



Health Canada
Santé Canada

Your health and safety... our priority.

Votre santé et votre sécurité... notre priorité.

PROTECTED WHEN COMPLETED – B
First Nations and Inuit Health Branch

(Health Canada use)		
Region:	Provider #:	Date:

Mental Health Counselling Provider Agreement

Health Canada's Non-Insured Health Benefits (NIHB) Program & Indian Residential Schools Resolution Health Support Program (IRS RHSP)

This Agreement sets the terms and conditions for mental health counselling providers' eligibility criteria, responsibilities and process to submit claims to Health Canada for mental health counselling provided to clients who are eligible for NIHB or IRS RHSP services.

Health Canada will enroll mental health counselling providers registered with a legislated professional regulatory body and eligible for independent practice in the province/territory in which the service is being provided. Eligible providers include Psychologists and Social Workers, with clinical counselling orientation or mental health counsellors with education and training comparable to registered psychologists or social workers. In exceptional circumstances other providers may be accepted, on a limited basis, subject to certain conditions.

Provider Agreement for: NIHB and IRS RHSP NIHB IRS RHSP

Business Information			
Name of Company, Organization or Sole Proprietor:			
Provider Address (Number and Street Name):			
City:	Province/Territory:	Postal Code:	Phone Number: Extension
Email:			Fax Number:
Please list other office and/or locations where you may be able to provide services (provide full address):			
1.			
2.			
3.			
Preferred means of communication: Mail Fax E-mail		Business Number/T2 Corp Number (Direct Deposit forms must be completed to ensure payment):	

Preferred language of communication: English French	Language in which you are able to provide the service: English French Indigenous language, please specify:
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At times, Health Canada may enter into service contracts with mental health counselling providers for the purpose of providing on-site clinics in First Nations or Inuit communities in accordance with prevailing fee schedules, travel reimbursement rates and policies. Would you be interested in being considered for such an arrangement? If you check this box, you may be contacted to discuss this further.

Professional Information

Attach evidence of current registration with regulatory body and copy of Resume/CV. Each counsellor providing services to Health Canada clients must provide this information and attach additional pages if necessary.

Education:

Bachelor's Master's Doctorate
 Psychology Social Work Other Counsellors (Please specify):

Please note that your professional registration must permit independent clinical practice.

Your Name:

Name of Regulatory Body:

Your Registration Number:

Professional Liability Insurance – Please attach a copy of your current Professional Liability Insurance (liability insurance must meet regulatory body requirements, with a minimum of \$2 million annually).

Criminal Records Check

I have submitted a criminal record check to my regulatory body as part of my professional registration: YES NO
 Where your regulatory body does not require a criminal record check, Health Canada may request its submission.

Current Mental Health Counselling Work Commitments – Please attach details of other federal, provincial, territorial and community-based mental health programs with which you currently have a financial relationship, including any in-kind arrangements.

ADDITIONAL INFORMATION (if applicable)

Please note that this information may be shared with clients or communities on request

Cultural Competency and Experience with First Nations and Inuit The reality of intergenerational mental health and cultural trauma suffered by First Nations and Inuit has led to a significant need for cultural safety amongst members of these communities. Therefore, many First Nations and Inuit may seek options for counselling that is provided in a culturally competent manner in order to achieve mental wellness.

Please attach a page providing any previous experience you have working with First Nations and/or Inuit individuals or communities, and with cultural competency, including reference letters from First Nations and Inuit organizations and training in this area. You may be asked to provide additional evidence in support.

Areas of Expertise

Crisis Intervention	Abuse: Sexual, Physical, Emotional	Grief
Loss	Trauma Informed Care	Self-Harm or Self Injury
Panic Attacks	Addiction	Violence: Witnessing
Anxiety	Depression	Traumatic Loss
Indian Residential Schools	Stress	Telehealth
Self-Esteem/Confidence	Childhood Abuse/Trauma	Other:

Terms and Conditions

1. I understand that this Provider Agreement is for the submission and payment of claims for NIHB and IRS RHSP services. I am neither a contractor nor a service provider of Health Canada. I shall not represent myself as an agent or representative of Health Canada in respect of any counselling services provided to Health Canada clients.
2. I shall adhere to the terms and conditions in the Guide to Mental Health Counselling Services NIHB Program and IRS RHSP, as updated from time to time and posted on Health Canada's website, when providing services to Health Canada clients and submitting claims to Health Canada.
3. In cases when a NIHB/IRS RHSP client has alternate health coverage (provincial/territorial mental health system or private plan), I will not seek prior approval or submit a claim to NIHB for any services until the NIHB/IRS RHSP client has been redirected to the other counselling service or program or my claim for services has been submitted to the other health coverage.
4. I confirm that NIHB or IRS RHSP counselling services shall only be provided by professionals registered with a provincial or territorial legislated college of psychology, social work or mental health counselling, and in exceptional circumstances, by other professionals who are enrolled by Health Canada.
5. I agree to provide all services in compliance with the applicable laws and regulations including the possession of all required licenses, certificates, permits, clinical record keeping and liability insurance necessary for the lawful provision of mental health counselling services.
6. I confirm that my information in this Agreement, including any attachments, is accurate, complete and up-to-date and that Health Canada may validate my professional license with the applicable regulatory body at any time. I will immediately notify Health Canada if my professional license is suspended or terminated.
7. I agree to provide Health Canada with any requested supporting documentation for the purpose of auditing or reviewing my claims submitted to Health Canada to ensure compliance with the terms and conditions of the applicable Program. I will cooperate with Health Canada in any such audit or review and will provide information or documents as required in accordance with applicable laws, regulations and professional standards.
8. I understand that Health Canada will require payment of any claim amounts determined by Health Canada to have been inappropriately paid in accordance with the terms and conditions of the applicable Program and that Health Canada may offset such amounts from other amounts owing to me or take action to enforce such payment.
9. I understand that this Agreement will be terminated immediately if there are concerns that I have submitted fraudulent claims or engaged in professional misconduct or incompetent practice. In such cases, Health Canada will notify the appropriate police authority and/or professional regulatory body.
10. I understand that I or Health Canada may terminate this Agreement at any time without cause by providing 45 days written notice to terminate.

