

# **HALCO** news **Winter 2012:**



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# **HALCO Fundraising News**

In the third year of implementing our fundraising strategy, HALCO has been very successful and has raised in excess of \$75,000 from a variety of different sources. Here are highlights from the past few months:

#### Third HALCO Annual Bowl-a-thon

On November 19, 2012, our third annual fundraising bowl-a-thon, held at Bathurst Bowl-a-rama, raised \$12,000! Thanks to all of those who raised funds, sponsored our bowlers, supported our silent auction and bowled the night away! Special thanks to the following individuals and businesses for their generous support of our bowl-a-thon silent auction:



- Genevieve D'Onorio
- Jeff David
- Michael Marcus
- Jeff Stevenson
- Carolynne Hew (Associate Producer, George Stroumboulopoulus Tonight)
- The Beguiling
- Blue Banana Market
- Byzantium
- Churchmouse & Firkin
- Priape
- Spa Excess
- Starbucks

#### M.A.C AIDS provides additional funding for our Intake Lawyer position

Later in November, we were very pleased to receive word that we were selected to receive an increased grant of \$50,000 from the M·A·C AIDS Fund. This marks the third year that we have received M·A·C AIDS Fund support for one of our HALCO Intake Lawyer positions. The M·A·C AIDS Fund supports people living with HIV/AIDS worldwide by donating every cent of the selling price of M·A·C VIVA GLAM lipstick and lipglass.

Thanks to all of our fabulous fundraising volunteers who gave of their time over the past year to make our fundraising program the great success it is!

If you are interested in being part of our dynamic fundraising team, please contact Bill Merryweather, our Director of Administration, at 416-340-7790 or 1-888-705-8889 extension 42 or merryww@lao.on.ca.

Please consider making a donation to HALCO now. Tax receipts are issued for donations of \$20 or more. Simply click on the **DONATE** button on our website **www.halco.org** or you can go directly to **www.halco.org/get-involved/donate** 

Thank you for your support!

# HALCO Chosen as 2012 Pride and Remembrance Run Beneficiary!

**& Remembrance Run** taking place on June 30, 2012. Proceeds from the 2012 Run will support our full-time articling (law) student program, allowing us to provide additional ongoing support to the community.

Here is a statement from the Pride & Remembrance Association:

"The Pride and Remembrance Association has PROUDLY announced the beneficiaries for the 17th annual Pride Run being held on Saturday, June 30th, 2012. This year's run proceeds will benefit the HIV & AIDS Legal Clinic Ontario (HALCO) and the LGBT Youth Line.

The Pride and Remembrance Run is the largest event of its kind in Canada and is one of the most popular running events in the Toronto area.



The Run has raised over seven hundred and fifty thousand dollars for more than a dozen charities and has attracted support from major organizations such as BMO and The Bay. We invite you to come out and run, walk, fundraise, and support your friends and family in this signature event during Toronto's Pride weekend! It promises to be a lot of fun and provides a wonderful opportunity to give back and support charities in the LGBT community.

The Pride and Remembrance Association is a 100% volunteer-run not-for-profit organization that owns and operates the Pride and Remembrance Run. Its mandate is to provide financial support to registered charities that benefit the LGBT community and make a significant and sustainable long-term social impact, while promoting and fostering community spirit, goodwill, volunteerism and sportsmanship in the LGBT community.

For more information, please visit the Pride Run website: **www.priderun.org** You can also find us on Facebook and follow us on Twitter."



# HALCO Board of Directors

HALCO relies on its skilled and dedicated volunteer Board members to oversee our governance.

#### Our HALCO Board members are:

- Mark Blans (Vice-Chair)
- Michael Capp (Secretary/ Treasurer)
- Eric Cashmore
- Frederique Chabot
- Peter Gross
- Martha Mackinnon (Chair)
- Eric Mykhalovskiy, and
- Robert Watkin.

