-4502 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$64.08 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
Colposcopy available	Yes
Condoms available	Yes

RIVERSIDE COUNTY

PALM SPRINGS FAMILY CARE CENTER

ADDRESS

3111 Tahquitz-McCallum Way
Palm Springs, CA 92262

TELEPHONE NUMBER

(760) 778-2210 - Main
(760) 778-2214 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x*

N/A

Pregnancy

x*

N/A

HSV Serology

* If requested or indicated

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$64.08 per shot
Free for Family PACT

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
Children & Adults

Colposcopy available

Yes

Condoms available

Yes

RIVERSIDE COUNTY

PERRIS FAMILY CARE CENTER

ADDRESS

237 North D Street
Perris, CA 92570

TELEPHONE NUMBER

(909) 940-6700 - Main
(909) 940-6726 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	refer

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* If requested or indicated

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$64.08 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes limited
Colposcopy available	Yes
Condoms available	Yes

RIVERSIDE COUNTY

JURUPA HEALTH CENTER

ADDRESS

9415 Mission Boulevard
Riverside, CA 92509

TELEPHONE NUMBER

(909) 360-8795 - Main
(909) 360-8798 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x*

N/A

Pregnancy

x*

N/A

HSV Serology

* If requested or indicated

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$64.08 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

No

Condoms available

Yes

RIVERSIDE COUNTY

RIVERSIDE NEIGHBORHOOD HEALTH CENTER

ADDRESS

7140 Indiana Avenue
Riverside, CA 92504

TELEPHONE NUMBER

(909) 358-6000 - Main
(909) 358-6044 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	x
x	N/A
x	x
x*	N/A
x*	N/A
x	x

* If requested or indicated

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$64.08 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$52 per shot

Colposcopy available

Yes

Condoms available

Yes

SACRAMENTO COUNTY

CAPITAL HEALTH CENTER

ADDRESS

1500 C Street
Sacramento, CA 95812

TELEPHONE NUMBER

(916) 874-5302 - Main
(916) 874-5302 - Appointments
(916) 442-1878 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

*

N/A

HSV Serology

* Collected if LMP is 30 days late

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	Yes
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$43 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

No

Condoms available

Yes

SACRAMENTO COUNTY

DEL PASO HEALTH CENTER

ADDRESS

3950 Research Drive
Sacramento, CA 95838

TELEPHONE NUMBER

(916) 648-0970 - Main
(916) 648-0970 - Appointments
(916) 648-0392 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	9:00-5:00
Thursday	8:00-5:00
Friday	9:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	
Waived if unable to pay?	Yes*
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes*
Family PACT provider?	Yes*

* Public Health Only

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$43 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Clinician order
Colposcopy available	No
Condoms available	Yes

SACRAMENTO COUNTY

NORTH EAST HEALTH CENTER

ADDRESS

7805 Auburn Boulevard
Sacramento, CA 95610

TELEPHONE NUMBER

(916) 726-1804 - Main
(916) 726-8903 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00*
Thursday	8:00-5:00
Friday	9:00-5:00

Both Appointment and Walk-In (Walk-Ins are triaged)

* First Wednesday of month - closed until 1:00

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	*	N/A
Pregnancy	**	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

* Available for Family Planning only

** Collected if LMP is 30 days late

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	Ages 0-18, \$7.50 per shot (free w/ SOFP, CHDP) Adults - \$43 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes High Risk
Colposcopy available	No
Condoms available	Yes

SACRAMENTO COUNTY

OAK PARK HEALTH CENTER

ADDRESS

3415 Martin Luther King Jr. Boulevard
Sacramento, CA 95817

TELEPHONE NUMBER

(916) 875-2995 - Main
(916) 875-2921 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00*
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

* First Wednesday of month - closed until 1:00

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	*	N/A
Pregnancy	**	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

* Available for Family Planning only

** Collected if LMP is 30 days late

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

* Mien in AM only

** Russian in PM only

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	Ages 0-18, \$7.50 per shot Adults - \$43 per shot Free if HepC positive
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Ages 0-18, \$7.50 per shot
Colposcopy available	No
Condoms available	Yes

SACRAMENTO COUNTY

PRIMARY CARE CLINIC

ADDRESS

2921 Stockton Boulevard
Sacramento, CA 95817

TELEPHONE NUMBER

(916) 874-9670 - Main
(916) 874-9670 - Appointments
(916) 874-9297 - Fax

OFFICE HOUR

Monday	8:00am-9:00pm
Tuesday	8:00am-9:00pm
Wednesday	8:00am-9:00pm
Thursday	8:00am-9:00pm
Friday	8:00am-9:00pm

Both Appointment and Walk-In

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

Fee is determined by the county medically indigent services program eligibility worker.

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

* Collected if LMP is 30 days late

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$43 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Travel only
Colposcopy available	No
Condoms available	Yes

SACRAMENTO COUNTY

SOUTH CITY HEALTH CENTER

ADDRESS

7171 Bowling Drive, Suite 300
Sacramento, CA 95822

TELEPHONE NUMBER

(916) 875-0802 - Main
(916) 875-0802 - Appointments
(916) 875-0854 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	None
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

Pap Smear

*

N/A

Pregnancy

**

N/A

HSV Serology

* Available for Family Planning only

** Collected if LMP is 30 days late

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	Yes	Mien	No
Laotian	No	Russian	Yes
Chinese	Yes	French	No
Korean	No	TTY	No

Also - Punjabi

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$43 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

No

Condoms available

Yes

SAN BERNARDINO COUNTY

SAN BERNARDINO COUNTY HEALTH DEPARTMENT

Barstow Health Center

ADDRESS

301 East Mountain View
Barstow, CA 92311

TELEPHONE NUMBER

(619) 256-4715 - Main
(619) 256-4715 - Appointments
- Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	1:00-4:00
Friday	

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$15
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	
x	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$30 per shot
No
Yes
Yes

SAN BERNARDINO COUNTY

SAN BERNARDINO COUNTY HEALTH DEPARTMENT

Victor Valley Health Center

ADDRESS

16453 Bear Valley Road
Hesperia, CA 92345

TELEPHONE NUMBER

(909) 383-3060 - Call San Bernardino

OFFICE HOUR

Monday	
Tuesday	
Wednesday	8:00-10:45
Thursday	
Friday	8:00-10:45

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$15
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$30 per shot
No
Yes
Yes

SAN BERNARDINO COUNTY

SAN BERNARDINO COUNTY HEALTH DEPARTMENT

Ontario Health Center

ADDRESS

1647 East Holt Blvd.
Ontario, CA 91761

TELEPHONE NUMBER

(909) 383-3060 - Call San Bernardino

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	8:00-10:45

Both Appointment and Walk-In

FEEES

Patient Fees?	Single Fee - \$15
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

<u>CONDITIONS</u>	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis	x	
SYPHILIS - Congenital	x	x
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID	x	x
LGV	x	x
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B	x	
HEPATITIS C		
HERPES	x	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	x

ROUTINE STD TESTS

<u>ROUTINE STD TESTS</u>	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$30 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	No
Colposcopy available	No
Condoms available	Yes

