

## Confidentiality

*Healing Our Nations is committed to ensuring the confidentiality of its members. All personal and health information related to a member will be considered strictly confidential. Disclosure of such material will only occur with the written permission of the member or under a subpoena from a court of law.*

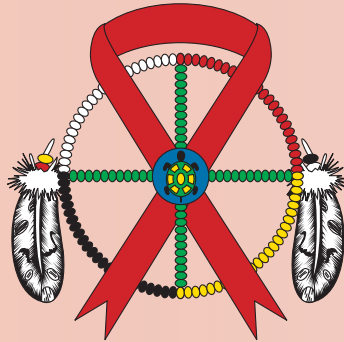
## Ways Healing Our Nations Ensures Confidentiality

- Using a “need to know” case management system.
- Assigning code names to members.
- All of the staff at Healing Our Nations are required to sign an oath of confidentiality (If you would like details about what this means, a copy of the Healing Our Nations confidentiality policy will be provided upon request).
- Developed specific disclosure guidelines to be followed if forced by a court order to release files that contain specific member information. (If you would like details about what this means, a copy of the Healing Our Nations disclosure policy will be provided upon request)

## Still have questions or concerns about the APHA fund ...

Please call us toll free at 1.800.565.4255. There is no cost to you and the call will not show up on your phone bill or e-mail your questions or concerns to: [ea@accesswave.ca](mailto:ea@accesswave.ca)

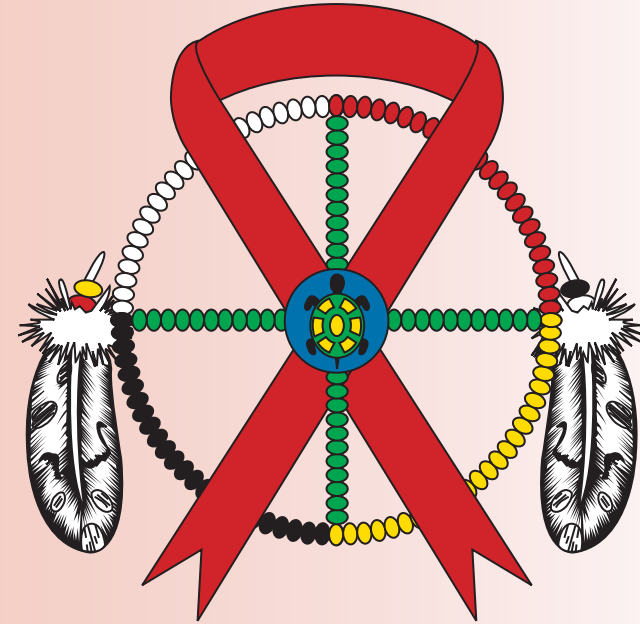
(this is a private e-mail that only the office manager has access to).



## Healing Our Nations *Atlantic First Nations AIDS Network*

Toll Free: 1.800.565.4255  
Phone: 1.902.492.4255  
Fax: 1.902.492.0500  
Email: [ea@accesswave.ca](mailto:ea@accesswave.ca)  
Web Site: [www.hon93.ca](http://www.hon93.ca)

# HEALING OUR NATIONS



*Atlantic First Nations AIDS Network*

## Did you know?

It is estimated that in Canada one  
Aboriginal Person is newly infected  
with HIV each day.

# APHA SUPPORT

*Membership*  
1.800.565.4255

## What Does APHA Mean?

Aboriginal Person Living With HIV/AIDS

### Types of Membership

#### **Associate Membership**

- Is open to any Aboriginal Person who is HIV+ living in the Atlantic region.
- You receive information regarding the HIV/AIDS movement, Healing Our Nations programs and projects
- Notice of any upcoming national, provincial, regional and local events, which will also be posted on our web site at [www.hon93.ca](http://www.hon93.ca)
- The opportunity to participate in and join a speaker's bureau.

#### **Full Membership**

- Is open to Status First Nations People living in the Atlantic region who are HIV+
- You Receive everything offered to associate members
- A monthly allotment, depending on fundraising activities.
- A cheque will be dated for the first of each month (there are no advances).
- Eligibility to stand for election to the HON Board of Directors.

All members of Healing Our Nations have access to our resources at no cost. Also, if you would like to address issues or concerns related to HIV/AIDS we are available to provide support, referrals and advocacy.

## Who can Become a Member?

Any Aboriginal person in the Atlantic region who is living with HIV or AIDS. If the person living with HIV/AIDS is a minor, or is being cared for by someone else, arrangements can be made to send the cheque to the caregiver on behalf of the person.

#### **When did it all begin..?**

The Aboriginal Persons living with HIV/AIDS (APHA) fund was established in the mid 1990's. At this time Healing Our Nations began offering a monthly allotment to First Nation APHAs who became a member of the organization. This health and support fund is designed as a contribution to help First Nations people living with HIV/AIDS in the Atlantic region support a healthy life style.

#### **Where Does the Money Come From?**

The APHA fund is maintained by fundraising events such as AIDS Walk, AIDS BINGOs and through donations to Healing Our Nations.

## What is the Money For

- Vitamins
- Dietary supplements
- Fresh fruit and vegetables,
- Warm clothing,
- Household assistance,
- Travel to traditional and/or western healers

#### ***APHA Mail-In Registration Form***

***Mail to:***

***Healing Our Nations  
15 Alderney Drive Suite 3  
Dartmouth, NS  
B2Y 2N2***

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### ***Be sure to include the following items:***

- ***A letter from a medical doctor confirming HIV status***
- ***A proof of residence within the Atlantic Region.***

#### ***ADDITIONAL REQUIREMENT FOR FULL MEMBERSHIP***

***A copy of a Certificate of Indian Status as issued by the Indian & Northern Affairs Canada to confirm the person has Indian status from a First Nation community as defined by the Federal Government of Canada***