

**EAST TENNESSEE STATE UNIVERSITY
CENTER OF EXCELLENCE FOR HIV/AIDS
CONSENT TO PARTICIPATE - PATIENT ADVISORY BOARD**

The ETSU Center of Excellence for HIV/AIDS (COE) Patient Advisory Board (PAB) is a dedicated group of patients who provide input to enhance the quality and effectiveness of the services provided under the Ryan White HIV/AIDS Program. The PAB will work together with COE providers, staff, and, community members to provide ongoing feedback and ideas on how to increase access to services, improve the quality and efficiency of services, and promote improved health outcomes for patients with HIV/AIDS.

Attendance requirements:

- Members are expected to make a two-year commitment to participate on the PAB at which time the commitment may be renewed
- Members are expected to attend all PAB meetings.
- Members may be removed from the PAB after three consecutive unexcused absences.

Members of the PAB are expected to:

- Actively, and in a timely manner, review and respond to COE-related communications.
- Communicate respectfully with PAB members, COE staff and community members.
- Attend and provide input at all PAB meetings.
- Assist the COE in making recommendations on prioritized populations to receive HIV prevention and care services and appropriate, effective strategies, and interventions for those populations.
- Recommend policy changes and structural approaches that 1) support the delivery of prevention and care services at the Center of Excellence; 2) support behaviors that reduce the risk of disease transmission; 3) reduce stigma associated with HIV and hepatitis; and 4) promote positive health outcomes for people living with HIV.

Confidentiality: COE providers and staff are required by law to protect the privacy and confidentiality of the health information you choose to share with the PAB. You are welcome to share as much or as little about your own health information with the PAB depending on your comfort level. By deciding to participate on the PAB you agree to maintain the privacy and confidentiality of other PAB members. Information and discussions shared during PAB meetings are considered confidential. All records, documents, and conversations related to the meeting are to be treated as such and should not be disclosed to any third party without prior written consent. This includes, but is not limited to, meeting minutes, presentations, and any other materials distributed during any meeting. PAB members who fail to protect the privacy and confidentiality of PAB members and PAB activities will be removed from the PAB. Upon removal, you agree to surrender and return any and all PAB documents, notes, records or other information to the PAB. PAB members will participate via a HIPAA-compliant video format in which their identities may be partially or completely masked at their discretion. However, there are limitations to privacy/confidentiality in relation to the meetings and activities of the PAB that the COE may not overcome. Nothing herein shall be construed to restrict you from sharing information with any federal, state, or local governmental or law enforcement official as required by law.

Compensation: No compensation can be provided for participation on this board.

Conflicts of Interest: PAB members are expected to openly identify any potential areas of conflict of interest in fulfilling their responsibilities. Conflict of interest is defined as participation in any decision that might result in actual or perceived, direct or indirect financial benefit to the PAB member.

By signing below, you confirm that you are 18 years or older and have read and understood this Consent. You confirm you have had the opportunity to ask questions and that those questions have been answered. By signing below, you freely and voluntarily choose to participate in the COE PAB.

Printed Name

Date

Signature