SAN BERNARDINO COUNTY

SAN BERNARDINO COUNTY HEALTH CLINIC

ADDRESS

799 East Rialto Avenue
San Bernardino, CA 92415

TELEPHONE NUMBER

(909) 383-3060 - Main
(909) 383-3060 - Appointments
(909) 383-3212 - Fax

OFFICE HOUR

Monday	1:00-4:00
Tuesday	1:00-6:30
Wednesday	1:00-4:00
Thursday	
Friday	1:00-4:00

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$15
Waived if unable to pay?	No
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

HEPATITIS B

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

N/A

Pregnancy

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$30 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

Yes

Condoms available

Yes

SAN DIEGO COUNTY

SOUTH REGION PUBLIC HEALTH CENTER

ADDRESS

690 Oxford Street
Chula Vista, CA 91911

TELEPHONE NUMBER

(619) 409-3110 - Main
(619) 409-3113 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	1:00-6:00
Friday	

Walk-In Only

FEES

Patient Fees?	Single Fee - \$14
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

x

HERPES

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x*

N/A

HSV Serology

Hepatitis B & C testing offered to high risk patients

* as needed

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

None

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes for MSM & IDU

Colposcopy available

No

Condoms available

Yes

SAN DIEGO COUNTY

NORTH COASTAL REGION PUBLIC HEALTH CENTER

ADDRESS

104 South Barnes Avenue
Oceanside, CA 92054

TELEPHONE NUMBER

(760) 967-4401 - Main
(760) 967-4644 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	2:00-7:30
Thursday	
Friday	

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$14
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

x

HERPES

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x*

N/A

HSV Serology

Hepatitis B & C testing offered to high risk patients

* as needed

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

None
Cost can be waived if unable to pay

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes for MSM & IDU

Colposcopy available

No

Condoms available

Yes

SAN DIEGO COUNTY

CENTRAL REGION PUBLIC HEALTH CENTER

ADDRESS

5202 University Avenue
San Diego, CA 92105

TELEPHONE NUMBER

(619) 229-5400 - Main
(619) 265-2459 - Fax

OFFICE HOUR

Monday	
Tuesday	1:00-7:30
Wednesday	
Thursday	
Friday	10:00-4:00

Walk-In Only

FEES

Patient Fees?	Single Fee - \$14
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

x

HERPES

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x*

N/A

HSV Serology

Hepatitis B & C testing offered to high risk patients

* as needed

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

Also - Somalian

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
to all high risk patients

If available, cost to patient

None

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes for MSM, IDU, & HepC positive patients

Colposcopy available

No

Condoms available

Yes

SAN DIEGO COUNTY

COUNTY HEALTH SERVICES COMPLEX

ADDRESS

3851 Rosecrans Street
San Diego, CA 92110

TELEPHONE NUMBER

(619) 692-8550 - Main
(619) 692-5650 - Fax

OFFICE HOUR

Monday	7:30-4:00
Tuesday	7:30-4:00
Wednesday	7:30-4:00
Thursday	7:30-4:00
Friday	10:00-4:00

Walk-In Only

FEES

Patient Fees?	Single Fee - \$14
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

x

HERPES

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

Hepatitis B & C testing offered to high risk patients

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No*
Cambodian	No*	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No*	Russian	No
Chinese	No*	French	No
Korean	No*	TTY	No

* Some interpreters available

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

None

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes for MSM & IDU

Colposcopy available

No

Condoms available

Yes

SAN FRANCISCO COUNTY

SAN FRANCISCO CITY CLINIC

ADDRESS

356 7th Street
San Francisco, CA 94103

TELEPHONE NUMBER

(415) 487-5500 - Main
(415) 495-6463 - Fax (Main)
(415) 437-9231 - Fax

OFFICE HOUR

Monday	8:00-4:00
Tuesday	1:00-6:00
Wednesday	8:00-4:00
Thursday	1:00-4:00
Friday	8:00-4:00

FEES

Patient Fees?	\$10 donation
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> Yes
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> Yes	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> Yes
Chinese	<input type="checkbox"/> Yes*	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> Yes

* Mandarin, Cantonese
Also: Greek, Portuguese

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* HepB for certain groups (29 & under)

** HIV at Early Care Clinic

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

* when enrolled in FamPACT

** HSV II specific serology

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	<input type="checkbox"/> Yes Age 29 and under
If available, cost to patient	<input type="checkbox"/> Donation
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	<input type="checkbox"/> Yes IDU's and poor gay men
Colposcopy available	<input type="checkbox"/> *
Condoms available	<input type="checkbox"/> Yes

* Only to those patients meeting FamPACT eligibility requirements.

SAN JOAQUIN COUNTY

SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES

ADDRESS

1601 Hazelton
Stockton, CA 95201

TELEPHONE NUMBER

(209) 468-3830 - Main
(209) 468-3830 - Appointments
(209) 468-3841 - Fax

OFFICE HOUR

Monday	12:30-5:00
Tuesday	
Wednesday	3:00-6:00
Thursday	
Friday	12:30-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average ~ \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

LGV

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	Yes	Hmong	Yes
Tagalog	Yes	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$40.92 per shot for adults
\$5.00 per shot for < 19

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
\$60.00 for adults
\$5.00 for < 19 years

Colposcopy available

No

Condoms available

Yes

SAN LUIS OBISPO COUNTY

GROVER BEACH HEALTH DEPARTMENT

ADDRESS

286 South 16th
Grover Beach, CA 93433

TELEPHONE NUMBER

(805) 473-7050 - Main

OFFICE HOUR *

Monday	8:00-5:00
Tuesday	
Wednesday	8:00-12:00
Thursday	8:00-12:00 / 1:00-5:00 **
Friday	8:30-12:00

* Appointment Only - Family Planning Clinics/STD

** Every other Thursday - 5:00-7:00pm

FEES

Patient Fees?	Single Fee - \$35
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
	x
	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	x
x	N/A
x	x
x	N/A
x*	N/A
x*	x*

* can do as indicated

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

ATT language line

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Children 18 & under - free Adults - \$40 per shot
Yes
No
Yes

SAN LUIS OBISPO COUNTY

MORRO BAY HEALTH DEPARTMENT

ADDRESS

760 Morro Bay Boulevard
Morro Bay, CA 93442

TELEPHONE NUMBER

(805) 772-6380 - Main
(805) 772-6380 - Appointments
(805) 772-0520 - Fax

OFFICE HOUR *

Monday	
Tuesday	
Wednesday	
Thursday	8:00-12:00 / 1:00-5:00
Friday	8:00-12:00 / 1:00-3:30

By Appointment only

* Combined STD/Family Planning

FEES

Patient Fees?	Single Fee - \$35
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
	x
	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x*	x*
x	x
x	x
	N/A
x	x
x*	N/A
x*	N/A

* as indicated

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

ATT language line

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes CHDP, FamPACT, Private Pay
Children 18 & under - free Adults - \$40 per shot
Yes anyone
No
Yes

SAN LUIS OBISPO COUNTY

PASO ROBLES HEALTH DEPARTMENT

ADDRESS

723 Walnut Drive
Paso Robles, CA 93446

TELEPHONE NUMBER

(805) 237-3050 - Main
(805) 237-3050 - Appointments
(805) 237-3057 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

