

ACKNOWLEDGEMENT

I, the undersigned, _____
(Name of Facilitator)

acknowledge that I have received the documents titled "*Attendant Policy*", "*Harassment Policy*", "*Confidentiality Policy*", "*Illegal Activity Policy*", and "*Anti-Discrimination Policy*" for Lupus Ontario.

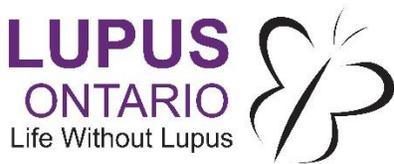
By virtue of my signature below, I confirm that I have read, understood and agree that I will be held responsible for the information contained in these policies.

Signature

Date

Address

Witness



Support Group

Harassment Policy

POLICY:

The _____ support group is committed to the establishment of an environment in which all persons with lupus or their support network have the opportunity to participate and contribute to their maximum potential.

Lupus Ontario and its support groups do not tolerate any form of harassment and undertake to protect all persons with lupus and their support network from harassment by support group members, staff/volunteers of Lupus Ontario, with whom they may have contact during the course of their involvement.

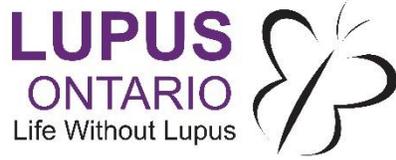
DEFINITION OF HARASSMENT:

Harassment takes many forms, but can generally be defined as behaviour including comments and/or conduct which is insulting, intimidating, humiliating, hurtful, malicious, degrading or otherwise offensive to an individual or groups of individuals or which creates an uncomfortable environment.

Harassment may include:

- Written or verbal abuse or threats.
- Sexually oriented comments.
- Racial or ethnic slurs.
- Ought to be known to be unwelcome or unwelcome remarks, jokes, innuendos, or taunting about a person's body, attire, age, marital status, ethnic or racial origin, religion, etc.
- Displaying of sexually explicit, racist or other offensive or derogatory material
- Sexual, racial, ethnic or religious graffiti.
- Practical jokes which cause awkwardness or embarrassment, endanger an individual's safety, or negatively impact participation in the support group, or lower self-esteem in others.
- Ought to be known to be unwelcome or unwelcome sexual remarks, invitations or requests whether indirect or explicit, or intimidation.
- Leering (suggestive staring), or other obscene or offensive gestures.
- Condescension, paternalism or patronizing behaviors which undermines self-respect or adversely affects work performance or working conditions.
- Physical contact such as touching, kissing, patting, pinching etc. that would reasonably be considered offensive.
- Vandalism.
- Physical assault.

Failure on the part of the support group to comply with this policy may result in dissolution of the support group.



Support Group

Confidentiality Policy

POLICY:

Confidential information is any fact about another person, which if shared with others could pose distress or hardship to that person or their family. No one from the group, including the Facilitator, shall recognize, acknowledge or introduce women/men they casually run into between meetings as either being from the group or is living with lupus.

During the course of this support group meeting you will become aware of participants names and personal information. As a member of this group it is your responsibility to ensure that this information is not shared outside of the group meeting or with anyone who is not a member of this support group.

A BREACH IN CONFIDENTIALITY

- Takes away the person's right to the privacy that was agreed to.
- Gives group members the message that the group may not be a safe place in which to learn and to share experiences and information.
- Breaks the circle of group trust and loyalty and keeps discussion at a less meaningful and superficial level.
- Can have a negative long-term impact on important things such as family relationships, employment, insurance benefits etc.

DISCUSSING CONFIDENTIALITY GUIDELINES WITH YOUR GROUP

- Not everyone in your group will have the same understanding of Confidentiality as it applies to the group.
- Have a group discussion concerning Confidentiality at least once a year to review and reinforce Guidelines.
- This will also encourage and promote trust in the group.
- Have each person share what Group Confidentiality means to them and give an example of this.
- Capture what you can on paper to share with new members during the next 12 months.

Failure to comply with this confidentiality policy may result in an individual being asked to leave the group.

I _____ agree to the conditions of the above confidentiality policy and will, to the best of my ability keep names and personal information about group members in strictest confidence.

DATE