For more information about our Board and Board Committees, please contact us or visit the **Get Involved** section of our website:

www.halco.org/get-involved

#### **HALCO Staff**

We were delighted to welcome **Rhonda Major** as our Administrative Assistant in November 2011. Rhonda brings a wealth of administrative, fundraising and volunteer management experience. She has been doing a great job working on a wide variety of tasks, including our fundraising initiatives.

#### Our staff are:

- Renée Lang, Staff Lawyer
- Rick Lobodzinski, Administrative Assistant
- Rhonda Major, Administrative Assistant
- Jill McNall, Community Legal Worker
- Bill Merryweather, Director of Administration
- John Nelson, Staff Lawyer
- John Norquay, Staff Lawyer
- Ryan Peck, Executive Director/ Lawyer
- Amy Wah, Staff Lawyer, and
- Kevin Wong, Staff Lawyer

**Jennifer Goodfellow** is our articling student for the 2011 to 2012 year.

**Lesley Freiberg** will be our articling student for the 2012 to 2013 year.

# Supreme Court hears two landmark 'Criminalization of HIV' Appeals

On February 8, 2012, the Supreme Court of Canada heard *R. v. Mabior* and *R. v. D.C.*, two cases involving the criminalization of HIV non-disclosure. These cases are very significant as the Court is considering the circumstances under which people living with HIV may be found guilty of a criminal offence for not disclosing their HIV-positive status.

HALCO, as part of a coalition of HIV organizations, intervened in the recent Supreme Court cases. The coalition included: the Canadian HIV/AIDS Legal Network, the Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA), Positive Living Society of British Columbia (Positive Living BC), the Canadian AIDS Society (CAS), Toronto People with AIDS Foundation (PWA), the Black Coalition for AIDS Prevention (BlackCAP), and the Canadian Aboriginal AIDS Network (CAAN).

By hearing these cases, the Supreme Court of Canada has the chance to revisit the criminal law as it is applies to HIV non-disclosure. Currently, based on the 1998 *R. v. Cuerrier* decision, a person living with HIV may be convicted of a serious offence – generally aggravated (sexual) assault - for not disclosing her or his HIV-positive status before engaging in behaviours that pose a "significant risk of serious bodily harm" (i.e. a significant risk of HIV transmission).

The prosecution in these cases argued that there should be an outright duty to disclose HIV status before any sex whatsoever. In other words, people living with HIV should be found criminally liable if they do not disclose their status, regardless of the sex acts or risk of transmission in question.

The coalition's position is that the criminal law should only be used as a last resort and should only apply to non-disclosure matters in the most blameworthy of cases. The coalition argued that, at a minimum, the Supreme Court should clarify that there is no duty to disclose before anal or vaginal sex with a condom, before oral sex, or when the person living with HIV has a low/undetectable viral load. We made clear that the law must be guided by up-to-date science. The coalition's factum (written argument) can be found on our website at:

www.halco.org/wp-content/uploads/2012/03/Supreme\_Court\_Intervener\_Factum-2012-Feb.pdf

During the week of the hearing, HALCO, the Canadian HIV/AIDS Legal Network and AIDS Action Now! co-sponsored a rally in Toronto. Videos from the event are available at www.aidsactionnow.org/. To learn more about the criminalization of HIV non-disclosure, and about the Supreme Court cases, please visit www.aidslaw.ca/stopcriminalization.



HALCO sincerely thanks **Jonathan Shime** and **Corie Langdon** of Cooper, Sandler, Kaufman & Shime LLP for acting as lead counsel for the coalition. Their dedication and excellent work are deeply appreciated. And we would also like to thank **Eugene Meehan**, Q.C., Supreme Advocacy LLP, for his valuable assistance, thoughtfulness and generosity.

The Supreme Court's decision is expected later this year.

# Privacy Law: Court of Appeal recognizes tort of "intrusion upon seclusion"

We reported in *HALCO News Fall 2011* that the Court of Appeal had heard a case that would determine if a person can sue someone else for invading their privacy. The Court of Appeal released its judgment in that case on January 18, 2012. The Court's decision recognizes "intrusion upon seclusion" as a tort in Ontario. (In this type of case, a tort means a wrongful act by one person against another.) The decision is on-line at

www.ontariocourts.on.ca/decisions/2012/2012ONCA0032.htm

The Court found that in order to sue someone for intrusion upon seclusion,

- (1) the defendant's conduct must be intentional, which includes reckless;
- (2) the defendant must have invaded, without lawful justification, the plaintiff's private affairs or concerns; and
- (3) a reasonable person would regard the invasion as highly offensive causing distress, humiliation or anguish.

