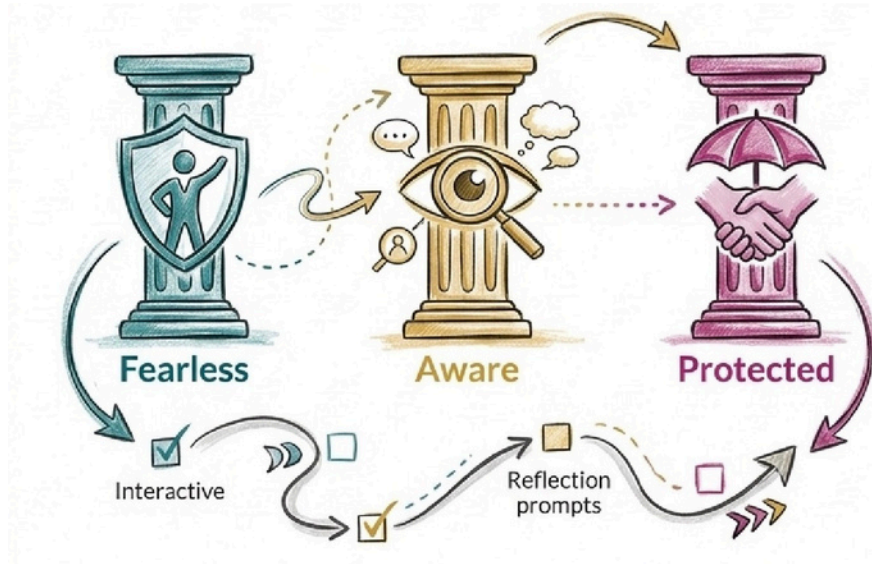




# Participant's Handouts



Stay Informed. Stay **Protected**. Stay **Fearless**.

**HANDOUT 1**

# Group Agreement

We agree to create a space that is safe, respectful, and sex-positive. By being here together, we commit to:

- Honor everyone's experience – no judgment
- Confidentiality: what's shared here stays here
- Use 'I' statements
- Step up / step back
- Assume good intent; address impact
- OK to pass on any question
- One mic at a time
- Use inclusive, non-stigmatizing language
- Phones on silent

Additional agreements our group is adding:

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# QUICK START GUIDE

Everything you need to start today

Created by Christopher Zacharie



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Consult healthcare provider for personal health decisions.  
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## 6. SIDE-NOTES

Stay Connected, Stay Informed

You don't have to do this alone – help is one call, one click, one clinic away.



### National Hotlines (U.S.)

1. CDC Info Line:  
**1-800-232-4636**
2. HIV/AIDS Hotline:  
**1-800-CDC-INFO**
3. Trevor Project (LGBTQ+ youth):  
**1-866-488-7386**



### Trusted Websites

1. CDC HIV Prevention: [cdc.gov/hiv](https://www.cdc.gov/hiv)
2. HIV.gov: [hiv.gov](https://www.hiv.gov)
3. PrEP Locator: [prepstatus.org](https://www.prepstatus.org)
4. POZ Magazine: [poz.com](https://www.poz.com)



### Apps & Tools

1. **My PrEP Daily:** Pill Reminder App
2. **Sex Positive** (University of Oregon): Interactive Guide to Sex & Safety
3. **Planned Parenthood Chat/Text:** Real-time answers to health questions



### Finding Affordable Care

1. Many health departments offer **free HIV/STI testing**.
2. **Ryan White clinics** provide services for those living with HIV.
3. **Generic PrEP** options are available through **assistance programs**.

## 7. POWER ACRONYMS

- ★ **HIV** - **H**uman **I**mmunodeficiency **V**irus
- ★ **ART** - **A**nti**R**etroviral **T**herapy
- ★ **PrEP** - **P**re-**E**xposure **P**rophylaxis
- ★ **PEP** - **P**ost-**E**xposure **P**rophylaxis (HIVs Morning After Pill)
- ★ **DOXY-PEP** - **D**oxy**C**ycline **P**ost-**E**xposure **P**rophylaxis (STIs Morning After Pill)
- ★ **U=U** - **U**ndetectable = **U**ntransmittable

## 1. KNOW YOUR OPTIONS



### Condoms & Dental Dams

Everyday barriers.  
Cheap, easy, effective.



