Therapist or Counsellor Information

To be completed by the Therapist

I,_____(*the "Therapist*") am providing/propose to provide therapy or counselling to_____(*the "Patient"*), who is requesting funding under the Patient Relations Program established by the Ontario College of Pharmacists. In so doing, I hereby acknowledge:

1. I do not have any family relationship with the Patient or any other potential conflict of interest.

2. I understand that the maximum amount of funding payable to any therapist approved under this or any other application to the College is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist per patient. Unless retroactive funding is requested, payment for services provided will be available on the day the patient is determined eligible to access funding for therapy and counselling through the College's Patient Relations Program.

3. My hourly rate for this patient is $_____.

4. To my knowledge, neither OHIP nor any private insurer is required to pay for the therapy or counselling I propose to provide to the Applicant.

5. I am a regulated health professional and a licensed/registered member of:

   _____.

OR

I ceased to be a member of _____ in (date): _____.

OR

I have never been a member of a regulated health profession. I have explained to the Applicant that I am not subject to discipline or required to follow professional standards and expectations as set out by the Ontario College of Pharmacists or any other regulatory body.

6. To my knowledge, no other sources of funding for the therapy or counselling are available to the Applicant. I understand that there can be no duplicate payment for the same service and if at any time I become aware that other sources of funding become available to the Applicant, I shall notify the College.

7. I have not at any time or in any jurisdiction been found guilty of professional misconduct.

8. I have never been found liable, criminally or civilly, for an act of a sexual nature.

9. Attached is proof of my professional credentials including any registration information with a regulatory body (if applicable).

10. I undertake to keep confidential all information obtained through and related to the College's Patient Relations Program and to refrain from using that information for any purpose other than to provide therapy to the patient.

11. I understand there will be no payment for late or missed appointments. Only payment for services provided to the patient will be issued by the College.

12. I will invoice the College directly for reimbursement of the therapy and counselling services I provide to the patient and that I will issue invoices by email in confidence to patientrelations@ocpinfo.com.

_____ _____

Date *Signature of the Therapist*

Name of Therapist (please print): _____

Address: _____

City:_____Province:_____Postal Code: _____

Telephone:_____ e-mail: _____

Funding for Therapy and Counselling: **Form B, Part II - To be completed by the Applicant**

1. I do not have any family relationship with the Therapist or any other potential conflict of interest.

2. I understand that if I choose a therapist or a counsellor who is not a regulated health professional, the therapist is not subject to professional discipline by the Ontario College of Pharmacists or any other regulatory body.

3. I understand that the funding shall be paid to the Therapist, and that it shall be used to pay for therapy or counselling related to the report/complaint made to the Ontario College of Pharmacists.

4. I have read and understood Part I of this form completed by the Therapist including the summary of his/her training and experience.

5. I understand there will be no payment made to the therapist for late or missed appointments.

6. I will advise the College if I change therapist or counsellor, and acknowledge that new documentation for the Patient Relations Program will need to be completed by me and my new therapist/counsellor.

_____ _____

Date *Signature of the Applicant*

For further information regarding the Funding for Therapy and Counselling provided by the Ontario College of Pharmacist through the Regulated Health Professions Act please visit:
http://www.ocpinfo.com/protecting-the-public/your-pharmacy/patient-relations-program/funding-therapy/