The plaintiff (the person who is suing) does not have to prove that they were harmed in order to win their law suit and be awarded damages (money). However, they will not get very high damages if they cannot prove that they suffered some harm. The judgment states that damage awards under this new kind of court action will be somewhat low and sets an upper limit for damage awards at \$20,000.00. Awards could only be higher if there are aggravating circumstances.

The Court found that not every kind of privacy intrusion will attract legal consequences. The Court stated that intrusions into certain matters would be more likely to be seen to be highly offensive, including: financial or health records, sexual practices/orientation and employment.

The facts of the case heard by the Court were that one person (a bank employee) had looked at another person's banking information 174 times over the course of four years without a legitimate reason or authorization. So, we know from this case that looking at someone's bank records would be an invasion into their private affairs or concerns. It is not clear what this case will mean for people living with HIV who have privacy concerns. We do not know yet whether a court would say that disclosure of someone's HIV status without their permission would also be an invasion into their private affairs.

Each case is different and we believe that there may be some situations in which the disclosure of HIV status without permission would fit into the definition of "invasion." It remains to be seen whether a court will agree with us.

Even if disclosure of HIV status is not seen to be an "invasion" for the purposes of this new tort, we believe that this case brings us closer to courts recognizing an unauthorized disclosure as a breach of privacy that can form the basis of a law suit.

HALCO will continue to push for an expansion of privacy protections for people living with HIV through court actions and through our other law reform activities.

# Trillium Drug Program and Private Insurance



The Ministry of Health and Long-Term Care's (the Ministry) **Ontario Drug Benefit** programs (ODB) assists many Ontario residents with the cost of prescription drugs. The **Trillium Drug Program** (Trillium) is an ODB program for Ontario residents who do not qualify under the other Ontario Drug Benefit programs and who do not have other similar or equivalent prescription drug coverage.

Through Trillium, the Ministry pays for drug costs that exceed approximately 4% of a household's net income. Because the cost of HIV medications is exceedingly high, many people living with HIV/AIDS who are not receiving Ontario Works or Ontario Disability Support benefits rely on the Trillium program to access prescription drugs.

This income-based 4% "deductible" is paid by the individual, on a quarterly basis, directly to the pharmacy at the time prescriptions are filled. Trillium will cover the balance of the cost, after the deductible is paid.

Generally, the pharmacy processes the Trillium deductible payment electronically and the Trillium recipient only has to pay the deductible portion to the pharmacy at the time of purchase, along with the \$2 co-payment for each prescription. (Some pharmacies will waive this \$2 co-payment.)

The Trillium program requires that applicants declare if they have any private-insurance coverage for drugs. Given that HIV drugs can cost thousands of dollars a month, even individuals with private insurance coverage for drug costs can find themselves facing hundreds of dollars in drug costs each month. This is because private insurance policies often do not cover 100% of the cost of drugs (more commonly in the range of 50-80%). Trillium will cover the balance of the drug cost to the individual in excess of the income-based 4% deductible.

We have learned that many Trillium recipients who have private insurance are having to pay for the Trillium-covered portion of the drug cost out of their own pockets and to send the receipts to Trillium for reimbursement. As a result, these individuals can still find themselves out-of-pocket for hundreds of dollars in drug costs each month before they are reimbursed. It is clearly unfair that individuals with private coverage should be treated differently by the system than other Trillium recipients who simply pay the quarterly deductible (and the \$2.00 co-payment, if required). In addition, we have heard that some individuals in this situation are facing long waits before receiving the reimbursement cheques from Trillium.

We contacted the Ministry about this matter and received confirmation that people with private insurance should only have to pay upfront and be reimbursed by Trillium during the months when a deductible is owing (the deductible is paid quarterly).

