



Ontario College of Pharmacists  
483 Huron Street  
Toronto, ON M5R 2R4

## Reimbursement Request for past therapy/counselling

To be completed by the Applicant

Please complete this form if you have paid out-of-pocket for past eligible therapy/counselling sessions prior to requesting funding through the Patient Relations Program.

If you request reimbursement for past eligible therapy or counselling costs, the five-year funding period for this program will begin on the date you first received therapy or counselling related to the allegation of sexual abuse by a registrant made to the Ontario College of Pharmacists.

Dates of therapy: \_\_\_\_\_ to \_\_\_\_\_

Total amount requested: \$ \_\_\_\_\_

Information regarding the therapist who provided these services:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Invoices or receipts that list the therapy or counselling rates, duration and session dates must be included with this form. If unavailable, a sworn affidavit may be acceptable in place of the invoices or receipts.**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of the patient*

\_\_\_\_\_  
Name of patient (please print)

**Please submit forms to:**

[patientrelations@ocpinfo.com](mailto:patientrelations@ocpinfo.com)

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Ontario College of Pharmacists  
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**Questions?**

Please direct all questions to [patientrelations@ocpinfo.com](mailto:patientrelations@ocpinfo.com) to ensure a timely response to your inquiries regarding the Patient Relations Program. This account is secure, confidential, and monitored by dedicated staff members at the College.

[More information is on our website](#)