

NWA Positive Links Support Network Membership Enrollment Form

(Revised August 18, 2009)

Mission Statement

The Northwest Arkansas Positive Links Support Network is a peer to peer support group for individuals living with HIV/AIDS. Our mission is to provide support programs, education, social activities, and discussion groups that promote healthy living and emotional well being, as well as, providing information on services available and being responsive to the needs of individuals living with HIV.

Membership

Membership in the Northwest Arkansas Positive Links Support Network is open to anyone with an HIV/AIDS diagnosis.

Individuals who do not have an HIV+ diagnosis may become associate members. “Friends of Positive Links” are under the same minimum requirements as HIV+ members and are welcome at activities and events except those designated for HIV+ members only.

Membership Requirements

Members are required to commit to a minimum of one hour each month of active participation through volunteer service to the organization or attendance at a Positive Links event, discussion group, or meeting.

Annual Dues

The dues of this organization are \$5 per year and are payable anytime, with all dues becoming due on February 15th.

Failure to reasonably meet these requirements of membership or violation of NWA Positive Links Group’s “Code of Conduct” may result in suspension of membership privileges or revocation of membership at the discretion of the Board of Directors.

NWA Positive Links Support Network Code of Conduct and Confidentiality Agreement

The Northwest Arkansas Positive Links Support Network is committed to maintaining a safe, healthy atmosphere, ensuring every person leaves with positive energy. To accomplish this, we prohibit the following activities during any of our functions, or on our website and on-line groups.

1. Physically or verbally threatening/harassing any person in any way.
2. Use of explicit language, gestures, and racial, religious or ethnic slurs.
3. Sexual activity.
4. Defacing or damaging property.
5. Possession, use, or sale of illegal drugs, weapons or contraband.
6. Possession or consumption of alcohol in any public area or private home without prior authorization.
7. Solicitation.
8. Disturbing the public peace.
9. Breaking the Law
10. Disruptive Behavior
11. Distribution of “un-official” flyers or notices without prior approval of the ***Board of Directors***
13. Smoking inside a building or private home unless prior authorization has been given
14. Use of the NWA Positive Support Network’s name, logo, website, or online groups without prior permission
15. Intentionally misrepresenting one’s HIV status on any online website, blog, group, chat room and in any other public forum or publication.

The NWA Positive Links Support Network is not a dating service. If you find someone within the NWA Positive Links Support Network you are interested in dating, that decision and activity is your personal decision and at your discretion. If you choose to date someone in the group or you and a partner both are members of Positive Links we expect that you will abide by the following guidelines:

- 1.) Keep any interpersonal issues or conflicts private
- 2.) Both parties must abide by the code of conduct toward each other during any Positive Links function, or on our website or online groups
- 3.) Both parties will be expected to fulfill their individual commitment as members to participate in the group a minimum of one hour each month

The NWA Positive Links Support Network is not a counseling service. While we will always endeavor to support each other during times of interpersonal crisis and conflict, Positive Links is not a counseling service. Upon request, the Board of Directors will provide referrals to professional counseling resources.

Confidentiality Agreement

The NWA Positive Links Support Network and members respect the privacy of personal information and is committed to maintaining the privacy of protected information concerning its members. This commitment is demonstrated by the adoption of the confidentiality agreement, its policies, procedures and forms to govern the process of information confidentiality and the means of proper information sharing.

I. TRAINING:

All members will be trained and informed on the regulations of this policy. Training will be ongoing as a part of the new member orientation process. New members will be required to sign the Confidentiality Agreement detailing the consent given, if any, prior to membership activation.

II. MEMBER ACCESS:

A database containing the Master Member List along with personal and confidential information is located on a secured system. All information listed on the contact list is subject to each member's authorization to release such information. Information you wish to remain private should be indicated on this agreement.

III. NWA POSITIVE LINKS SUPPORT NETWORK PRIVACY OFFICIALS:

All information contained in personal selections will be administered through and with the approval of our privacy officials. The activation of new members, changes to existing members, personal contact information within the NWA Positive Links Support Network database is administered through the Privacy Officials. Privacy Officials is the Board of Directors of the NWA Positive Links Support Network.

IV. ANNUAL REVIEWS:

Policies, procedures and forms will reviewed annually to assure that the program is modified to meet any changes in the standards for which information is disclosed or undisclosed. Revisions or additions approved in the annual reviews will become a binding part of this agreement.

V. UNAUTHORIZED USE:

Any unauthorized use or disclosure of protected information shall be reported to the Privacy Officer(s). The Privacy Officer(s) will investigate the complaint. Should the findings of the investigation indicate a breach in the Confidentiality Agreement the Privacy Officer(s) will take corrective action.

VI. WE MAY DISCLOSE:

To Secure Funding or Support: We may disclose your name, address, and phone number along with any details of your specific needs for the sole purpose of securing funds for services, aid and support. Information disclosed is limited to the minimal amount necessary to acquire the services, aid or support requested.

For Law Enforcement: we may disclose your personal information for certain law enforcement purposes, including

- Compliance with a court order, warrant, subpoena or summons
- In emergency circumstances about a crime or the intent to commit a crime against a person or facility
- In the issue of mental health

To Avert Serious Threat To Health Or Safety: We may use and disclose personal information when necessary to prevent a serious threat to your health/safety or the health/safety of the public or another person. However, any disclosure would be made only to someone able to help prevent the threat.

VII. YOUR AUTHORIZATION IS REQUIRED:

We will use and disclose personal information (other than as described in this notice or required by law) only with your written authorization. You may revoke your Authorization to use or disclose personal information in writing at any time. If you revoke your Authorization, we will no longer use or disclose your personal information for the purposes covered by the Authorization, except where we have already relied on the Authorization.

VIII. COMPLAINTS:

If you believe your privacy has been violated you may file a written complaint with the privacy officials. The Privacy Officials will follow the guidelines set forth in Section V. concerning Unauthorized Use.

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Date: _____

Name: First: _____ Last: _____

Street Address: _____

City _____ State _____ Zip _____ Male _____ or
Female _____

Contact phone number: _____ Can a message be left? Yes ___ No ___

Emergency contact person and number: _____

Birthday (month/day): _____

Email Address: _____

Referred by: _____

Are you HIV Positive? Yes _____ No _____ If yes, length of time living with HIV:

Volunteer help that you can share with other members and organization: (Circle all that apply)

- | | | | |
|--------------------------|------------|----------------|----------------|
| Transportation | Yard Work | House Cleaning | Laundry |
| Food Preparation | Friendship | Conversation | Housing |
| Personal/Hospital Visits | Legal | Recreation | Event Planning |
| Activities | Newsletter | Website | Other _____ |

I agree to the stated membership requirements and to support the programs of NWA Positive Links Support Network, its policies, and Code of Conduct. Further, I understand my rights and agree to the terms of the Confidentiality Agreement.

Member Signature: _____ Date _____
(Full signature is required)

Witness Signature: _____
Date _____

SIGN AND RETURN THIS PAGE FOR MEMBERSHIP ENROLLMENT.