

**CENTRAL NEW YORK HIV CARE NETWORK
CONSUMER ADVISORY COMMITTEE**

MISSION STATEMENT

The Consumer Advisory Committee of the Central New York HIV Care Network provides a structural focus for participation in Network activities by those in our region living with HIV/AIDS (infected and affected) and by service providers with direct programmatic interests of concern to the Committee. The Committee's purpose includes:

- Recruiting PLWHIV/AIDS to serve on this committee and other Network committees;
- Developing local sub-committees and/or task groups for convenient participation by those unable to travel to regional meetings;
- Identifying and addressing needs for information and/or training to assist PLWHIV/AIDS in becoming active Network members and undertaking peer outreach and support;
- Identifying HIV/AIDS service needs and priorities, and providing Consumer perspectives on the functioning of the HIV/AIDS service continuum;
- Promoting dialogue between Consumers and Providers to improve understanding of service barriers and service delivery;
- Increasing PLWHIV/AIDS participation in Network efforts to increase community awareness and inform public policy debate regarding HIV/AIDS services, funding, and policies.

CONFIDENTIALITY AGREEMENT

The Consumer Advisory Committee recognizes that HIV Confidentiality is extremely important to those living with HIV/AIDS. Some individuals are very comfortable about disclosing their HIV status to anyone; others are more selective in deciding when and where to disclose. Individuals who have chosen to join the Consumer Advisory Committee have implicitly disclosed their status to other committee members -- and it is their right to disclose or withhold this information in other circles. All members of the Consumer Advisory Committee are expected to respect Confidentiality and not to reveal information about other members outside of the Committee. By respecting one another's Confidentiality, members help to create an environment in which everyone will feel welcome and comfortable about participating.

Members of the Consumer Advisory Committee are therefore requested to express their endorsement of this Confidentiality Agreement by signing below:

NAME _____

SIGNATURE _____

DATE _____

LATEST REVISION: 3/4/08

CENTRAL NEW YORK HIV CARE NETWORK

A Program of Central New York Health Systems Agency, Inc.

5700 Commons Park Drive East Syracuse, New York 13057
Phone: (315) 472-8099 FAX: (315) 472-8033

CONSUMER ADVISORY COMMITTEE MEMBERSHIP APPLICATION

1. Name _____
2. Address _____
3. Telephone _____ 4. E-mail _____
5. County of Residence _____ 6. Date of Birth _____
7. If Volunteer/Staff, please indicate agency and title:

8. Participant Profile Information:
 Identify as Male
 Identify as Female
 White
 African-American
 Latino
 Native American
 Asian/Pacific Islander
 Other
9. I may not be able to attend regional Consumer Advisory Committee meetings, but I would be interested in participating in a Local Workgroup (Binghamton, Utica, Watertown, etc.)
10. Applicant Signature/Date _____

(This Committee does not discriminate on the basis of race, age, or gender)

LATEST REVISION: 3/4/08

CAC MEMBERSHIP APPLICATION.doc