STD included in Family Planning Clinic
Appointment Only

FEES

Patient Fees?	Single Fee - \$40
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	<input checked="" type="checkbox"/>
If available, cost to patient	\$30 per shot Free for Medi-Cal and FamPACT
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	<input checked="" type="checkbox"/>
Colposcopy available	<input checked="" type="checkbox"/>
Condoms available	<input checked="" type="checkbox"/>

SAN LUIS OBISPO COUNTY

SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT

ADDRESS

2191 Johnson Avenue
San Luis Obispo, CA 93401

TELEPHONE NUMBER

(805) 781-5500 - Main
(805) 781-5543 - Fax

OFFICE HOUR *

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

* STD services are provided at the county hospital
Primary Care Clinic (Women's Health Center)

FEES

Patient Fees?	
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

	N/A
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

SAN MATEO COUNTY

NORTH COUNTY COMMUNITY HEALTH CLINIC

ADDRESS

380 - 90th Street
Daly City, CA 94015

TELEPHONE NUMBER

(650) 301-8600 - Main
(650) 301-8600 - Appointments
- Fax

OFFICE HOUR *

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Appointment Only

* STD included with All Clinic Medicine

FEES

Patient Fees?	Yes
Waived if unable to pay?	No, Option for Well Program
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

x

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$260 series

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Children < 18

Colposcopy available

No

Condoms available

Yes

SAN MATEO COUNTY

STD/HIV CLINIC AT WILLOW CLINIC

ADDRESS

795 Willow Road, Building 334
Menlo Park, CA 94025

TELEPHONE NUMBER

(650) 573-2346 - Main
(650) 573-2919 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	5:30-7:00
Thursday	
Friday	

Drop-in

FEES

Patient Fees?	No
Waived if unable to pay?	n/a
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	
x	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
No
Yes

SAN MATEO COUNTY

WILLOW PRIMARY CARE

ADDRESS

795 Willow Road, Building 334
Menlo Park, CA 94025

TELEPHONE NUMBER

(650) 599-3890 - Main
(650) 599-3890 - Appointments
(650) 328-3754 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-9:00
Friday	8:00-5:00

FEES

Patient Fees?	Yes
Waived if unable to pay?	No
Sliding Scale?	Yes
Private insurance accepted?	Some
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

SYPHILIS - Congenital

x

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	Yes	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes
High risk - available to age 19

If available, cost to patient

Covered by insurance

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Children < 17, thereafter Dx of HepC necessary

Colposcopy available

Yes

Condoms available

Yes

SAN MATEO COUNTY

FAIR OAKS FAMILY HEALTH CLINIC

ADDRESS

2710 Middlefield Road
Redwood City, CA 94063

TELEPHONE NUMBER

(650) 364-6010 - Main
(650) 364-6010 - Appointments
(650) 366-4732 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Also Saturday 9:00-12:00, but generally no new patients

FEES

Patient Fees?	Yes
Waived if unable to pay?	No
Sliding Scale?	Yes
Private insurance accepted?	Some
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input type="checkbox"/>	<input type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes High risk, post exposure prophylaxis
If available, cost to patient	Covered by insurance
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Children < 17 Dx HepC
Colposcopy available	Yes
Condoms available	Yes

SAN MATEO COUNTY

SAN MATEO MOBILE HEALTH CLINIC

ADDRESS

225 W. 37th Avenue
San Mateo, CA 94403

TELEPHONE NUMBER

(650) 573-2786 - Main
(650) 573-2786 - Appointments
(650) 573-3712 - Fax

OFFICE HOUR

Monday	Varies*
Tuesday	Set Clinic 9:00-6:00
Wednesday	Set Clinic 8:00-4:30
Thursday	Varies*
Friday	Varies*

* Mobile clinic services hours change monthly

FEES

Patient Fees?	n/a
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
x	
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	Yes	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
None if patient qualifies for Family PACT
Yes CHDP only
No
Yes

SANTA BARBARA COUNTY

SANTA BARBARA COUNTY HEALTH CARE SERVICES

ADDRESS

345 Camino Del Remedio
Santa Barbara, CA 93110

TELEPHONE NUMBER

(805) 681-5470 - Main
(805) 681-5260 - Appointments
(805) 681-5411 - Fax

OFFICE HOUR

Monday	
Tuesday	8:00-12:00
Wednesday	
Thursday	
Friday	

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$20
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes*

* M/F - clients are certified through STD clinic for FPACT

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

* Referred to Family Planning where pregnancy tests can be done in the mornings

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Referred to Immunization Clinic or Primary Care
If available, cost to patient	\$110 Children No Charge
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Referred to Immunization Clinic or Primary Care
Colposcopy available	No
Condoms available	Yes

SANTA BARBARA COUNTY

SANTA MARIA HEALTH CARE SERVICES

ADDRESS

2115 South Centerpointe Parkway
Santa Maria, CA 93455

TELEPHONE NUMBER

(805) 946-7230 - Main
(805) 946-7230 - Appointments
(805) 346-7306 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	
Thursday	8:00-12:00
Friday	

Both Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$20
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes (M/F)

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

* Referred to Family Planning where pregnancy tests can be done in the mornings

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Referred to Immunization Clinic or Primary Care
If available, cost to patient	\$110 Children No Charge
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes VFC Program
Colposcopy available	Yes
Condoms available	Yes

SANTA CLARA COUNTY

SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT

Crane Center

ADDRESS

105 North Bascom Ave., Suite 101
San Jose, CA 95128

TELEPHONE NUMBER

(408) 885-7000 - Main
(408) 885-7000 - Appointments
(408) 289-9681 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Appointment Only

FEES

Patient Fees?	\$20 (for a limited time only)
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

x

x

GC - selected anatomic sites

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Very limited availability at clinician discretion & financial eligibility

If available, cost to patient

\$20 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Available to MSM and HCV positive patients

Colposcopy available

No

Condoms available

Yes

SANTA CRUZ COUNTY

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

ADDRESS

1080 Emeline Street
Santa Cruz, CA 95060

TELEPHONE NUMBER

(831) 454-4100 - Main
(831) 454-4100 - Appointments
(831) 454-4296 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-4:30

Both Appointment and Walk-In
Patients need to come in by 8:00-11:30 and 1:00-4:30

FEES

Patient Fees?	Average ~ \$35
Waived if unable to pay?	Yes*
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

* Under certain circumstances: age <18, known contact to case, symptomatic
Medically Indigent Adult (MIA) also accepted

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/>
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/>

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$265*
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	
Colposcopy available	No
Condoms available	Yes

SANTA CRUZ COUNTY

WATSONVILLE HEALTH CLINIC

ADDRESS

9 Crestview Street
Watsonville, CA 95076

TELEPHONE NUMBER

(831) 763-8400 - Main
(831) 763-8400 - Appointments
(831) 763-8237 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In
Patients need to come in by 8:00-11:30 and 1:00-4:30

