



(ISC Use Only)		
Region	Provider No	Date

## MENTAL HEALTH COUNSELLING PROVIDER AGREEMENT

### Privacy Act Statement

The personal information you provide to ISC 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 by statute. 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). 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 ISC's ATIP Coordinator. Contact information can be found at [www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-ajprp/coord-eng.asp](http://www.tbs-sct.gc.ca/hgw-cgf/oversight-surveillance/atip-ajprp/coord-eng.asp). 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.

- ▶ This is an Agreement ("Provider Agreement") between Her Majesty the Queen in right of Canada as represented by the Minister of Indigenous Services ("Indigenous Services Canada" or "ISC") and the mental health counselling provider named below ("Provider") that sets terms and conditions for the Providers' eligibility criteria, responsibilities and process to submit claims to ISC for mental health counselling provided to clients who are eligible for NIHB or IRS RHSP services.
- ▶ Mental health counselling providers registered with a regulatory body recognized by legislation ("legislated regulatory body") and eligible for independent practice in the province/territory in which the service is being provided may be enrolled as providers upon completion and submission of the information below unless otherwise advised. Eligible providers include Social Workers with clinical counselling orientation, Psychologists and other regulated mental health providers permitted to practice by legislation. 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

Business Address (Number and Street Name)

City/Town	Province/Territory	Postal Code	Telephone Number	Ext. Number	Facsimile Number
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List other offices and/or locations where services may be provided (Provide full address)

Communication by <input type="radio"/> Mail <input type="radio"/> Facsimile <input type="radio"/> Email Address	Email Address
	Business Number/T2 Corporate Number (Direct Deposit form must be completed to ensure payment.)

Language Preference <input type="radio"/> English <input type="radio"/> French	Language in which you are able to provide the service <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Indigenous    ▶ Please specify:
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**IMPORTANT:** At times, ISC may enter into service contracts with eligible 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. Select below if you wish to be considered.

I wish to be considered ► **Note:** You may be contacted to discuss further.

**Professional Information**

Professional Designation: I am registered with a legislated regulatory body as a:

- Registered Psychologist
- Registered Social Worker
- Registered Psychiatric Nurse
- Registered Psychotherapist
- Other professional counsellor recognized by a legislated regulatory body

If "Other" (Please Specify): \_\_\_\_\_

► **The use of these designations is protected by provincial or territorial legislation.**

► **Professional registration must permit independent clinical practice.**

**Education:**  Bachelor's  Masters  Doctorate

I am not registered with a legislated regulatory body. I wish to be considered as an exception provider.

Counsellor Name	Regulatory Body	Registration Number

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

**Supporting Documents**

Title	Submission Method

**Criminal Record 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, you may be requested to provide one to ISC at your own expense.

**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 your office contact information, your professional designation and your education/experience, along with the following may be shared with clients or communities for the purposes of helping find an enrolled provider.

I voluntarily self-identify as an Indigenous person.

**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 information on 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 supporting evidence.

Name of Supporting Document	Method of Submission

**Expertise Areas (Select all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Crisis Intervention       | <input type="checkbox"/> Abuse: Sexual, Physical, Emotional | <input type="checkbox"/> Grief                    |
| <input type="checkbox"/> Loss                      | <input type="checkbox"/> Trauma Informed Care               | <input type="checkbox"/> Self-Harm or Self Injury |
| <input type="checkbox"/> Panic Attacks             | <input type="checkbox"/> Addiction                          | <input type="checkbox"/> Violence: Witnessing     |
| <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Depression                         | <input type="checkbox"/> Traumatic Loss           |
| <input type="checkbox"/> Indian Residential School | <input type="checkbox"/> Stress                             | <input type="checkbox"/> Telehealth               |
| <input type="checkbox"/> Self-Esteem/Confidence    | <input type="checkbox"/> Childhood Abuse/Trauma             | <input type="checkbox"/> Other: _____             |

**Clients**

Please select the client base to which services are provided in your current practice:

- Children  
 Teenagers  
 Adults  
 Seniors  
 Families  
 Groups



**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 ISC. I shall not represent myself as an agent or representative of ISC in respect of any services provided to NIHB or IRS RHSP eligible 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 ISC’s website, when providing services to NIHB or IRS RHSP clients and submitting claims to ISC.
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 ISC.
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 ISC may validate my professional license with the applicable regulatory body at any time. I will immediately notify ISC if my professional license is suspended or terminated.
7. I agree to provide ISC with any requested supporting documentation for the purpose of auditing or reviewing my claims submitted to ISC to ensure compliance with the terms and conditions of the applicable Program. I will cooperate with ISC in any such audit or review and will provide information or documents as required in accordance with applicable laws, regulations and professional standards. I understand that ISC will require reimbursement of any claim amounts determined by ISC’s audit process to have been inappropriately paid in accordance with the terms and conditions of the applicable Program and that ISC may offset such amounts from other amounts owing to me or take action to enforce such payment.
8. 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, ISC will notify the appropriate police authority and/or professional regulatory body.
9. I understand that I or ISC may terminate this Agreement at any time without cause by providing 45 days written notice to terminate.
10. This form, when completed, signed and submitted, and subsequently accepted by ISC by way of enrollment of the Provider, will constitute a binding legal agreement between the parties, for the submission and payment of claims for mental health counselling provided to clients who are eligible for NIHB or IRS RHSP services.

**Service Provider**

Name (Please print)	Signature (No stamps)  <b>X</b>		
Title or Position	Telephone Number	Ext. Number	Date (YYYYMMDD)



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### Contact Us - Regional Offices (telephone)

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Atlantic Region (PEI, NS, NB, NL)

NIHB: 1-800-565-3294/902-426-2656

IRS RHSP: 1-866-414-8111

Saskatchewan Region

NIHB: 1-866-885-3933

IRS RHSP: 1-866-250-1529

Quebec Region

NIHB: 1-877-483-1575/514-283-2935

IRS RHSP: 1-877-583-2965

Alberta Region

NIHB: 1-800-232-7301/780-495-2694

IRS RHSP: 1-888-495-6588

Ontario Region

NIHB: 1-800-881-3921

IRS RHSP: 1-888-301-6426

Northern Region

NIHB: 1-866-362-6717

IRS RHSP: 1-800-509-1769

Manitoba Region

NIHB: 1-800-665-8507

IRS RHSP: 1-866-818-3505

British Columbia First Nations Health Authority

IRS RHSP: 1-877-477-0775

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Full contact information for the Programs can be found at the following locations. Please scroll down to the office in your region.

NIHB: <https://www.canada.ca/en/health-canada/corporate/contact-us/non-insured-health-benefits.html>

IRS RHSPS: <https://www.canada.ca/en/health-canada/corporate/contact-us/first-nations-inuit-health-regional-offices.html>