We take the position that Trillium recipients with private insurance should be treated the same as those without private insurance. We are therefore continuing to advocate so that all Trillium recipients simply have to pay their quarterly deductible, without having to pay out-of-pocket and apply for reimbursement.

HALCO will post updates as we get more information. If you are living with HIV and experiencing any problems with your prescription drug coverage, please call us.

# Immigration Law Update: Government Proposes Serious Changes to Canada's Refugee System

In previous newsletters, we reported on the changes to the refugee and immigration laws that were passed by the Government of Canada in June 2010. Most of those changes were due to come into effect on June 29, 2012.

On February 16, 2012, the Federal government introduced Bill C-31, the *Protecting Canada's Immigration System Act*. If passed by Parliament, Bill C-31 will have a dramatic effect on Canada's refugee and immigration system. The Bill C-31 changes will have a serious impact on refugee claimants in Canada and on people who have recently had a refugee claim refused. The changes will not affect citizens or most permanent residents.

HALCO believes that almost all of these effects will be negative and will restrict the ability of many refugee claimants to obtain or keep status in Canada.

Bill C-31 is not yet law. However, the Minister of Immigration has said that he hopes it will be approved by Canada's Parliament by the end of June 2012.

The major changes proposed by Bill C-31 that will affect HALCO's clients are:

- People would no longer be permitted to have both a refugee claim and an application on Humanitarian and Compassionate grounds in process at the same time;
- People would not be permitted to file applications on Humanitarian and Compassionate grounds for ONE YEAR after their negative refugee claim decision (Exceptions to the one year rule would be given to people who face a risk to life in their country because of inadequate health care, or who have children whose best interests need to be taken into account);
- A new "Basis of Claim" document would replace the "Personal Information Form" (PIF) that is given to all refugee claimants when they make their claim. Refugee claimants would have as little as 15 days instead of the current 28 days to complete and submit this extremely important and complex document;
- Refugee hearings would be held very quickly: within 60, 45 or even 30 days after making the refugee claim;
- The new Refugee Appeal Division (RAD) process that was passed in 2010, but is not yet in place, was only supposed to be available to certain refugee claimants. Under Bill C-31, even fewer refugee claimants would have access to the RAD;
- The Minister of Immigration would be able to designate certain countries as "Designated Countries of Origin" (DCO) without any need to consult human rights experts. The refugee process for refugee claimants from those countries would be as short as 30 days from beginning to end and there would be no right to appeal to the Refugee Appeal Division.

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#### Immigration Law Update (continued from page 8)

Bill C-31 includes many other proposed changes. Please contact HALCO for legal advice if you are living with HIV in Ontario and you are in any of the following situations:

- you are thinking of making a refugee claim
- you have made a refugee claim and are waiting for your hearing
- your refugee claim was refused within the last year

We will post information on our website as we learn more: www.halco.org/areas-of-law/immigration-law

For more information about Bill C-31, you can visit these websites:

- Canadian government:
   www.cic.gc.ca/english/department/media/releases/2012/2012-02-16.asp
- Canadian Council for Refugees (a refugee advocacy organization):
   http://ccrweb.ca/en/refugee-reform
- Canadian Association of Refugee Lawyers: www.refugeelawyersgroup.ca/billc-31



# Ontario's New Housing Services Act

The Housing Services Act, 2011, which took effect on January 1, 2012, replaced the Social Housing Reform Act (SHRA). The Housing Services Act (HSA) deals with "social housing" and includes rent-geared-to-income (RGI) housing (sometimes called "subsidized housing").

There are two significant changes in the HSA for RGI tenants. First, the minimum time limit for a household to report an income change or other change that might affect their RGI has increased from 10 to 30 days. Second, a local review process must be established for tenants who disagree with RGI-related decisions, and the review process must meet certain standards. The HSA removed the previous SHRA requirement that tenants be given an "opportunity to comment" about proposed RGI decisions.

The HSA also includes some changes to how local waiting lists for RGI housing are handled.

The government has promised to simplify the income reporting rules for RGI households and to limit household income reporting requirements to once a year based on the household's income tax returns, but the new HSA does not contain either of these improvements.

The HSA gives local municipalities and housing agencies greater flexibility in providing social housing. It includes the Ontario government's interest in developing a system of housing and homelessness services throughout the province. Municipalities will be responsible for creating and implementing housing and homelessness plans to address local housing issues.

If you are living with HIV and have questions, please contact us.

## **Special Diet Allowance Update**

As we reported in our *HALCO news Fall 2011*, there were major changes to the Special Diet Allowance program (SDA) under Ontario Works (OW) and the Ontario Disability Support Program (ODSP).

As a result of the changes, numerous people living with HIV who are receiving OW or ODSP have seen their SDA reduced or eliminated. The new program does not provide any SDA for conditions which can cause weight loss, including HIV, unless the recipient has experienced "unintended weight loss" of more than 5% of usual body weight due to their medical condition (HIV).

We believe that anyone living with HIV should be eligible for a SDA whether they have experienced weight loss due to their HIV or not. We have been pursuing this issue by filing Internal Reviews with ODSP and Appeals at the Social Benefits Tribunal (SBT). We have filed approximately 70 Internal Reviews and 34 Appeals so far.

Some of the Internal Reviews and Appeals were resolved when clients were able to get new SDA application forms filled out that more accurately reflected their weight loss. We still have approximately 30 active Appeals at the Social Benefits Tribunal.

We are also currently considering making applications to the Human Rights Tribunal of Ontario (HRTO) for some of the clients we are assisting.

The added benefit of going to the HRTO is that any order to change the SDA program would apply to all recipients whether they have filed Appeals at the SBT or not. We expect that there are numerous ODSP recipients who have no idea they can challenge the decision to reduce or eliminate their SDA. These people will also benefit from any changes to the program ordered by the HRTO or agreed to by the Ministry.

We continue to advise and assist clients whose Special Diet Allowances have been reduced or eliminated, even if the decision was made months ago.

If your Special Diet Allowance has been reduced or denied, or if you disagree with any ODSP decision, you have the right to request an Internal Review within 30 days. Even if it has been more than 30 days, you can ask for an extension of time to make your Internal Review request. You should get legal advice as soon as possible.



If you are living with HIV, please call HALCO for advice (see page 16 for HALCO contact information). If you are not living with HIV, you can contact your local community legal clinic: www.legalaid.on.ca/en/contact/contact.asp?type=cl

### **Ontario's Social Assistance Review**

As we reported in our *HALCO news Spring 2011*, the Ontario government began a major review of Ontario's social assistance system in January 2011. The Commission for the Review of Social Assistance was established by the government to carry out the review. The Commission's final report, which is due in June 2012, is expected to contain specific recommendations and an action plan for reforming Ontario's social assistance system.

Ontario's social assistance programs include Ontario Works (OW) and the Ontario Disability Support Program (ODSP). The Commission website describes OW and ODSP as follows:

Ontario Works is intended to provide financial and employment assistance to help people in temporary financial need find sustainable employment and achieve self-reliance.

ODSP is intended to help people with disabilities live as independently as possible and to reduce or eliminate disability-related barriers to employment.

The two Social Assistance Review Commissioners, **Frances Lankin** and **Munir Sheikh**, have met with people across Ontario to consult about the issues in the Commission's *A Discussion Paper: Issues and Ideas*. The Commission has also received many written submissions.

In February 2012, the Commission released it's *Discussion Paper 2: Approaches for Reform* as well as a background paper called *What We Heard: A Summary of Discussion on Social Assistance*. The Commission's papers and more information about the review are on the Commission website: www.socialassistancereview.ca

The Income Security Advocacy Centre (ISAC) is a legal clinic that specializes in income security research, policy, test cases, etc. and has its own website about the Social Assistance Review: <a href="http://sareview.ca/">http://sareview.ca/</a>

You can find more information about OW and ODSP on our HALCO website: www.halco.org/areas-of-law/income-security

## Registered Disability Savings Plans (RDSPs)

**Registered Disability Savings Plans (RDSPs)** were introduced by the Government of Canada in 2008. RDSPs are long-term savings plans for people with disabilities in Canada, including children. The RDSP "beneficiary" is the person with the disability who will benefit from the RDSP.

To be the "beneficiary" of an RDSP, you must:

- be under 60 years of age at the end of the calendar year that you open your RDSP
- be eligible for the Disability Tax Credit (DTC)
- have a valid Social Insurance Number, and
- live in Canada.

The Disability Tax Credit (DTC) is an income tax credit for people who meet the definition of disability under Canada's income tax laws. You must apply for the DTC and be found eligible for the DTC to be eligible for your RDSP.

The RDSP "plan holder" is the person who sets up and manages the RDSP. The plan holder may be the beneficiary or may be another person, for example the parent of the beneficiary.

Anyone can make contributions to your RDSP with the written permission of your RDSP plan holder. The lifetime maximum for contributions to your RDSP is \$200,000.00. RDSP contributions are not tax deductible.

RDSPs do not affect your eligibility for government benefit programs including:

- Ontario Disability Support Program (ODSP) and Ontario Works (OW),
- Ontario Rent-Geared-to-Income (RGI) housing assistance, and
- Government of Canada benefits, including the Child Tax Benefit.

But, you have a legal obligation to inform ODSP/OW and your RGI housing provider if you or anyone in your benefit unit starts an RDSP or has an RDSP.

#### What are RDSP Bonds and Grants?

The Government of Canada can provide bonds and grants to RDSP beneficiaries who are under 50 years of age (up to the calendar year that you turn 49 years of age). It may be possible to "carry forward" to "catch up" on RDSP bonds, grants and contributions for past years, but you must apply by the end of the calendar year in which you turn 49 years of age.

The Government of Canada RDSP "bond" is a government payment of up to \$1,000.00 per year from the government for RDSP beneficiaries who are under 50 years of age and who have a modest family income. You do not have to make any contributions to your RDSP to be eligible for the RDSP bond. The amount of the bond depends on your family income. The lifetime maximum that you can receive in government RDSP bonds is \$20,000.00.



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#### Registered Disability Savings Plans (continued from page 12)

The Government of Canada RDSP "grant" is a government payment that matches your annual contributions to your RDSP at \$3.00, \$2.00 or \$1.00 for each \$1.00 of contributions. You can only receive the RDSP grant up until the calendar year that you turn 49 years of age. The amount of the matching grant depends on your family income. The grant is up to \$3,500.00 per year, with a lifetime maximum of \$70,000.00.

If your RDSP includes government grants and bonds, all of the money must remain in your RDSP for at least 10 years after the most recent bond/grant payment. If you take money out before the 10 years have passed, the grants and bonds received in the last 10 years will have to be paid back. There is an exception to the 10 year bond/grant repayment rule if a medical doctor certifies that you have five or less years to live.

#### Is there tax on RDSPs?

RDSPs are partly "tax-deferred" savings plans. You only have to pay tax on any government bonds/grants and any interest/income earned by your RDSP, and only when you take money out of your RDSP. The tax will be at your tax rate for the year that you take the money out. The money that you contribute to your RDSP would have already been taxed before you contributed the money to your RDSP so it is not taxed when you take money out.

Many financial institutions, like banks and credit unions, offer RDSPs. You choose the financial institution for your RDSP, and it is important to be careful in choosing. Some financial institutions may charge fees. Also, there are different types of options and investments.

The rules about RDSPs are complicated, so it is a good idea to get legal advice. If you are living with HIV and have questions about RDSPs, please call us for advice.



#### **Links to RDSP Information:**

Here is a link to RDSP information on the Government of Canada website:

www.disabilitysavings.gc.ca

Here is a link to Disability Tax Credit/Disability Amount information on the Canada Revenue Agency website:

www.cra-arc.gc.ca/disability/

Please remember to keep copies of any applications or information that you submit to the Canada Revenue Agency or any other program.

