

**Acute Peer-to-Peer Program
Consent to Participate**

No one understands the reality of HIV better than someone who lives with it every day. Peer Mentors, specially trained members of the community who are living with HIV, supporting others who are learning to cope with the daily challenges of living with HIV. Peer Mentors can provide those living with HIV someone to turn to who has “been there” and serve as an important role model.

The Acute Peer-to-Peer Program is a Pilot Project, funded by the Saskatchewan Ministry of Health, as part of the Provincial HIV Strategy.

The purpose of the Acute Peer-to-Peer Program is to provide a unique link for newly diagnosed HIV positive individuals, people not engaged in care or those who may be in hospital. The Peer Mentor, with the consent of the person living with HIV, will act in a supportive role to assist in linking and engaging individuals into care, to re-engage them into care, and to assist in maintaining them in care. It is the goal that utilizing a peer model will help decrease the time to engagement in care and will assist in meeting clients “where they are at”.

Under the *Health Information Protection Act*, we are required to obtain your consent before we can share your information with other people or organizations. Regina Qu'Appelle Health Region collects, uses and discloses personal information only in accordance with the *Health Information Protection Act*.

Ensuring quality of service is of high importance to the RQHR. In order to determine how valuable this program was, you will be asked to complete questionnaires at the start and end of your involvement. The data collected from these questionnaires will be anonymous to ensure confidentiality and will be used for evaluation purposes.

By signing below, you are consenting to participate in the Acute Peer-to-Peer Program as described above. Your participation is completely voluntary and you may revoke your consent at any time by speaking to one of our program staff. If you have any privacy questions, please contact the Regina Qu'Appelle Health Region Privacy Office at 766-6481.

Client Signature

Witness Signature

Printed Name

Printed Name

Date

Date

Acute Peer-to-Peer Program Confidentiality Agreement

As a client of RQHR and a participant in the Acute Peer-to Peer Program, you can expect to receive peer support that is professional, respectful, and trustworthy.

Professional peer support means that you can expect your Peer Mentor to maintain a confidential relationship with you. S/he will only share your information within the RQHR on a need to know basis and will not share information about you with anyone outside of the RQHR without your consent. There is, however, an exception to this rule. Confidentiality may be waived if your safety or the safety of someone close to you is in question. If questions of safety arise, s/he will contact the Program Coordinator, the HIV Strategy Coordinator or another professional for assistance. Whenever possible, the Peer Mentor will let you know if s/he plans to speak with a Coordinator or other professional as noted above.

Respectful peer support means that you can expect your Peer Mentor to honour your privacy. You may choose to share many personal topics with your Peer Mentor; however, you need only to share personal information if and when you feel comfortable. At times, s/he may offer advice or suggestions, but s/he will keep in mind that you know what is best for you. The Peer Mentor will not provide counselling.

Trustworthy peer support means that you can expect your Peer Mentor to follow through with the support that s/he offers to you. S/he will be on time and listen to you during your time together. Time spent together may include peer support, accompaniment to doctor visits, visits to your home, phone check-ins, and other activities as decided upon by you and your Peer Mentor.

As a client of our organization, you are encouraged to speak with your Peer Mentor if you have questions, concerns or complaints about the program.

By signing below, you and your Peer Mentor are agreeing to the above guidelines. You also are indicating your understanding of the standards inherent in the peer mentor/client relationship:

Client:

Print Name _____

Signature _____ Date _____

Peer Mentor:

Print Name _____

Signature _____ Date _____

Adapted from the Lotus Project: Women's HIV/AIDS Peer Education Training