FEES

Patient Fees?	Average ~ \$35
Waived if unable to pay?	Yes*
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Under certain circumstances: age <18, known contact to case, symptomatic
Medically Indigent Adult (MIA) also accepted

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> Yes
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

☒

☒

SYPHILIS - Late

☒

☒

SYPHILIS - Neurosyphilis

☒

☒

SYPHILIS - Congenital

☒

☐

CHLAMYDIA

☒

☒

GONORRHEA

☒

☒

CHANCROID

☒

☒

LGV

☒

☒

NGU

☒

☒

PID

☒

☒

CERVICITIS

☒

☒

HEPATITIS B

☒

☒

HEPATITIS C

☒

☐

HERPES

☒

☒

SCABIES

☒

☒

WARTS

☒

☒

HIV INFECTION

☒

☒

ROUTINE STD TESTS

F

M

STS

☒

☒

GC - all anatomic sites

☐

☐

GC - selected anatomic sites

☒

☒

Chlamydia

☒

☒

Wet Mount/KOH

☒

N/A

HIV test offered

☒

☒

Pap Smear

☒

N/A

Pregnancy

☒

N/A

HSV Serology

☐

☐

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$265*

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes

Colposcopy available

Yes**

Condoms available

Yes

SHASTA COUNTY

SHASTA COUNTY HEALTH DEPARTMENT

ADDRESS

2650 Breslauer Way
Redding, CA 96001

TELEPHONE NUMBER

(530) 225-5591 - Main
(530) 225-5074 - Fax

OFFICE HOUR

Monday	
Tuesday	2:00-4:00
Wednesday	
Thursday	
Friday	2:00-4:00

Walk-In

FEES

Patient Fees?	\$20 - \$129
Waived if unable to pay?	No
Sliding Scale?	Yes
Private insurance accepted?	Yes--No HMO
Medi-Cal accepted?	Yes
Family PACT provider?	No

25% discount for same day pay, fee depends upon tests, females usually more than males

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	x
x	x
x	x
referred	referred
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
	N/A
x	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	Yes	Hmong	Yes
Tagalog	Yes	Mien	Yes
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$10 - \$34 per shot Sliding scale based on ability to pay
Yes Anyone
No
Yes

SIERRA COUNTY

SIERRA COUNTY HEALTH DEPARTMENT

ADDRESS

202 Front Street
Loyalton, CA 96118

TELEPHONE NUMBER

(530) 993-6700 - Main
(530) 993-6700 - Appointments
(530) 993-6790 - Fax

OFFICE HOUR

Monday	**
Tuesday	**
Wednesday	**
Thursday	**
Friday	**

** Scheduled as client need demands and as nursing schedule allows

Appointment Only

FEES

Patient Fees?	Maximum - \$12
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	*

* Plumas County provides a Family PACT clinic at our health department site.

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
SYPHILIS - Late
SYPHILIS - Neurosyphilis
SYPHILIS - Congenital
CHLAMYDIA
GONORRHEA
CHANCROID
LGV
NGU
PID
CERVICITIS
HEPATITIS B
HEPATITIS C
HERPES
SCABIES
WARTS
HIV INFECTION

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

F

M

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

* Interpreter available

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Children < 18 - \$2 per shot Adults - current vaccine cost
Yes as above
No
Yes

SOLANO COUNTY

VALLEJO STD CLINIC

ADDRESS

355 Tuolumne Street
Vallejo, CA 94590

TELEPHONE NUMBER

(707) 553-5117 - Main
(707) 553-5649 - Fax

OFFICE HOUR

Monday	
Tuesday	
Wednesday	1:00-3:00 (STD)
Thursday	5:30-7:30 (HIV)
Friday	

Walk-In Only

FEES

Patient Fees?	Single Fee - \$20
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	
Cambodian	No	Hmong	
Tagalog	No	Mien	
Laotian	No	Russian	
Chinese	No	French	
Korean	No	TTY	

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

No

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

No
No
Yes

SONOMA COUNTY

SONOMA COUNTY PUBLIC HEALTH DEPARTMENT

ADDRESS

3420 Chanate Road
Santa Rosa, CA 95404

TELEPHONE NUMBER

(707) 565-4820 - Main
(707) 565-4820 - Appointments
(707) 565-4842 - Fax

OFFICE HOUR

Monday	8:00am-5:00pm
Tuesday	8:00am-8:00pm
Wednesday	8:00am-8:00pm
Thursday	8:00am-8:00pm
Friday	8:00am-5:00pm

Both by Appointment and Walk-In (for those with exposure and/or symptoms)

FEES

Patient Fees?	\$25 - \$57
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes, also offered to Family Pact clients
If available, cost to patient	\$37 per shot Waived if patient exposed to Hepatitis B
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes through Family Immunization Clinic
Colposcopy available	Yes
Condoms available	Yes

STANISLAUS COUNTY

CERES MEDICAL OFFICE

ADDRESS

3109 Whitmore Avenue, Suite A
Ceres, CA 95207

TELEPHONE NUMBER

(209) 541-2929 - Main
(209) 541-2996 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-6:00
Wednesday	8:00-8:00
Thursday	8:00-6:00
Friday	8:00-5:00

Walk-In Only

FEES

Patient Fees?	\$45 Deposit
Waived if unable to pay?	Yes*
Sliding Scale?	
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning

If patient on birth control, can cover patient and sex partner.

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> Yes	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$26 per shot
Yes
No
Yes

STANISLAUS COUNTY

EMPIRE MEDICAL OFFICE

ADDRESS

1819 S. Abbie Street
Empire, CA 95319

TELEPHONE NUMBER

(209) 558-7504 - Main
(209) 558-8133 - Fax

OFFICE HOUR

Monday	8:00-12:00
Tuesday	8:00-5:00
Wednesday	
Thursday	12:00-5:00
Friday	8:00-12:00

Walk-In Only

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes*
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning

If patient on birth control, can cover patient and sex partner.

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$60 per shot (see FEES note)
Yes
No
Yes

STANISLAUS COUNTY

HUGHSON MEDICAL OFFICE

ADDRESS

2412 3rd Street
Hughson, CA 95326

TELEPHONE NUMBER

(209) 558-7250 - Main
(209) 558-6033 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-7:30
Friday	8:00-5:00

Walk-In Only
If possible will fit into schedule.

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes*
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning
If patient on birth control, can cover patient and sex partner.

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	<input type="checkbox"/> Yes
If available, cost to patient	\$60 per shot (see FEES note)
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	<input type="checkbox"/> Yes
Colposcopy available	<input type="checkbox"/> Yes
Condoms available	<input type="checkbox"/> Yes

STANISLAUS COUNTY

FAMILY PRACTICE CENTER

ADDRESS

900 Scenic Drive
Modesto, CA 95350

TELEPHONE NUMBER

(209) 558-7646 - Main
(209) 558-7227 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-9:00
Thursday	8:00-5:00
Friday	8:00-5:00

Will take walk-in, but appointments preferred

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes*
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning

If patient on birth control, can cover patient and sex partner.

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> Yes
Cambodian	<input type="checkbox"/> Yes	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> Yes	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> Yes
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

Also - Assyrian, Persian, Hindu, Punjabi

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$48 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
Colposcopy available	Referred
Condoms available	Yes

STANISLAUS COUNTY

MCHENRY MEDICAL OFFICE

ADDRESS

2501-E McHenry Avenue
Modesto, CA 95350

TELEPHONE NUMBER

(209) 558-5312 - Main
(209) 558-5310 - Fax

OFFICE HOUR

Monday	8:00-7:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Will take walk-in, but appointments preferred

FEES

Patient Fees?	
Waived if unable to pay?	Yes*
Sliding Scale?	
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning

If patient on birth control, can cover patient and sex partner.

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> Yes
Cambodian	<input type="checkbox"/> Yes	Hmong	<input type="checkbox"/> Yes
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No
Also - Thai			

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/>

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	N/A
<input type="checkbox"/> x	<input type="checkbox"/> x
<input type="checkbox"/> x	N/A
<input type="checkbox"/> x	N/A
<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
See FEES note
Yes
Yes
Yes

STANISLAUS COUNTY

MEDICAL ARTS BUILDING

ADDRESS

700 17th Street
Modesto, CA 95354

TELEPHONE NUMBER

(209) 558-8400 - Main
(209) 558-8436 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Walk-In Only

FEES

Patient Fees?	\$45 Deposit
Waived if unable to pay?	Yes*
Sliding Scale?	Yes**
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning

If patient on birth control, can cover patient and sex partner.

** For Medically Indigent patients

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

☒

☒

SYPHILIS - Late

☒

☒

SYPHILIS - Neurosyphilis

☐

☐

SYPHILIS - Congenital

☐

☐

CHLAMYDIA

☒

☒

GONORRHEA

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☒

CHANCROID

☐

☐

LGV

☐

☐

NGU

☐

☐

PID

☒

☒

CERVICITIS

☒

☒

HEPATITIS B

☒

☐

HEPATITIS C

☒

☐

HERPES

☒

☒*

SCABIES

☒

☒

WARTS

☒

☒

HIV INFECTION

☒

☐

* Prescription

ROUTINE STD TESTS

F

M

STS

☒

☒

GC - all anatomic sites

☒

☐

GC - selected anatomic sites

☒

☒

Chlamydia

☒

☒

Wet Mount/KOH

☒

N/A

HIV test offered

☒

☒

Pap Smear

☒

N/A

Pregnancy

☒

N/A

HSV Serology

☒

☒

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$60 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

Yes

Condoms available

Yes

STANISLAUS COUNTY

MOMOBILE (MOBILE PRIMARY CARE CLINIC)

ADDRESS

700 17th Street
Modesto, CA 95354

TELEPHONE NUMBER

(209) 558-8320 - Main
(209) 558-8344 - Fax

OFFICE HOUR *

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

* Location varies daily

FEES

Patient Fees?	Yes
Waived if unable to pay?	Referred to patient counselor
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	DX	RX
SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis		
SYPHILIS - Congenital		
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID		
LGV		
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B	x	
HEPATITIS C	x	
HERPES	x	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	

ROUTINE STD TESTS

	F	M
STS	x	x
GC - all anatomic sites	x	x
GC - selected anatomic sites		
Chlamydia	x	x
Wet Mount/KOH	x	N/A
HIV test offered	x	x
Pap Smear	x	N/A
Pregnancy	x	N/A
HSV Serology	x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	Yes

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$60 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
Colposcopy available	No
Condoms available	Yes

STANISLAUS COUNTY

URGENT CARE

ADDRESS

830 Scenic Drive
Modesto, CA 95350

TELEPHONE NUMBER

(209) 558-7000 - Main
(209) 558-7245 - Fax

OFFICE HOUR *

Monday	9:30-9:30
Tuesday	9:30-9:30
Wednesday	9:30-9:30
Thursday	9:30-9:30
Friday	9:30-9:30

Walk-In Only

* Open everyday including Saturday & Sunday 9:30-9:30. Closed on Thanksgiving, Christmas and New Years.

FEES

Patient Fees?	Yes
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	No

If patient on birth control, can cover patient and sex partner.

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	DX	RX
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	F	M
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input type="checkbox"/>	<input type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

Interpreters available

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	See FEES note
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	
Colposcopy available	Referred
Condoms available	Yes

STANISLAUS COUNTY

SALIDA WIC & WOMEN'S HEALTH

ADDRESS

4525 Broadway, Suite G
Salida, CA 95368

TELEPHONE NUMBER

(209) 558-6930 - Main
(209) 558-6931 - Fax

OFFICE HOUR

Monday	
Tuesday	8:00-4:30
Wednesday	8:00-12:00
Thursday	
Friday	

Walk-In Only

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes*
Sliding Scale?	Yes
Private insurance accepted?	
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* Office of Family Planning

If patient on birth control, can cover patient and sex partner.

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>
NGU	<input type="checkbox"/>	<input type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	<input type="checkbox"/> Yes
If available, cost to patient	<input type="checkbox"/> Covered for those under Family Planning Services and Medi-Cal
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	<input type="checkbox"/> Yes but not covered by FP Services
Colposcopy available	<input type="checkbox"/> Yes
Condoms available	<input type="checkbox"/> Yes

STANISLAUS COUNTY

TURLOCK MEDICAL OFFICE

ADDRESS

800 Delbon Avenue, Suite A
Turlock, CA 95382

TELEPHONE NUMBER

(209) 664-8000 - Main
(209) 664-8000 - Appointments
(209) 664-8002 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-7:00
Thursday	8:00-5:00
Friday	8:00-12:00

FEES

Patient Fees?	\$45 Deposit
Waived if unable to pay?	Yes*
Sliding Scale?	
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* for Family PACT patients

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

x

N/A

Pregnancy

x

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$58 per shot

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes

Colposcopy available

Yes

Condoms available

Yes

SUTTER COUNTY

SUTTER COUNTY HEALTH DEPARTMENT

ADDRESS

1445 Circle Drive
PO Box 1510
Yuba City, CA 95993

TELEPHONE NUMBER

(530) 822-7215 - Main
(530) 822-7240 - Appointments
(530) 822-7223 - Fax

OFFICE HOUR

Monday	8:00-12:00 / 1:00-5:00
Tuesday	8:00-12:00 / 1:00-5:00
Wednesday	8:00-12:00 / 1:00-5:00
Thursday	8:00-12:00 / 1:00-5:00
Friday	8:00-12:00 / 1:00-5:00

STD Primary Care Clinic
Appointment preferred, limited Walk-In

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes with referral
Sliding Scale?	No
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

Also - Punjabi

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* Free HIV testing 8:30-11:00 & 1:00-3:30 daily

ROUTINE STD TESTS

F

M

STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

* Test provided as needed

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	No*
If available, cost to patient	Age < 18 - Sliding Scale Adults - \$75 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Age 0-19 - Sliding Scale Adults - \$25 per shot
Colposcopy available	No
Condoms available	Yes

* Only given to those exposed to Hepatitis B

TEHAMA COUNTY

TEHAMA COUNTY HEALTH AGENCY

Corning Clinic

ADDRESS

1600 Solano Street
Corning, CA 96021

TELEPHONE NUMBER

(530) 824-4890 - Appointments
(530) 824-8443 - Fax

OFFICE HOUR

Monday	8:00-6:00
Tuesday	8:00-6:00
Wednesday	8:00-6:00
Thursday	8:00-6:00
Friday	

Usually by appointment.

Will take walk-ins as schedule permits.

FEES

Patient Fees?	Single Fee - \$4
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

Females - GC and CT tests only if negative for pregnancy

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes Birth to 19
Children <18: \$4/child, \$8/family Adults re OSHA - free*
Yes Ages 2-18 Adults thru contracts
No
Yes

Updated: November 2001

* High risk adults paid by referring agencies w/ contracts.
Other adults are charged on a sliding scale.

TEHAMA COUNTY

TEHAMA COUNTY HEALTH AGENCY

Red Bluff Clinic

ADDRESS

1860 Walnut Street
Red Bluff, CA 96080

TELEPHONE NUMBER

(530) 527-6824 - Main
(530) 527-6824 - Appointments
(530) 527-0362 - Fax

OFFICE HOUR

Monday	8:00-6:00
Tuesday	8:00-6:00
Wednesday	8:00-6:00
Thursday	8:00-6:00
Friday	

Both by Appointment and Walk-In

FEES

Patient Fees?	Single Fee - \$4
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	No
Family PACT provider?	No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	N/A
<input checked="" type="checkbox"/>	N/A
<input type="checkbox"/>	<input type="checkbox"/>

Females - GC and CT tests only if negative for pregnancy

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes Birth to 19
Children <18: \$4/child, \$8/family Adults re OSHA - free*
Yes Ages 2-18 Adults thru contracts
No
Yes

Updated: November 2001

* High risk adults paid by referring agencies w/ contracts. Other adults are charged on a sliding scale.

TEHAMA COUNTY

TEHAMA COUNTY HEALTH CENTER

ADDRESS

1850 Walnut Street
Red Bluff, CA 96080

TELEPHONE NUMBER

(530) 527-0350 - Main
(530) 529-3881 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-8:00
Wednesday	8:00-5:00
Thursday	8:00-8:00
Friday	8:00-5:00

Appointments encouraged, will accept Walk-in

FEES

Patient Fees?	New Patient \$57 Established pt \$38
Waived if unable to pay?	Yes, to \$5
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	Some
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Children <18 - \$7.88 Adults re OSHA - free Other Adults - sliding scale
No
Yes
Yes

TRINITY COUNTY

SIX RIVERS PLANNED PARENTHOOD

ADDRESS

100 Airport Road
Weaverville, CA 96093

TELEPHONE NUMBER

(530) 623-2386 - Main
(530) 623-2386 - Appointments
(530) 623-3240 - Fax

OFFICE HOUR

Monday	
Tuesday	10:00-1:00*
Wednesday	
Thursday	10:00-3:00
Friday	

* 3rd Tuesday at Hayfork, by appointment

FEES

Patient Fees?	Yes
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

DX

RX

x	x
x	x
x	x
x	
x	x
x	x
x	x
x	
x	x
x	x
x	

ROUTINE STD TESTS

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

F

M

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*
 If available, cost to patient
 Hepatitis A vaccine available? *Describe to whom, if limited availability.*
 Colposcopy available
 Condoms available

Yes
FamPact - Free Children - \$32 per shot Adults - \$64 per shot
No
No
Yes

TULARE COUNTY

DINUBA HEALTH CENTER

ADDRESS

1451 East El Monte Way
Dinuba, CA 93618

TELEPHONE NUMBER

(559) 591-5858 - Main
(559) 591-5858 - Appointments
(559) 591-5818 - Fax

OFFICE HOUR

Monday	1:00-4:30
Tuesday	1:00-7:30
Wednesday	1:00-4:30
Thursday	1:00-4:30
Friday	1:00-4:30

Both Appointment and Walk-In
Every third Thursday clinic is closed

FEES

Patient Fees?	Single Fee - \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

*

N/A

Pregnancy

*

N/A

HSV Serology

* Available at site but not as part of routine STD service.

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

If the patient has Blue Cross Medical, there is a phone number to access an interpreter for all of the above languages.

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$186
No charge (VFC) if age <18
or contact to Hepatitis B

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
VFC only

Colposcopy available

Yes

Condoms available

Yes

TULARE COUNTY

FARMERSVILLE HEALTH CENTER

ADDRESS

660 E. Visalia Road
Farmersville, CA 93223

TELEPHONE NUMBER

(559) 594-6788 - Main
(559) 594-6788 - Appointments
(559) 594-6790 - Fax

OFFICE HOUR

Monday	1:00-4:30
Tuesday	1:00-4:30
Wednesday	1:00-4:30
Thursday	1:00-4:30
Friday	1:00-4:30

Both Appointment and Walk-In
Every third Thursday clinic is closed

FEES

Patient Fees?	Single Fee - \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

x

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

N/A

Pregnancy

N/A

HSV Serology

x

x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

If the patient has Blue Cross Medical, there is a phone number to access an interpreter for all of the above languages.

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$186
No charge if age <18 or
contact to Hepatitis B

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Age 2 to 18
or exposure

Colposcopy available

No

Condoms available

Yes

TULARE COUNTY

LINDSAY HEALTH CARE CENTER

ADDRESS

845 North Sequoia
Lindsay, CA 93247

TELEPHONE NUMBER

(559) 562-6391 - Main
(559) 562-6391 - Appointments
(559) 562-1530 - Fax

OFFICE HOUR

Monday	1:00-4:30
Tuesday	1:00-4:30
Wednesday	1:00-4:30
Thursday	1:00-4:30
Friday	1:00-4:30

Both Appointment and Walk-In
Every third Thursday clinic is closed

FEES

Patient Fees?	Single Fee - \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ROUTINE STD TESTS

F

M

STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

If the patient has Blue Cross Medical, there is a phone number to access an interpreter for all of the above languages.

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes
If available, cost to patient	\$186 No charge if age <18 or contact to Hepatitis B
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	
Colposcopy available	Yes
Condoms available	Yes

TULARE COUNTY

PORTERVILLE HEALTH CARE CENTER

ADDRESS

465 West Putnam
Porterville, CA 93257

TELEPHONE NUMBER

(559) 782-3900 - Main
(559) 782-3900 - Appointments
(559) 782-3910 - Fax

OFFICE HOUR

Monday	1:00-4:30
Tuesday	1:00-4:30
Wednesday	1:00-4:30
Thursday	1:00-4:30
Friday	1:00-4:30

Both Appointment and Walk-In
Every third Thursday clinic is closed

FEES

Patient Fees?	Single Fee - \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
	N/A
	N/A

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

If the patient has Blue Cross Medical, there is a phone number to access an interpreter for all of the above languages.

