

Multimedia Appendix 2: Clinic addition webform

To add a site to the Locator, please fill out as much of the form as you can.

I am: An employee or provider at this clinic Not a clinic employee

Please provide your contact information so we can verify the clinic information submitted.

My name My email

Clinic, practice, or provider name*

Website

Email

Status*

Street Address*

Street Address 2

County or City* State* Zip Code*

Main Phone* Ext.

Secondary Phone Ext.

Hours of Operation: Mon: 9:00AM to 5:00PM
 Tue: 9:00AM to 5:00PM
 Wed: 9:00AM to 5:00PM
 Thu: 9:00AM to 5:00PM
 Fri: 9:00AM to 5:00PM
 Sat: 9:00AM to 5:00PM
 Sun: 9:00AM to 5:00PM

Do you have Spanish speaking clinic staff? Yes No / Don't know

Does your practice help patients navigate paying for PrEP (e.g. reviewing insurance, indentifying coverage/deductable gaps, and assisting with enrollment in appropriate programs)?

Yes No / Don't know

Do you offer PrEP if a patient does not have insurance?

Yes No / Don't know

Do you have a PrEP coordinator in your clinic or practice?

Yes No / Don't know

If you are willing, please provide:

PrEP Coordinator Name

PrEP Coordinator Phone Ext.

Please provide a clinic contact email. This email will only be used twice a year to confirm current clinic information. It will not be shared or made public.

Contact Email

SUBMIT

*Required information