



First Nations and Inuit Health Branch (FNIHB)
Indian Residential Schools Resolution Health Support Program (IRS RHSP)
Missing and Murdered Indigenous Women and Girls (MMIWG)
Federal Indian Day Schools (IDS)

(ISC USE ONLY)	
Provider Number	Date

MENTAL HEALTH COUNSELLING PROVIDER AGREEMENT IRS RHSP, MMIWG and IDS

Privacy Statement

The personal information you provide to the department is governed in accordance with the [Privacy Act](https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html) (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). We only collect the information needed to administer the Indian Residential Schools Resolution Health Support Program, Missing and Murdered Indigenous Women and Girls and Federal Indian Day Schools. 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](https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520) at (https://www.aadnc-aandc.gc.ca/eng/1353081939455/1353082011520). 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 the department's Access To Information and Privacy Coordinator. [Contact information](https://www.tbs-sct.gc.ca/ap/atip-aiprp/coord-eng.asp) can be found at https://www.tbs-sct.gc.ca/ap/atip-aiprp/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 IRS RHSP, MMIWG or IDS 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: IRS RHSP MMIWG IDS

Business Information

Provider Name (counsellor)	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Business/Company Name
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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	Email Address (if applicable)	Business Number/T2 Corporate Number <small>(Direct Deposit form must be completed to ensure payment.)</small>
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Language Preference <input type="radio"/> English <input type="radio"/> French	Language in which you are able to provide the service (select all that apply) <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Indigenous ▶ 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 and 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 IRS RHSP, MMIWG or IDS eligible clients must provide this information and attach additional pages if necessary.

Supporting Documents (if applicable)

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.

Supporting Documents (if applicable)

Title	Submission Method



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.

Expertise Areas (select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Indian Residential School | <input type="checkbox"/> Indian Day Schools | <input type="checkbox"/> MMIWG |
| <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"/> Childhood Abuse/Trauma | <input type="checkbox"/> Stress | <input type="checkbox"/> Telephone/Video Conferencing |
| <input type="checkbox"/> Self-Esteem/Confidence | <input type="checkbox"/> Other: _____ | |

Clients

Select the client bases to which services are provided in your current practice:

- Children Teenagers Adults Seniors Families Groups

Contact Us - Regional Offices

Atlantic Region (PEI, NS, NB, NL)

IRS RHSP, MMIWG and IDS :
Toll Free: 1-866-414-8111
Facsimile: 1-866-963-7700

Manitoba Region

IRS RHSP, MMIWG and IDS :
Toll Free: 1-866-818-3505
Facsimile: 1-204-983-2160

Northern Region

IRS RHSP, MMIWG and IDS :
Toll Free: 1-866-509-1769
Facsimile: 1-867-667-3999

Quebec Region

IRS RHSP, MMIWG and IDS :
Toll Free: 1-877-583-2965
Facsimile: 1-514-283-8067

Saskatchewan Region

IRS RHSP, MMIWG and IDS :
Toll Free: 1-866-250-1529
Facsimile: 1-833-615-0379

British Columbia First Nations Health Authority

IRS RHSP, MMIWG and IDS :
Toll Free: 1-877-477-0775
Facsimile: 1-604-658-2833

Ontario Region

IRS RHSP, MMIWG and IDS :
Toll Free: 1-888-301-6426
Facsimile: 1-877-430-3306

Alberta Region

IRS RHSP, MMIWG and IDS :
Toll Free: 1-888-495-6588
Facsimile: 1-780-495-3184

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

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



Terms and Conditions

1. I understand that this Provider Agreement is for the submission and payment of claims for IRS RHSP, MMIWG and IDS 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 IRS RHSP, MMIWG or IDS eligible clients.
2. I shall adhere and keep myself informed of current terms and conditions in the Guide to Mental Health Counselling Services IRS RHSP, MMIWG and IDS as updated from time to time and posted on ISC's website, when providing services to IRS RHSP, MMIWG or IDS clients and submitting claims to ISC.
3. In cases when a IRS RHSP/MMIWG/IDS client has alternate health coverage (provincial/territorial mental health system or private plan), I will not seek prior approval or submit a claim for any services until the IRS RHSP/MMIWG/IDS 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 IRS RHSP, MMIWG or IDS 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 ISC may terminate this Agreement and suspend my services at any time without cause.
10. I understand that I may terminate this agreement at any time by providing written notice to terminate.
11. 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 IRS RHSP, MMIWG or IDS services.

Service Provider

Provider Name (counsellor)			Title or Position
Telephone Number	Ext. Number	Date (YYYYMMDD)	Signature (no stamps)