## **HALCO** at Corrections Canada Health Fairs

The Public Health Department of Correctional Service Canada held their annual health fairs at federal correctional institutions in December of 2011, to coincide with World AIDS Day.

**Kevin Wong**, one of HALCO's staff lawyers, attended the fairs on behalf of HALCO and was the only legal clinic representative at the health fairs. Representatives of a number of AIDS service organizations also attended to raise awareness about HIV and the variety of health-related services offered for prisoners.

There were 12 health fair stops in total, at each of the federal corrections facilities, beginning on December 5 and continuing to December 14, 2011. Kevin spoke to staff and prisoners at each stop, and talked about issues such as:

- HALCO and our services
- what legal clinics are and the services they offer, and
- specific issues around HIV, the law and incarceration.

A common referral Kevin gave was to the Correctional Law Project, which is a specialty student legal clinic operating out of Queen's Law school. The Correctional Law Project assists prisoners with inmate appeals, involuntary segregation, involuntary transfers, and other prison-specific issues.

Through Kevin's participation at the health fairs, HALCO was able to make contact with prisoners living with HIV who otherwise might not have been aware of HALCO's services. Also, Kevin disseminated legal information and referrals to other prisoners and staff. In all, Kevin spoke to approximately 635 prisoners who stopped by the HALCO booth.

## **HALCO's Public Legal Education Workshops**

The fifth in our series of free Pubic Legal Education Workshops is taking place in March and April 2012, and, we are starting to plan a sixth series for April and May 2012!

Please visit the **Public Legal Education** section of our website for more information about our workshops: www.halco.org/our-services/public-legal-education

As always, our staff continue to provide legal education workshops for groups and organizations at a variety of events and conferences around the province. Our workshop legal topics include:

- Criminalization of HIV Non-Disclosure HIV & Private Insurance
- HIV Legal Issues Overview
- HIV & Privacy Law
- HIV & Immigration Law
- HIV & Employment Law

- Government Sources of Income
- Ontario Disability Support Program
- Powers of Attorney & Advance Care Planning
- Introduction to Tenancy Law

Please contact us if you would like to request a workshop or our participation in an event.



#### HALCO's 'new' website

As we reported in our *HALCO news Fall 2011*, we launched our new HALCO website in September 2011:

www.halco.org

Our website includes a **What's New** sidebar to keep you up-to-date on current issues, announcements, events, and more.

You can use our new website to apply to become a member of HALCO or to renew your HALCO membership: www.halco.org/getinvolved/membership

The response to our new website has been overwhelmingly positive, and, it is getting a lot of "traffic".

If you have any questions about our website, please contact us!

## CLEO's new 'Your Legal Rights' Website

In November 2011, Community Legal Education Ontario (CLEO) launched its new **Your Legal Rights** website.

Your Legal Rights is a new online source of legal information for people across Ontario. Your Legal Rights is the new face of CLEONet, CLEO's legal information portal.

New features include Common Questions to help direct people to the information they need, and an interactive map of key legal and social services throughout the province. The legal resources, news and events, and training webinars for community workers, which had been part of CLEONet, are now available on **Your Legal Rights**. In addition, you can sign up for Email notifications.

The Your Legal Rights website is: www.yourlegalrights.on.ca



#### **HIV & AIDS Legal Clinic Ontario**

Telephone: 416-340-7790 / 1-888-705-8889

65 Wellesley Street East, Suite 400

Toronto, Ontario Canada website: www.halco.org

# HALCO provides free legal services for people living with or affected by HIV/AIDS in Ontario.

We provide intake for new inquiries on Monday, Tuesday, Thursday and Friday from 9 a.m. to 5 p.m. (not Wednesdays). A HALCO caseworker is assigned to deal with all new inquiries each intake day.

**HALCO** is a "scent-reduced environment" so please avoid wearing scented products when coming to our offices. Help us to make HALCO more comfortable for everyone!

HALCO is a registered charity funded by Legal Aid Ontario, the AIDS Bureau of the Ministry of Health and Long-Term Care, and other sources including corporate, foundation and individual donors.

