

LIGHT THE WAY
SO OTHERS CAN SEE!

OUR FAITH
LIGHTS
THE WAY!

(INSERT NAME OF FAITH INSTITUTION)

HIV CONFIDENTIALITY FORM TEMPLATE⁷

I, _____ have been made aware of the sensitive nature of information collected by the **[type Faith Institution name]**. I agree to hold all information pertaining to members or clients in strict confidence. I have been informed, and understand that should I breach any aspect of confidentiality, I will meet with the Executive Board and/or Faith Leader designee to explain the circumstances under which the breach occurred. Upon review of the circumstances, I understand that a decision may include my termination as a member of the **[name of Faith Institution]** will be issued. The decision is final.

Signed: _____

Witnessed: _____

Date: _____

⁷The following form was adapted from Beautiful Gate Outreach Ministry in Wilmington, DE.

NATIONAL FAITH-BASED HIV TESTING CAMPAIGN

WE CAN STOP THE SPREAD OF
HIV IN OUR COMMUNITY!

A program of
THE BAIM
IN GLEAD
HEALING THROUGH REVERENCE INC.
EDUCATION, ADVOCACY & SERVICE

This initiative is supported by the Center for Disease Control and Prevention.

