



Form B: Therapist/Counsellor Information

This Form must be completed by the Applicant and Therapist/Counsellor. This Form can be submitted with Form A or after eligibility is determined. The Patient Relations Committee of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (the "College") is responsible for determining the Applicant's eligibility for funding.

The Applicant is entitled to choose any Therapist/Counsellor, provided the Therapist/Counsellor:

1. Does not have a family relationship with the Applicant.
2. Has not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature.
3. Does not have to be a regulated health professional subject to the *Regulated Health Professions Act, 1991*. However, if the Applicant chooses a Therapist/Counsellor that is not regulated, the Therapist/Counsellor is not subject to professional discipline.

APPLICANT INFORMATION

First Name:

Last Name:

THERAPIST/COUNSELLOR INFORMATION

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Country:

Telephone:

Email:

☐ Yes ☐ No Is the Therapist/Counsellor a member of an Ontario regulated health college?
If yes, please specify the college:

DECLARATION

1. We hereby certify that the information provided by us in this Form is complete and correct to the best of our knowledge and beliefs.
2. We confirm that the Therapist/Counsellor will provide therapy or counselling to the Applicant.
3. We confirm that the Applicant does not have any family relationship or any other potential conflict of interest with the Therapist/Counsellor.
4. The Therapist/Counsellor has not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature.
5. The Applicant understands that if the Therapist/Counsellor is not a member of regulated health profession, the Therapist/Counsellor is not subject to professional discipline by any regulatory body.

6. We understand that the maximum amount of funding available to the Applicant is equivalent to the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist.
 7. We understand that invoices must be submitted to the College with Form D, and payment will be made directly to the Therapist/Counsellor.
 8. We understand that there will be no payment for late or missed appointments.
 9. We understand that any funding payments will be made directly to the Therapist/Counsellor.
 10. We understand that the funding should be used only to pay for therapy and counselling, and should not be applied directly or indirectly for any other purpose.
 11. We understand that the funding is to be reduced by the amount that OHIP or a private insurer is required to pay for therapy or counselling.
 12. We will notify the College immediately if there are changes to sources of funding. If available, please provide details of other sources of funding (e.g. name of private insurer and amount):
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13. We undertake to keep confidential all information obtained through the application for funding process. This includes, if funding is granted, the fact that funding has been granted and the reasons given by the Patient Relations Committee for granting the funding.

Applicant Signature:	Date:
Therapist/Counsellor Signature:	Date: