

Membership Application

SERVING INDIAN RIVER, MARTIN, OKEECHOBEE, AND ST. LUCIE COUNTIES

Address: Florida Department of Health in St. Lucie County, 5150 NW Milner Drive, Port Saint Lucie, FL 34983

Phone: 772-584-9141 E-Mail: madelphonse@hcsef.org Fax: 561-844-3310 Website: Area15CPN.org

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Email: _____

Business Name: _____

Address: _____
Street Address Suite/Unit #

_____ *City State ZIP Code*

Business Phone: () _____ Business Email: _____

Tell us about yourself

Racial or Ethnic Group

- American Indian/Alaskan Asian/Pacific Islander Black/African American
 Hispanic/Latino White/Caucasian Other/Specify _____
 Do not wish to disclose

Gender

Male Female Transgender: _____ DOB: (mm/dd) _____

Optional

- HIV Positive AIDS Other/Specify _____

Committee Interest (MANDATORY Please choose only one.)

- Membership
 Evaluation Quality Assurance/Planning

Member Conflict of Interest Declaration

I, the undersigned hereby affirm that neither I, nor any member of my family, agency or employer: (please check applicable statement)

- Will **NOT** benefit from business conducted by myself as a member of the AREA 15 HIV/AIDS
- Will benefit from business conducted by myself as a member of the AREA 15 Comprehensive

Describe potential conflict and names of persons involved

I understand and agree to notify the AREA 15 HIV/AIDS Comprehensive Planning Network in writing upon any changes in the above conflict of interest.

Printed Name of Applicant

Signature

Date

Memorandum of Understanding Confidentiality of Client Information

The purpose of the Memorandum of Understanding is to emphasize that all information held in client records is confidential, with access governed by state and federal laws. Information which is confidential includes a client's name, address, date of birth, medical, social, and financial data, and services received. In addition, the fact that someone has had an HIV test is confidential, whether the result of that test is positive, negative or if there is a client self-disclosure. Data collection by interview, observation or review of documents should be conducted in a setting that protects the client's identity from unauthorized individuals.

Section 384.29, Florida Statutes, address the need for special discretion in the handling of sexually transmissible disease information. Sexually transmissible disease, by their nature, involves sensitive issues of privacy and all programs designed to deal with these diseases should afford privacy and confidentiality to the client.

Section 381.609, Florida Statutes, deals with confidentiality of HIV test results. There are penalties for violating this statute. These penalties range from disciplinary action by agency to a criminal misdemeanor.

I understand and agree to abide by these confidential provisions.

Agency Name (if applicable)

Printed Name

Signature

Date

This information is being requested in accordance with federal regulations. The information is kept private and will not be used when considering you for membership.

AREA 15 HIV/AIDS Comprehensive Planning Network **GROUND RULES**

We are operating under the sunshine law and Roberts Rules of Order. This is a public meeting. Information discussed during meetings is subject to public records disclosure.

1. One person speaks at a time; others listen and do not interrupt.
2. Each person speaks for himself or herself, do not claim to speak for others unless you are delegated to do so.
3. Be polite. It's acceptable to disagree but do so respectfully. Insults and accusations are unacceptable
4. Share group time fairly. Allow everyone a chance to speak and listen.
5. Be open to listening to and learning from others' viewpoints.
6. When the Network is locked in conflict, agree to stop the agenda and brainstorm creative options.
7. Refer to the Network's written policy and procedures for handling conflict that cannot be resolved in a regular meeting.
8. Allow adequate agenda time for particularly sensitive issues. Make sure that each person has time to discuss all aspects of the issue without unrealistic time constraints being imposed.
9. Clarify who will monitor group interactions for compliance with the ground rules and agree to what happens to repeat offenders

I understand and agree to abide by the AREA 15 HIV/AIDS Comprehensive Planning Network Ground Rules.

Printed Name of Applicant

Signature

Date