

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

HIV/AIDS 500/501 PARTICIPANT AGREEMENT

The HIV/AIDS 500 and 501 courses are designed to give participants a greater understanding of HIV/AIDS, HIV counseling, testing and linkage (CTL), and personal risks, and is designed to meet the training requirements of the Florida Department of Health, Internal Operating Procedure: IOP 360-07-17 and IOP 360-09-17.

Due to the nature of some course content and exercises, this course may not be suitable for all audiences. Those who may be offended by sensitive topics such as sexual transmission, human sexuality, safer sex practices, domestic violence issues, and drug use/abuse, may wish to determine whether this course is appropriate for them.

I, _____ hereby agree to participate in the HIV/AIDS 500/501 Counseling, Testing and Linkage Course conducted by the Florida Department of Health in Miami-Dade County. I understand that this course will involve the discussion of sensitive issues such as: sexual transmission, safer sex, human sexuality and other areas. I also understand that I am participating in this course of my own free will and that I am not being forced into providing these services or attending this course against my own personal, religious, moral, ethical, political or other beliefs. I also hereby give up any and all rights to hold the Florida Department of Health in Miami-Dade County and the course instructor(s) responsible for any possible conflict with my personal, moral beliefs, or value system and/or any similar problem I may have in relation to the course.

I agree to conduct myself in a professional manner in the class and respect the opinions of other participants in the group. I understand that not everything in this course may be of direct benefit to me and/or my agency, but it has been explained to me that this is a general course conducted in such a manner as to benefit the majority of those individuals and/or agencies that will deliver these services.

Print Name: _____

Your Signature: _____ **Date:** _____

Print Name of Witness: _____

Signature of Witness: _____ **Date:** _____