Name of Provider (please print):		Provider Signature (<i>NO STAMPS</i>):	
Title or Position:	Phone Number:	Date (YYYY/MM/DD):	
	Extension:		

Please complete this provider agreement in its entirety, include a copy of your resume and additional information in attachments, and return it to the Health Canada regional office serving your region. Incomplete or unsigned forms will be returned unprocessed.

Privacy Notice:

The personal information you provide to Health Canada is governed in accordance with the *Privacy Act*. We only collect the information needed to administer the NIHB Program and IRS RHSP. Collection of information for this purpose is authorized under the *Department of Health Act*. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the *Privacy Act*. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. Personal Information Banks (PIB) for IRS RHSP and the NIHB Program are in development. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information, please contact Health Canada / Public Health Agency of Canada's ATIP Coordinator at 613-954-9165 or by email at atip-airpr@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

NIHB Regional Offices	IRS RHSP Regional Offices
<p>Atlantic Region (PEI, NS, NB, NL) Non-Insured Health Benefits Health Canada 1505 Barrington Street, Suite 1525 Halifax, NS, B3J 3Y6 Telephone (toll-free): 1-800-565-3294 Fax (toll-free): 1-866-963-7700</p>	<p>Atlantic Region (PEI, NS, NB, NL) Indian Residential Schools – Resolution Health Support Program Health Canada 1505 Barrington Street, Suite 1525 Halifax, NS, B3J 3Y6 Telephone (toll-free): 1-866-414-8111 Fax: 902-426-6158</p>
<p>Quebec Region Non-Insured Health Benefits Health Canada 202- 200 René-Lévesque Boulevard W, East Tower Montreal, QC, H2Z 1X4 Telephone (toll-free): 1-877-483-1575 Fax (toll-free): 1-855-244-4470</p>	<p>Quebec Region Indian Residential Schools – Resolution Health Support Health Canada 200 René-Lévesque Boulevard W, East Tower, 2nd Floor Montreal, QC H2Z 1X4 Telephone (toll-free): 1-877-583-2965 Fax: 514-283-8067</p>
<p>Ontario Region Non-Insured Health Benefits Health Canada 2720 Riverside Drive, AL 6604E Ottawa, ON, K1A 0K9 Telephone (toll-free): 1-800-881-3921 Fax: 1-800-806-6662</p>	<p>Ontario Region Indian Residential Schools – Resolution Health Support Program Health Canada 2720 Riverside Drive, 4th Floor, AL 6604D Ottawa, ON, K1A 0K9 Telephone (toll-free): 1-888-301-6426 Fax: 1-877-430-3306</p>
<p>Manitoba Region Non-Insured Health Benefits Health Canada 391 York Avenue, Suite 300 Winnipeg, MB, R3C 4W1 Telephone (toll-free): 1-800-665-8507 Fax: 204-983-2160</p>	<p>Manitoba Region Indian Residential Schools – Resolution Health Support Program Health Canada 391 York Avenue, Suite 300 Winnipeg, MB, R3C 4W1 Telephone (toll-free): 1-866-818-3505 Fax: 204-983-5740</p>
<p>Saskatchewan Region Non-Insured Health Benefits Health Canada 1st Floor, South Broad Plaza 2045 Broad Street Regina, Saskatchewan S4P 3T7 Telephone (toll-free): 1-866-885-3933 Fax: 306-780-3878</p>	<p>Saskatchewan Region Indian Residential Schools – Resolution Health Support Program Health Canada 2045 Broad Street, 5th Floor Regina, SK, S4P 3T7 Telephone (toll-free): 1-866-250-1529 Fax: 306-780-5965</p>
<p>Alberta Region Non-Insured Health Benefits Health Canada 9700 Jasper Avenue, Suite 730 Edmonton, AB, T5J 4C3 Telephone (toll-free): 1-800-232-7301 Fax: (780) 420-1219</p>	<p>Alberta Region Indian Residential Schools – Resolution Health Support Program Health Canada 9700 Jasper Avenue, Suite 730 Edmonton, AB, T5J 4C3 Telephone (toll-free): 1-888-495-6588 Fax: 780-495-3184</p>
<p>Northern Region (YT) Non-Insured Health Benefits Health Canada 300 Main Street, Suite 100 Whitehorse, YT, Y1A 2B5 Telephone (toll free) 1-866-362-6717 Fax: 1-867-667-3999</p>	<p>Northern Region (YT, NT, NU) Indian Residential Schools – Resolution Health Support Program Health Canada 300 Main Street, Suite 100 Whitehorse, YT, Y1A 2B5 Telephone (toll-free): 1-800-464-8106 Fax: 867-667-3999</p>
	<p>First Nations Health Authority Federal Building 757 West Hastings Street, Suite 540 Vancouver, BC, V6C 3E6 Toll Free: 1-877-477-0775</p>