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
\$186 No charge if age <18 or contact to Hepatitis B
Yes
Yes

TULARE COUNTY

HILLMAN HEALTH CENTER

ADDRESS

1062 South "K" Street
Tulare, CA 93274

TELEPHONE NUMBER

(559) 685-2500 - Main
(559) 685-2500 - Appointments
(559) 685-2643 - Fax

OFFICE HOUR

Monday	1:00-4:30
Tuesday	1:00-4:30
Wednesday	1:00-7:30
Thursday	1:00-4:30
Friday	1:00-4:30

Both Appointment and Walk-In
Every third Thursday clinic is closed

FEES

Patient Fees?	Single Fee - \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

*

N/A

Pregnancy

*

N/A

HSV Serology

* Available at site but not as part of routine STD service.

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	No	TTY	Yes

If the patient has Blue Cross Medical, there is a phone number to access an interpreter for all of the above languages.

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$186
No charge (VFC) if age <18
or contact to Hepatitis B

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Yes
VFC only

Colposcopy available

Yes

Condoms available

Yes

TULARE COUNTY

VISALIA HEALTH CENTER

ADDRESS

2611 N. Dinuba Boulevard
Visalia, CA 93291

TELEPHONE NUMBER

(559) 733-6342 - Main
(559) 733-6342 - Appointments
(559) 733-6962 - Fax

OFFICE HOUR

Monday	8am-9pm
Tuesday	8am-9pm
Wednesday	8am-9pm
Thursday	8am-9pm
Friday	8am-9pm

Also open Saturday 8am-9pm
Both Appointment and Walk-In
Every third Thursday clinic is closed from 1:00-5:00

FEES

Patient Fees?	Single Fee - \$10
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early

x

x

SYPHILIS - Late

x

x

SYPHILIS - Neurosyphilis

x

x

SYPHILIS - Congenital

CHLAMYDIA

x

x

GONORRHEA

x

x

CHANCROID

x

x

LGV

x

x

NGU

x

x

PID

x

x

CERVICITIS

x

x

HEPATITIS B

x

x

HEPATITIS C

HERPES

x

x

SCABIES

x

x

WARTS

x

x

HIV INFECTION

x

x

ROUTINE STD TESTS

F

M

STS

x

x

GC - all anatomic sites

GC - selected anatomic sites

x

x

Chlamydia

x

x

Wet Mount/KOH

x

N/A

HIV test offered

x

x

Pap Smear

N/A

Pregnancy

N/A

HSV Serology

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	Yes
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	No
Chinese	No	French	No
Korean	Yes	TTY	Yes

If the patient has Blue Cross Medical, there is a phone number to access an interpreter for all of the above languages.

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

Yes

If available, cost to patient

\$186

No charge if age <18 or contact to Hepatitis B

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

No

Colposcopy available

Yes

Condoms available

Yes

TUOLUMNE COUNTY

TUOLUMNE COUNTY HEALTH DEPARTMENT

ADDRESS

20011 Cedar Road North
Sonora, CA 95370

TELEPHONE NUMBER

(209) 533-7400 - Main
(209) 533-7401 - Appointments
(209) 533-7406 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Both Appointment and Walk-In

FEES

Patient Fees?	Average \$50
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	Yes
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early
 SYPHILIS - Late
 SYPHILIS - Neurosyphilis
 SYPHILIS - Congenital
 CHLAMYDIA
 GONORRHEA
 CHANCROID
 LGV
 NGU
 PID
 CERVICITIS
 HEPATITIS B
 HEPATITIS C
 HERPES
 SCABIES
 WARTS
 HIV INFECTION

x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	x
x	

ROUTINE STD TESTS

F

M

STS
 GC - all anatomic sites
 GC - selected anatomic sites
 Chlamydia
 Wet Mount/KOH
 HIV test offered
 Pap Smear
 Pregnancy
 HSV Serology

x	x
x	x
x	x
x	N/A
x	x
x	N/A
x	N/A
x	x

LANGUAGES SPOKEN

Spanish	No	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
Adults - \$35 per shot Children - free
Yes Adults - \$26
Yes
Yes

VENTURA COUNTY

OXNARD PUBLIC HEALTH CLINIC

ADDRESS

2500 South "C" Street, #D
Oxnard, CA 93033

TELEPHONE NUMBER

(805) 385-8652 - Main
(805) 385-8652 - Appointments
(805) 385-9134 - Fax

OFFICE HOUR

Monday	8:30-12:00 / 1:00-4:30
Tuesday	8:30-12:00 / 1:00-4:30
Wednesday	8:30-12:00 / 1:00-4:30
Thursday	8:30-12:00 / 1:00-4:30
Friday	8:30-12:00 / 1:00-4:30

By Appointment only

FEES

Patient Fees?	Singe Fee - \$55
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	x	x
SYPHILIS - Late	x	x
SYPHILIS - Neurosyphilis		
SYPHILIS - Congenital		
CHLAMYDIA	x	x
GONORRHEA	x	x
CHANCROID	x	x
LGV	x	x
NGU	x	x
PID	x	x
CERVICITIS	x	x
HEPATITIS B		
HEPATITIS C	*	
HERPES	x	x
SCABIES	x	x
WARTS	x	x
HIV INFECTION	x	referred

* Screening only

ROUTINE STD TESTS

F

M

STS	x	x
GC - all anatomic sites	x	x
GC - selected anatomic sites		
Chlamydia	x	x
Wet Mount/KOH	x	N/A
HIV test offered	x	x
Pap Smear		N/A
Pregnancy	x	N/A
HSV Serology	x	x

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	No
Tagalog	No	Mien	No
Laotian	No	Russian	No
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes FamPACT clients and clients < 19 (VFC)
If available, cost to patient	FamPACT - free VFC - \$9 per shot all others - \$59 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes VFC (< 19) - \$9 Adults - \$67
Colposcopy available	No
Condoms available	Yes

VENTURA COUNTY

SIMI VALLEY PUBLIC HEALTH CLINIC

ADDRESS

660 E. Los Angeles Avenue, #B-2
Simi Valley, CA 93065

TELEPHONE NUMBER

(805) 578-3675 - Main
(805) 578-3675 - Appointments
(805) 578-1114 - Fax

OFFICE HOUR

Monday	8:30-12:00 / 1:00-4:30
Tuesday	8:30-12:00 / 1:00-4:30
Wednesday	8:30-12:00 / 1:00-4:30
Thursday	8:30-12:00 / 1:00-4:30
Friday	8:30-12:00 / 1:00-4:30

By Appointment only

FEES

Patient Fees?	Single Fee - \$55
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	referred

* HepC screen available for fee

ROUTINE STD TESTS

ROUTINE STD TESTS	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

GC and CT - urine test

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes FamPACT clients and clients < 19 (VFC)
If available, cost to patient	FamPACT - free VFC - \$9 per shot all others - \$59 per shot
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes VFC (< 19) - \$9 Adults - \$67
Colposcopy available	No
Condoms available	Yes

VENTURA COUNTY

VENTURA PUBLIC HEALTH DEPARTMENT

ADDRESS

3147 Loma Vista Road
Ventura, CA 93003

TELEPHONE NUMBER

(805) 652-5928 - Main
(805) 652-5928 - Appointments
(805) 652-5784 - Fax

OFFICE HOUR

Monday	8:30-12:00 / 1:00-4:30
Tuesday	8:30-12:00 / 1:00-4:30
Wednesday	8:30-12:00 / 1:00-4:30
Thursday	8:30-12:00 / 1:00-4:30
Friday	8:30-12:00 / 1:00-4:30