We welcome **donations** and tax receipts are issued for donations of \$20 or more. If you would like to make a donation to support the work we do, you can call us at 1-888-705-8889 or you can make an on-line donation through **CanadaHelps**:

www.halco.org/get-involved/donate

HALCO news contains general information only and is not legal advice.

Laws, policies and practices can and often do change.

If you have a legal question or problem, please contact HALCO, your local legal clinic or a lawyer for advice.

HALCO news is published by the HIV & AIDS Legal Clinic Ontario (HALCO) and is distributed free to our members, interested individuals, agencies and organizations.

Please contact HALCO if you want to reproduce or excerpt any part of HALCO news.

The views expressed in HALCO news may not reflect those of HALCO Board and/or staff.

(HALCO - 2012 February)

HIV & AIDS Legal Clinic Ontario 65 Wellesley Street East, Suite 400, Toronto, Ontario M4Y 1G7

TEL: 416.340.7790 | TOLL-FREE: 1.888.705.8889 | FAX: 416.340.7248 | www.halco.org

## HALCO Membership/Renewal Application

HALCO's primary goal is to provide free legal services to people living with HIV/AIDS in Ontario. To help us to fulfil our goal and to ensure that our services are relevant, we need the participation of people living with HIV/AIDS in Ontario, as well as those who are not living with HIV/AIDS.

Please offer your support by becoming a member of HALCO. As a member of HALCO, you have the right to participate in and vote at our General Meetings, and to stand for election to our volunteer Board of Directors. Membership takes effect when it is approved by the Board of Directors. HALCO reserves the right to deny Membership Applications/Renewals. Only members in good standing who have been members for at least 30 days before the meeting may vote at a membership meeting.

There is no fee for HALCO membership and membership is renewed annually. To become a member, you must be a resident of Ontario who is 16 years of age or older, and you must agree with our **Statement of Principles** (on page 2 of this application).

Your membership information will be used to inform you of our Annual General Meeting and to give you the opportunity to renew your membership annually. You can also choose to receive other HALCO information, including our newsletter, by checking the box below. We will only share your membership information as required by law.

I agree with the Statement of Principles of the HIV & AIDS Legal Clinic Ontario (HALCO), I am a resident of Ontario, I am 16 years of age or older, and, I am applying to: [ ] become a member of HALCO or [ ] renew my HALCO membership \_\_\_\_\_Date:\_\_\_\_ Signature: Name: (please print) Address:\_\_\_\_\_ Unit/Apartment:\_\_\_\_\_ City/Town: Postal Code: Province: Phone: May we leave phone messages for you? Yes [ ] No [ ] E-mail Address: If you would you like to be on our mailing list to receive our newsletter, etc., please choose: Mailings by: Email [ ] Mail [ ] If you are a new member, please tell us how you found out about HALCO:

Thank you for applying to be a member of HALCO!

# Statement of Principles of the HIV & AIDS Legal Clinic Ontario

Adopted January 30, 2006, by the Board of Directors of the HIV & AIDS Legal Clinic Ontario.

#### It is agreed that:

- 1. People living with HIV and AIDS are confronted with unique legal problems of enormous proportions and complexity;
- 2. Those best equipped to make choices regarding HIV and AIDS issues and problems, are those individuals who are HIV positive themselves;
- 3. People living with HIV and AIDS must have control over their own lives.
- 4. The HIV and AIDS affected communities are very diverse and are confronted by overwhelming challenges derived from both their diversity and from their common experience as people living with HIV and AIDS.
- 5. It is necessary to create and foster a climate of understanding and mutual respect for the dignity and worth of people living with HIV and AIDS; and
- 6. The confidentiality, bodily security, autonomy and privacy of people living with AIDS and HIV must be respected, which includes but is not limited to:
  - a) the right of individuals to exercise control over their own medical treatment;
  - b) the right of individuals to exercise control over decisions concerning their own socio-economic position;
  - c) the right of all persons living with HIV or AIDS to be fully informed of all process and procedures in which their interests are in any way involved; and the right of all persons living with HIV or AIDS to consent, or withhold their consent, in all matters affecting them.