### PrEP ★

Daily pill or shot every 2 months. Stops HIV **before** it starts.



### Doxy-PEP ★

Antibiotic after sex to prevent some STIs.



### Lube & Toys

Barriers that reduce friction, prevent tears, add fun.



### PEP ★

Emergency pills. Start within 72 hours **after** exposure.



### ART → U=U ★

Treatment that makes HIV **undetectable** and **untransmittable**.

## 2. QUICK START YOUR FEARLESS



Plan, Protect, Own it!

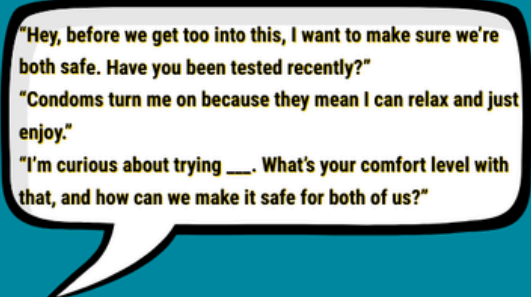
- **Medications**- Medical Shields- Pills and Shots that Protect
- **Awareness**- Know Your Status; Get Tested
- **Tools**- External/Internal Condoms, Dental Dams, Gloves, Lube, Toys
- **Communication**-Talk About IT Openly, SafER Sex Contract
- **Habits**- Self-Care & Safety First, Respect Others, Reduce Risk

## 3. EMERGENCY MOVES

- Condom broke? → Call for PEP within 72 hours. The Sooner, the Better
- Forgot a PrEP dose? → Take it as soon as you remember. Do not double dose
- Exposed to STI? → Ask about testing and Doxy-PEP.
- Need testing? → Every 3-6 months if active with multiple partners.

## 4. CONVERSATION STARTERS

You don't need perfect words. You just need your words. Here are some openers that keep the conversation natural. Say the phrases aloud for practice:



## 5. REMEMBER THIS

Remember This:

Be Prepared, Not Perfect.  
Protection IS Freedom.  
It's Your Body, Your Health,  
Your Choice, Your Power.



Use these as starting points – adapt them to your own voice and relationship style.

### Opening the Conversation:

"Before things go further, I want to talk about how we're going to take care of each other."

### Asking About Testing:

"I get tested every [X] months – my last test was [DATE]. When was yours?"

### Introducing PrEP:

"I'm on PrEP, so I'm protected against HIV – but I'd still like us to use condoms too."

### Bringing Up Barriers:

"Hold on – let me grab a condom. Give me just a second."

### Handling Resistance:

"My comfort requires a barrier. This is important to me, and I care about both of us."

### Fluid Bonding Discussion:

"I've been thinking about whether we want to change how we use barriers. Can we talk about that?"

### After a Potential Exposure:

"Something happened and I'm concerned. I need to figure out my next steps – can you help me think through this?"

## Continuum of Risk

Every activity can be placed on a risk spectrum. Context, barriers, and communication shift that risk.



LOWER RISK	MEDIUM RISK	HIGHER RISK
Kissing, mutual masturbation, outercourse, virtual sex, solo sex	Oral sex (with barrier = lower), manual stimulation with cuts/sores, anal fingering without gloves	Condomless anal or vaginal sex without PrEP or viral suppression

**Key principle: No activity is inherently 'unsafe' – layers of protection (barriers, biomedical tools, communication, testing) shift every activity toward lower risk.**

**Activity: Place the cards on the board. Add at least one harm–reduction strategy for each.**

# THE MATCH FRAMEWORK

Created by Christopher Zacharie

**PREVENTION WORKS BEST WHEN THE 'PIECES' FIT TOGETHER**

SafER sex isn't about one single choice - it's about finding the right combination that works for you. Combination Prevention is a personalized approach to sexual health. Each piece of the MATCH framework (Medications, Awareness, Tools, Communication, and Habits) connects like a puzzle, creating a plan that protects, empowers, and adapts to your life.