By Appointment only

FEES

Patient Fees?	Single Fee - \$55
Waived if unable to pay?	Yes
Sliding Scale?	No
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

LANGUAGES SPOKEN

Spanish	<input type="checkbox"/> Yes	Vietnamese	<input type="checkbox"/> No
Cambodian	<input type="checkbox"/> No	Hmong	<input type="checkbox"/> No
Tagalog	<input type="checkbox"/> No	Mien	<input type="checkbox"/> No
Laotian	<input type="checkbox"/> No	Russian	<input type="checkbox"/> No
Chinese	<input type="checkbox"/> No	French	<input type="checkbox"/> No
Korean	<input type="checkbox"/> No	TTY	<input type="checkbox"/> No

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DX

RX

SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	referred
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* PID RX referred to Ventura County Medical Center

** Screening only

ROUTINE STD TESTS

F

M

STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

GC and CT - urine test

* only if needed

OTHER SERVICES

Hepatitis B vaccine available? *Describe to whom, if limited availability.*

If available, cost to patient

Hepatitis A vaccine available? *Describe to whom, if limited availability.*

Colposcopy available

Condoms available

Yes
FamPACT clients and clients < 19 (VFC)

FamPACT - free
VFC - \$9 per shot
all others - \$59 per shot

Yes
VFC (< 19) - \$9
Adults - \$67

No

Yes

YOLO COUNTY

SALUD CLINIC

ADDRESS

500B Jefferson Blvd., #180
West Sacramento, CA 95605

TELEPHONE NUMBER

(916) 375-6400 - Main
(916) 375-6400 - Appointments
(916) 375-6413 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Walk-in clinic - space limited

FEES

Patient Fees?	Min - \$20 Max - sliding scale
Waived if unable to pay?	Sometimes*
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	Yes

* If patient unable to pay and provides proof of unemployment or no insurance (YCHIP program)

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Congenital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LGV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NGU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CERVICITIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input checked="" type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input checked="" type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input checked="" type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input checked="" type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input checked="" type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input checked="" type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input checked="" type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input checked="" type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Infants and at risk patients
If available, cost to patient	Age <18 - free Adults - depends on source of income
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	Yes Children and adults at risk
Colposcopy available	Refer out
Condoms available	Yes

YOLO COUNTY

YOLO COUNTY HEALTH DEPARTMENT

ADDRESS

10 Cottonwood Street
Woodland, CA 95695

TELEPHONE NUMBER

(530) 666-8645 - Main
(530) 666-8674 - Fax

OFFICE HOUR ^{*}

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

* No STD clinics. Patients referred to Peterson Clinic, Davis Community Clinic, and private clinics on contract with county.

FEEES

Patient Fees?	
Waived if unable to pay?	
Sliding Scale?	
Private insurance accepted?	
Medi-Cal accepted?	
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

DXRX

- SYPHILIS - Early
- SYPHILIS - Late
- SYPHILIS - Neurosyphilis
- SYPHILIS - Congenital
- CHLAMYDIA
- GONORRHEA
- CHANCROID
- LGV
- NGU
- PID
- CERVICITIS
- HEPATITIS B
- HEPATITIS C
- HERPES
- SCABIES
- WARTS
- HIV INFECTION

[illegible]

ROUTINE STD TESTS

F

M

STS
GC - all anatomic sites
GC - selected anatomic sites
Chlamydia
Wet Mount/KOH
HIV test offered
Pap Smear
Pregnancy
HSV Serology

	N/A
	N/A
	N/A

Specimens received from providers

LANGUAGES SPOKEN

Spanish	Yes	Vietnamese	No
Cambodian	No	Hmong	Yes
Tagalog	No	Mien	No
Laotian	Yes	Russian	Yes
Chinese	No	French	No
Korean	No	TTY	No

OTHER SERVICES

Hepatitis B vaccine
available? *Describe to whom,
if limited availability.*

If available, cost to patient

Hepatitis A vaccine
available? Describe to whom,
if limited availability.

Colposcopy available

Condoms available

Educational materials

Yes to general public
Children < 18 - \$5 per shot Adults - \$37 per shot
Yes to general public
No
Yes

YUBA COUNTY

YUBA COUNTY HEALTH DEPARTMENT

ADDRESS

6000 Lindhurst Avenue
Marysville, CA 95901

TELEPHONE NUMBER

(530) 741-6466 - Main
(530) 741-6466 - Appointments
(530) 741-6397 - Fax

OFFICE HOUR

Monday	8:00-5:00
Tuesday	8:00-5:00
Wednesday	8:00-5:00
Thursday	8:00-5:00
Friday	8:00-5:00

Walk-In Only

FEES

Patient Fees?	Average ~ \$5
Waived if unable to pay?	Yes
Sliding Scale?	Yes
Private insurance accepted?	No
Medi-Cal accepted?	Yes
Family PACT provider?	

DIAGNOSTIC / TREATMENT SERVICES

CONDITIONS

CONDITIONS	<u>DX</u>	<u>RX</u>
SYPHILIS - Early	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Late	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SYPHILIS - Neurosyphilis	<input type="checkbox"/>	<input type="checkbox"/>
SYPHILIS - Congenital	<input type="checkbox"/>	<input type="checkbox"/>
CHLAMYDIA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GONORRHEA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CHANCROID	<input type="checkbox"/>	<input type="checkbox"/>
LGV	<input type="checkbox"/>	<input type="checkbox"/>
NGU	<input type="checkbox"/>	<input type="checkbox"/>
PID	<input type="checkbox"/>	<input type="checkbox"/>
CERVICITIS	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>
HEPATITIS C	<input type="checkbox"/>	<input type="checkbox"/>
HERPES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SCABIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WARTS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV INFECTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ROUTINE STD TESTS

	<u>F</u>	<u>M</u>
STS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GC - all anatomic sites	<input type="checkbox"/>	<input type="checkbox"/>
GC - selected anatomic sites	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chlamydia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Wet Mount/KOH	<input type="checkbox"/>	N/A
HIV test offered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pap Smear	<input type="checkbox"/>	N/A
Pregnancy	<input checked="" type="checkbox"/>	N/A
HSV Serology	<input type="checkbox"/>	<input type="checkbox"/>

LANGUAGES SPOKEN

Spanish	<input checked="" type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Cambodian	<input checked="" type="checkbox"/>	Hmong	<input type="checkbox"/>
Tagalog	<input checked="" type="checkbox"/>	Mien	<input type="checkbox"/>
Laotian	<input checked="" type="checkbox"/>	Russian	<input type="checkbox"/>
Chinese	<input checked="" type="checkbox"/>	French	<input type="checkbox"/>
Korean	<input checked="" type="checkbox"/>	TTY	<input type="checkbox"/>

OTHER SERVICES

Hepatitis B vaccine available? <i>Describe to whom, if limited availability.</i>	Yes, children only
If available, cost to patient	\$5
Hepatitis A vaccine available? <i>Describe to whom, if limited availability.</i>	
Colposcopy available	No
Condoms available	Yes