



**Health Canada  
Mental Health Counselling Appointment Confirmation Sheet**

Program Billed: Indian Residential Schools - Resolution Health Support Program (IRS RHSP)  
Non-Insured Health Benefits (NIHB) - Mental Health Counselling (MHC)

**Please complete one form per client for sessions attended.**

Client Information				Provider Information	
Name:				Name:	
Parent or Legal Guardian Name (if applicable):				Provider Number:	
IRS RHSP Eligibility – IRSAS Verification Number: (To be filled by Health Canada Regional Office)				Prior Approval #:	
				Invoice Number:	
				Phone Number:	
				Email:	
Date of Service (YYYY/MM/DD)	Start Time / End Time HH:MM	Number of Hours Used	Modality of Session (check one)	Client or Guardian Signature: I acknowledge receiving counselling services indicated below	
	From:		Face-to-Face	Signature:	
	To:		Telehealth	Print Name:	
				Date:	
	From:		Face-to-Face	Signature:	
	To:		Telehealth	Print Name:	
				Date:	
	From:		Face-to-Face	Signature:	
	To:		Telehealth	Print Name:	
				Date:	
	From:		Face-to-Face	Signature:	
	To:		Telehealth	Print Name:	
				Date:	

**Please note that Health Canada reserves the right to request additional information if necessary to confirm the attendance.**

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

**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](http://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-aiprp@hc-sc.gc.ca](mailto:atip-aiprp@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.