## FIND YOUR PERFECT



**Medications Awareness Tools Communication Habits**

<p><b>MEDICAL SHIELDS: PILLS &amp; SHOTS THAT PROTECT</b></p> <p><b>PREP-PEP-ART-DOXY PEP</b></p> <p><b>Medical Shields</b></p> <p><b>PrEP:</b> Prevents HIV before exposure.</p> <p><b>PEP:</b> Emergency prevention after exposure.</p> <p><b>ART:</b> Treatment stops transmission.</p> <p><b>Doxy-PEP:</b> Antibiotic to prevent some STIs.</p>	<p><b>KNOW YOUR #HIV STATUS</b></p> <p><b>Know Your Status &amp; Health</b></p> <p>Get tested regularly.</p> <p>Understand personal risk.</p> <p>Stay updated on new prevention methods and guidelines.</p>	<p><b>SEXUAL BARRIERS</b></p> <p><b>Use Protection to Reduce Infections</b></p> <p><b>Barriers:</b> External &amp; internal condoms, dental dams, gloves, toys, and lube.</p>	<p><b>SEX TALK</b></p> <p><b>Talking it Out</b></p> <p>Discuss sexual history openly.</p> <p>Share test results.</p> <p>Foster trust with partners.</p> <p><b>CONSENT IS</b></p> <p>ACTIVE CLEAR KNOWING ONGOING VOLUNTARY REQUIRED</p> <p><b>CONSENT FRIES</b></p>	<p><b>Holistic Health &amp; Protection</b></p> <p>Practice harm reduction- (promoting safety, respect choices, reduce risk) without judgment or shame.</p> <p>Prioritize mental &amp; physical self-care.</p>
---	---	---	---	---

**It's Your Body, Your Choices, Your Health, Your Power**

**FEARLESS, AWARE, AND PROTECTED**



## Piece By Piece

Answer the following questions to create your personal safER sex puzzle:

### 1. Medications (M)

- Am I a good candidate for PrEP? (If yes, when will I talk to my doctor?)
- Do I have a plan for getting PEP if I need it? (Which clinic or ER will I go to?)
- Am I up-to-date on my HPV and Hepatitis B vaccines?

### 2. Awareness (A)

- When was my last full STI screening? (Schedule the next one now.)
- What is my partner's status? (If unknown, what is my plan?)
- What are the signs of an STI I should be aware of?

### 3. Tools (T)

- Do I always have condoms and a condom-compatible lube accessible?
- Do I have a dental dam or a plan to make one if I need it?
- Do I have a regular routine for cleaning my sex toys?

### 4. Communication (C)

- What are three go-to phrases I can use to start a safER sex conversation?
- Do I feel comfortable asking my partner about their recent testing?
- Do I practice enthusiastic consent every time?

### 5. Habits (H)

- How often will I get tested (e.g., every 3, 6, or 12 months)?
- What is my self-care ritual after sex?
- What is one thing I will do this week to prioritize my sexual health?



# My Personal Safer Sex Plan

## The Perfect MATCH


*"Plan now, so protection feels natural later."*



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### M = Medications

Medications am I using or considering?

- PrEP for HIV prevention
- PEP for emergency HIV prevention
- Doxy-PEP for bacterial STI prevention
- ART (if living with HIV)
- Hormonal birth control
- Emergency contraception

My medication plan:

---

Barriers to accessing medications:

---

## A = Awareness

What do I need to know about my status and my partners' status?

My Testing Schedule:

- Last HIV test: \_\_\_\_\_
- Next HIV test: \_\_\_\_\_
- Last STI screening: \_\_\_\_\_
- Next STI screening: \_\_\_\_\_

My Status:

- HIV status: \_\_\_\_\_
- STI status: \_\_\_\_\_
- Last updated: \_\_\_\_\_

Partner Communication:

- I discuss status with partners before sex
- I ask about recent testing
- I disclose my own status
- I need to work on this

My awareness goals:

\_\_\_\_\_

## T = Tools

What physical tools do I use for safer sex?

