METROPOLITAN WASHINGTON REGIONAL HIV HEALTH SERVICES PLANNING COUNCIL

MEMBER CONFIDENTIALITY POLICY & PLEDGE

I, the undersigned member of the Metropolitan Washington Regional HIV Health Services Planning Council or one of its standing committees, subcommittees or task forces, hereby affirm that my position as a Planning Council member brings with it an ethical responsibility for keeping certain information confidential. This applies to information contained in documents or records, or discussed during interviews, needs assessments, meetings, or other situations that may arise as the Council carries out its mandated responsibilities.

I affirm that it is up to the individual to decide whether and when to publicly disclose his/her HIV status, medical status, co-morbidities, and other personal/personnel information. I will maintain the confidentiality of such information with regard to Planning Council members; members of the Council's standing committees, subcommittees or task forces; applicants for membership in the Council or any of its sub-groups; and clients/consumers who participate in Planning Council-related activities and others involved with the work of the Planning Council.

This includes holding in confidence the personal experiences or concerns and other sensitive information shared by any members of the Planning Council or its committees, subcommittees or task forces or otherwise obtained because of my Planning council membership. I will help to ensure that in minutes or reports posted on the Council's website, personal information shared in a committee, working group, or Planning Council meeting – with special emphasis on information shared at Consumer Access Committee meetings – is referenced generally rather than identified with a particular individual.

By signing this Confidentiality Policy and Pledge, I acknowledge receiving a copy of this statement and having the opportunity to discuss it with the Planning Council Chair or Community Co-Chair or a Planning Council Support Staff member. I affirm that I understand the statement and the reasons for it.

I realize that violation of any condition of this agreement may result in disciplinary procedure/s against me up to and including removal from the Planning Council. Any perceived violation of the Planning Council's Confidentiality Policy is to be addressed and resolved using the Planning Council's Grievance Policy and Procedures

By signing below, I agree to the conditions set forth in this Confidentiality Policy and Pledge.

_____	_____	_____
Print Name	Signature	Date

Member of: ___ Planning Council
___ Standing Committee: _____
___ Subcommittee: _____

FINAL