Barriers I Use:

- External condoms
- Internal condoms
- Dental dams
- Gloves/finger cots

Lube I Use:

- Water-based
- Silicone-based
- I need to get lube

Toys:

- I use toys and clean them properly
- I use barriers on shared toys
- I check that toys are body-safe materials

Where I Keep My Tools:

\_\_\_\_\_

What I Need to Stock Up On:

\_\_\_\_\_

# C = Communication

How do I communicate about safer sex with partners?

My Communication Strengths:

---

My Communication Challenges:

---

Scripts I'll Practice:

---

Boundaries I Need to Set:

---

# H = Habits

What daily and weekly habits support my sexual health?

Daily Habits:

- Take PrEP at the same time every day
- Check in with my body and emotions
- Practice self-care routines

Weekly Habits:

- Restock condoms and lube
- Clean toys
- Reflect on recent sexual experiences

Monthly Habits:

- Review my safer sex plan
- Schedule testing appointments
- Check in with partners about boundaries

Every 3-6 Months:

- Get tested for HIV and STIs
- Update my safer sex plan
- Refill PrEP prescription (if applicable)

Habits I Want to Build:

---

## Commitment to Action

**"Fearless belongs to you – and it starts with one step."**

**My commitment for this WEEK:**

---

---

---

**My commitment for this MONTH:**

---

---

---

**One person I will share this with (optional):**

---

---

**I feel more fearless because:**

---

---

---

# FEARLESS FOUNDATIONS

## YOUR BODY, YOUR BOUNDARIES, YOUR BOLD PLAN.

A Companion Ritual to the Quick Start Guide & MATCH Framework

This worksheet is your space to slow down and design safety on your own terms.



Reflect. Reclaim. Reimagine what protection can feel like.

Be prepared. Be bold. Be unapologetically you.



### 1. MATCH YOURSELF

Which pieces of the puzzle are already yours?



Medications  Tools  Healthy Habits

**MATCH**

Awareness  Communication   H


Which ones feel unfamiliar, intimidating, or exciting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Circle what you've tried.
- ★ Star what you want to explore.
-  Add notes or questions.

### 2. MY PROTECTION PLAN

Design your shield of safety.

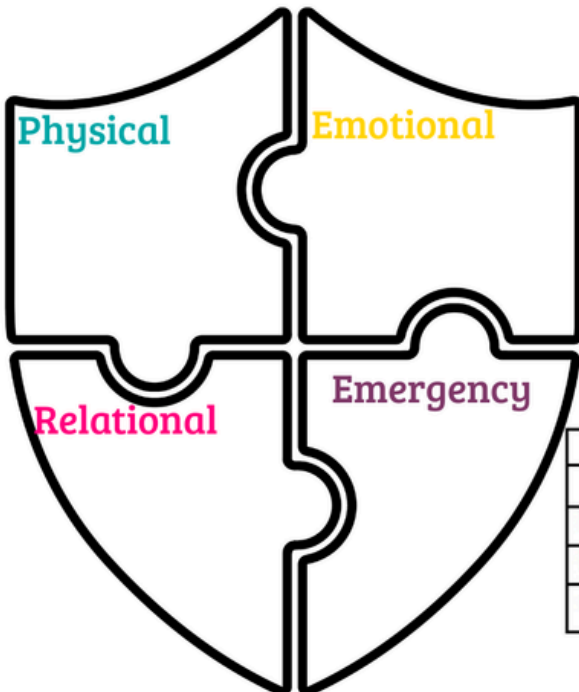






## My Strength Shield

Add one word or symbol that represents your strength or protection energy.

Use icons or minimalist line art for each quadrant.

Use reflection prompts below as your guide.



Quadrant	Focus	Reflection Prompt
 Physical	Barriers/Meds	What barriers or meds do I use or want to try?
 Emotional	Inner Safety	What helps me feel calm, safe, and confident?
 Relational	Agreements	What boundaries or agreements matter most?
 Emergency	Backup Plan	What's my plan if something goes wrong—or feels off?

### 3. CONVERSATION PRACTICE (Fill-in-the-Blanks)

Powerful words start powerful protection.



Rewrite these in your own voice—or say them out loud to practice.

“I feel most confident when \_\_\_\_\_.”

“Can we talk about \_\_\_\_\_ before we get physical?”

“I’d like us to use \_\_\_\_\_ because it helps me feel safe.”

“I’m on \_\_\_\_\_. Are you?”

“I feel most respected when \_\_\_\_\_.”

“I relax more easily when \_\_\_\_\_.”

“Before we try something new, can we talk about \_\_\_\_\_?”

“When I say No, please \_\_\_\_\_.”

### 4. POWER STATEMENTS

Write your truth. Claim your power.



Positive affirmations are present-tense, empowering statements that are used to challenge negative or unhelpful thoughts, build self-confidence, and cultivate a positive mindset. By regularly repeating these statements, the goal is to reframe self-talk and gradually embed new beliefs into the subconscious mind to help make those positive outcomes a reality.

“I **protect myself** because I’m worth it.”

“**FEARLESS DOESN’T MEAN CARELESS.**”

“**MY BOUNDARIES ARE SACRED.**”

“I’m not afraid to ask for what I need.”

“**SAFETY IS SEXY!**”

“I AM FEARLESS AND PROTECTED.”



### MY POWER STATEMENT

Write your own affirmation below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5. REFLECTION & RITUAL

Your next bold move.



What does being fearless mean to me?

\_\_\_\_\_

\_\_\_\_\_

What’s one small action you’ll take this week to feel more protected?

\_\_\_\_\_

\_\_\_\_\_

Who can you share this plan with?

\_\_\_\_\_

### Optional Rituals:

- Light a candle or play a song while completing this worksheet.
- Sign your name as a quiet declaration of commitment.
- Keep this page somewhere visible as a daily reminder of your strength.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Quick Reference: Prevention Tools

TOOL	PROTECTS AGAINST	TIMING	ACCESS
External Condom	HIV, most STIs	During sex	Pharmacy, clinic, online
Internal Condom	HIV, most STIs	Up to 8 hrs before	Pharmacy, clinic, online
Dental Dam / Glove	STIs via oral/digital	During sex	Pharmacy, clinic, DIY
PrEP (daily pill)	HIV only	Ongoing (daily)	Rx: clinic, telehealth
PrEP (injectable)	HIV only	Every 2 months	Rx: clinic
PEP	HIV only	Within 72 hours	ER, urgent care, clinic
Doxy-PEP	Chlamydia, gonorrhea, syphilis	Within 72 hours	Rx: sexual health provider
ART (U=U)	HIV transmission (for poz persons)	Ongoing daily	Rx: HIV provider
HPV Vaccine	HPV strains 6,11,16,18+	Before exposure	Provider, clinic
Hep A & B Vaccine	Hepatitis A & B	Series (2-3 doses)	Provider, clinic
Mpox Vaccine	Mpox	2 doses	Provider, clinic, health dept
Regular STI Testing	Awareness & early treatment	Per risk level	Clinic, home test kit

**SaFER sex:** Risk reduction approach using layered strategies without demanding abstinence

**Combination prevention:** Using multiple strategies simultaneously for stronger protection

**PrEP:** Pre-Exposure Prophylaxis – daily medication preventing HIV in HIV-negative people

**PEP:** Post-Exposure Prophylaxis – 28-day emergency course after potential HIV exposure

**Doxy-PEP:** Doxycycline PEP – antibiotic taken after potential bacterial STI exposure

**ART:** Antiretroviral Therapy – medication suppressing HIV to undetectable levels

**U=U:** Undetectable = Untransmittable – zero HIV transmission risk when undetectable

**Dental dam:** Latex/polyurethane sheet for oral-vaginal or oral-anal contact

**Fluid bonding:** Conscious mutual decision to stop using barriers with a specific partner

**Harm reduction:** Meeting people where they are to reduce – not eliminate – risk

**MATCH:** Medications, Awareness, Tools, Communication, Habits – personal plan framework

**Status-neutral:** Language/approach not assuming or requiring disclosure of HIV/STI status

**Consent:** Active, ongoing, enthusiastic, and revocable agreement to sexual activity

**NATIONAL RESOURCES**

**HIV Testing Locator:** [gettested.cdc.gov](https://gettested.cdc.gov)

**PrEP Locator:** [preplocator.org](https://preplocator.org) | [getyourprep.com](https://getyourprep.com)

**PrEP/PEP Hotline:** 1-888-448-4911 (24/7)

**CDC STI Info:** [cdc.gov/std](https://cdc.gov/std)

**CDC HIV:** [cdc.gov/hiv](https://cdc.gov/hiv)

**U=U Campaign:** [preventionaccess.org](https://preventionaccess.org)

**Planned Parenthood:** [plannedparenthood.org](https://plannedparenthood.org) | 1-800-230-PLAN

**HIV.gov:** [hiv.gov](https://hiv.gov)

**Home Testing:** [mylabbox.com](https://mylabbox.com) | [everlywell.com](https://everlywell.com)

**HOUSTON LOCAL RESOURCES**

**Legacy Community Health:** [legacycommunityhealth.org](https://legacycommunityhealth.org) | 713-830-3000

**Avenue 360 Health & Wellness:** [avenue360.org](https://avenue360.org) | 713-524-4567

**Montrose Center:** [montrosecenter.org](https://montrosecenter.org) | 713-529-0037

**Houston Health Dept – STD/HIV Prevention:** [houstontx.gov/health](https://houstontx.gov/health) | 713-794-9320

**UTHealth Houston HIV Clinic:** [uth.edu/hiv](https://uth.edu/hiv) | 713-500-6750

**HARNESS EDUCATORS HUB**

**All HARNESS materials:** [www.theharnessproject.org/educators-hub](https://www.theharnessproject.org/educators-hub)

**Facilitator Guide, Workbook, Slides:** [www.theharnessproject.org/educators-hub](https://www.theharnessproject.org/educators-hub)

**Contact / Updates:** [email@theharnessproject.com](mailto:email@theharnessproject.com)

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# SEXUAL HEALTH RESOURCES

A comprehensive resource guide from the HARNESS Project. You don't have to do this alone.



## NATIONAL HOTLINES



**CDC Info Line**  
**1-800-232-4636**



**HIV/AIDS Hotline**  
**1-800-CDC-INFO**



**Trevor Project  
(LGBTQ+ Support)**  
**1-866-488-7386**



## TRUSTED WEBSITES



**cdc.gov/hiv**   
(Centers for Disease  
Control and Prevention)



**hiv.gov**   
(Federal Resources)



**prepstatus.org**   
(PrEP Information)



**poz.com**   
(HIV/AIDS Community)



## APPS & TOOLS



**My PrEP Daily**  
(PrEP Adherence &  
Management)



**The HARNESS App**  
(Local Resources &  
Information)



**Download these apps**  
**for daily support and**  
**access to information**  
**on sexual health and**  
**PrEP.**



## FINDING CARE



**Health Department Locations**  
(Testing & Services)



**Ryan White Clinics**  
(Comprehensive HIV Care)



**Generic PrEP Programs**  
(Affordable Access)

**Locate nearby clinics, testing sites,**  
**and affordable care options to**  
**manage your sexual health.**








**YOU DON'T HAVE TO DO THIS ALONE.**  
**Access confidential support and professional care.**  
**We are here for you.**



# PARTNER COMMUNICATION AGREEMENT

A supportive framework for open and honest dialogue.

## We agree to discuss

- STI Status**  
(Current infections, exposure) 
- Testing History**  
(Date of last test, frequency) 
- Contraception Preferences**  
(Methods, effectiveness, comfort) 
- Safer Sex Methods**  
(Barriers, PrEP, PEP, risk reduction) 
- Boundaries**  
(Physical, emotional, sexual limits & desires) 

## Communication commitments

- ✓ **Honest Disclosure:** We commit to sharing relevant health information truthfully and promptly.
- ✓ **Regular Check-ins:** We agree to have ongoing conversations to review and update our agreement as needed.
- ♥ **Respect for Boundaries:** We promise to honor each other's stated limits without pressure or judgment.
- ✓ **Active Listening:** We will listen to each other's concerns and feelings with open minds.
- ♥ **No Blame Culture:** We approach discussions with understanding and a focus on mutual health and pleasure.

By signing this agreement, we commit to building a foundation of trust and mutual respect for our shared well-being.

### PARTNER 1:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PARTNER 2:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# BOUNDARY SETTING WORKSHEET



This worksheet is designed to help you explore and define your boundaries in a supportive, non-judgmental space. Your comfort and consent are paramount.

## MY SEXUAL HEALTH BOUNDARIES

Check all that apply to define your personal limits.

- Use of barrier methods (condoms, dental dams, etc.)
- Regular STI testing & sharing results
- Discussion of sexual history before intimacy
- Limiting number of partners
- Specific sexual activities I am comfortable with (list below if needed)
- Specific sexual activities I am NOT comfortable with (list below if needed)
- Privacy regarding sexual activities and partners
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Space for additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COMMUNICATION STYLE PREFERENCES

How do you prefer to discuss sensitive topics? (Select all that apply):

- In person, face-to-face
- Over video call
- Through text/messaging for initial thoughts
- In a private, quiet setting
- With time to process before responding

Reflection Prompt: What helps you feel heard and understood during a conversation about boundaries?

\_\_\_\_\_

Reflection Prompt: What communication styles make you feel uncomfortable or unheard?

\_\_\_\_\_

## CONSENT CHECK-INS

Preferred Frequency of Consent Check-ins: (Select all that apply)

- Before any new activity or change in intensity
- Regularly throughout an interaction (e.g., "Is this okay?", "Do you like this?")
- Before escalating intimacy
- At the beginning of each encounter

Preferred Methods for Consent Check-ins: (Select all that apply)

- Verbal confirmation ("Yes," "That feels good")
- Non-verbal cues (nodding, active participation, specific body language)
- A mix of verbal and non-verbal communication

Reflection Prompt: How can a partner best ensure they have your ongoing and enthusiastic consent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NON-NEGOTIABLES

Reflection Prompt: List the boundaries that are absolutely essential for your sense of safety and well-being. These are your firm limits that are not up for negotiation. Be as specific as possible.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Remember: It is okay to have firm boundaries. They are a form of self-care.

## FLEXIBLE AREAS

Reflection Prompt: List aspects of your sexual health and interactions where you are open to discussion, negotiation, or might be willing to compromise depending on the situation and partner.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Reflection Prompt: Under what conditions would you feel comfortable exploring these flexible areas?

\_\_\_\_\_  
\_\_\_\_\_

## REFLECTION NOTES

Use this space for any thoughts, feelings, or realizations that came up while completing this worksheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## SEXUAL HEALTH COMMUNICATION AGREEMENT

**PURPOSE:** A collaborative agreement to foster open dialogue and mutual respect regarding sexual health, boundaries, and safer practices between partners.

### PATIENT COORDINATION FORM

**Partner 1 Name (Legal/Preferred):**

[Fillable Text Box]

**Partner 2 Name (Legal/Preferred):**

[Fillable Text Box]

### AGREED DISCUSSION TOPICS (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> STI Testing History & Schedules              | <input type="checkbox"/> Safer Sex Practices & Protection Use           |
| <input type="checkbox"/> Contraception & Pregnancy Prevention Methods | <input type="checkbox"/> Communication of Sexual Desires & Expectations |
| <input type="checkbox"/> Boundaries & Limits (Physical/Emotional)     | <input type="checkbox"/> Emergency Contacts & Medical Needs             |

### CONSENT & COMMITMENT STATEMENTS

- I agree to open, honest, and non-judgmental communication about sexual health with my partner.
- I understand and respect my partner's boundaries, including the right to withdraw consent at any time.
- I commit to prioritizing the health and well-being of myself and my partner through shared information and responsible actions.
- I will participate in regular check-ins regarding our sexual health communication and agreements.
- This agreement is a tool for building trust and does not replace professional medical advice.

By signing below, both partners acknowledge their commitment to these core principles and agree to uphold them in their relationship. This agreement is a living document and may be revised by mutual consent.

**Partner 1 Signature:**

[Fillable Text Box for Digital Signature]

**Partner 2 Signature:**

[Fillable Text Box for Digital Signature]

**Date:** [Fillable Date Field in MM/DD/YYYY format]



**Date:** [Fillable Date Field in MM/DD/YYYY format]

