

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

Health Canada Mental Health Counselling Prior Approval Form

Complete this form to apply for prior approval before commencing counselling funded through either the Non-Insured Health Benefits Program (NIHB) or the Indian Residential Schools Resolution Health Support Program (IRS RHSP). Please note that the initial client assessment*(maximum of two sessions) does not require prior approval. Counselling services must be provided in accordance with the terms and conditions in the *Guide to Mental Health Counselling Services – NIHB and IRS RHSP* ("Guide") and counselling should start within two weeks following the prior approval.

**In order to be eligible for payment for services you must be currently registered as a provider under either the NIHB Program or the IRS RHSP prior to providing any services to clients. Incomplete forms will be returned unprocessed.*

This form is to request (check one):

NIHB Short-Term Crisis Intervention Mental Health Counselling Benefits

Complete Sections A, B, D & E

- Original request
- Application for extension

Indian Residential Schools Resolution Health Support Program

Complete Sections A, C, D, & E

- Original request
- Application for extension

SECTION A – Client and Provider Information (please print)

Client Information		
Name of Client:	Date of Birth (YYYY/MM/DD):	
Indian Status Number for First Nations, N Number or Health Care Plan Number for Inuit Clients:	Phone Number: Ext:	
Provider Information		
Name of Counsellor:	Business Name:	
Address:	Phone Number: Ext:	
Name of Regulatory Body:	Registration number:	
I carried out a clinical assessment of this client on: Date (YYYY/MM/DD)		
Clinical Supervisor (if applicable, see the Guide)		
Name:	Title:	
Address:	Phone Number: Ext:	Registration Number:
I have reviewed the client's file and I concur that the information contained in this form is correct and the treatment plan is appropriate for the client.		
Signature:		

SECTION B – NIHB Short-Term Crisis Intervention Mental Health Counselling Benefits

1. Is the client in significant distress and showing signs of being in a mental health crisis in accordance with the criteria in the Guide?
 YES NO
2. Is crisis counselling available for this client from any other service/program?
 YES, I will immediately refer the client to the other service NO
3. Is this the first time you have provided counselling to this client?
 YES
 NO (select) Request for an extension of counselling previously approved under the NIHB Program
 Counselling relating to another crisis under the NIHB Program on: Date _____
 Counselling relating to another mental health issue not funded by NIHB
4. Can the crisis be addressed and client transitioned to other mental health support services (if required) within 15 sessions in 20 weeks?
 YES NO, I have developed an aftercare plan to link the client to other services for longer term counselling
5. If services will be required after this counselling is completed, have you identified community-based or other local mental health and culturally competent services for referral?
 YES NO (please describe why not)

SECTION C – Indian Residential Schools Resolution Health Support Program

The client is a:
 Former Indian residential school student
 Family Member of a former Indian residential school student
 Note: If the client is a family member, please provide the full name of the former student and the date of birth.

Name of former student: _____ Date of Birth: (YYYY/MM/DD)

Indian Residential School Attended: _____

SECTION D - Proposed Counselling Sessions Schedule

A session is defined in the Guide as a one (1) hour period of counselling, ten (10) minutes of which are for preparation and fifty (50) minutes for counselling.

	Number of sessions	Frequency	Hourly Rate
Face-to-face (individual or family counselling):			
Telehealth			
Group counselling Nature of the group:			
Total number of sessions requested <ul style="list-style-type: none"> NIHB – (max 15 over 20 weeks plus 5 sessions for extension) IRS RHSP – (max 20 sessions per prior approval plus extension) 			

Planned start date (YYYY/MM/DD): _____ Planned end date (YYYY/MM/DD): _____

For the extension of NIHB counselling sessions over 15, or IRS RHSP counselling sessions over 20, a new Prior Approval Form must be submitted.

Complete for an extension of benefits covered under NIHB:

1. Please explain briefly why additional sessions are required:
 - There is a delay for the client to access provincial/territorial or community-based mental health services
 - The client's condition is not yet stabilized
 - Other – Please specify:
2. I have referred this client to provincial/territorial mental health services or community-based services on:
 - Date: (YYYY/MM/DD): _____
 - Expected start date: (YYYY/MM/DD): _____

SECTION E – Acknowledgements

Client Acknowledgment:

- I contacted (*provider name*) _____ in order to access mental health counselling;
- I have been assessed by this counsellor and he/she has discussed the details of my assessment and the recommended counselling sessions and schedule with me;
- I confirm that my information in this form is correct, and I understand that it will be shared with Health Canada's NIHB Program or IRS RHSP for program administration purposes including prior approval of counselling, claims processing and administrative audit;
- My counsellor has explained to me and I understand the terms and conditions of the benefits provided under the NIHB Program or the IRS RHSP; and
- I am aware that I can make a complaint to my counsellor's regulatory body if I have concerns.

Signature of client (or parent/guardian):	Date (YYYY/MM/DD):
If parent/guardian is signing, please print your name:	

Provider Acknowledgement:

- I have developed a treatment plan for this client in accordance with the requirements of my professional regulatory body and I have discussed the treatment plan and recommended counselling sessions with my client;
- I understand the terms and conditions of the NIHB Program or the terms and conditions for IRS RHSP;
- I have explained the terms and conditions of the NIHB Program or IRS RHSP to the client, and he/she understands them;
- I will submit claims for services to either the NIHB Program **OR** the IRS RHSP;
- I will not charge any fees to the client for services provided;
- I will only submit claims in accordance with the Guide; and
- I will co-operate with Health Canada administrative audit activity and provide any requested supporting documentation to Health Canada, if required.

Signature of Provider:	Date (YYYY/MM/DD):
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Privacy Notice:

The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information we need to administer the mental health counselling services that may be available as authorized under the Non-Insured Health Benefits (NIHB) or Indian Residential Schools Resolution Health Support Program (IRS RHSP). Purpose of collection: Client information supports determination of eligibility for mental health counselling services under either of these two programs. Provider information is used to determine if the Provider is enrolled with Health Canada and to update that enrolment. Other uses or disclosures: If applicable, client information will also be used to support requests for support with medical transportation and both client and provider information may be used to support the audit function. In limited and specific situations, this personal information may be disclosed without consent 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. A Personal Information Bank is under development for NIHB and for IRS RHSP. Your rights under the Privacy Act: 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 about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-954-9165 or privacy-vie.privee@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

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

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

Ontario Region

Non-Insured Health Benefits
Health Canada
2720 Riverside Drive, AL 6604D
Ottawa, ON, K1A 0K9
Telephone (toll-free): 1-800-881-3921
Fax: 1-800-806-6662

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

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

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

Northern Region (Yukon Office)

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

IRS RHSP Regional Offices

Atlantic Region (PEI, NS, NB, NL)

First Nations and Inuit Health Branch
Health Canada
1505 Barrington Street, Suite 1525
Halifax, NS, B3J 3Y6
Telephone (toll-free): 1-866-414-8111
Fax: 902-426-8675

Quebec Region

First Nations and Inuit Health Branch
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

Ontario Region

First Nations and Inuit Health Branch
Health Canada
2720 Riverside Drive, 4th Floor, AL 6604C
Ottawa, ON, K1A 0K9
Telephone (toll-free): 1-888-301-6426
Fax: 1-877-430-3306

Manitoba Region

First Nations and Inuit Health Branch
Health Canada
391 York Avenue, Suite 300
Winnipeg, MB, R3C 4W1
Telephone (toll-free): 1-866-818-3505
Fax: 204-983-5740

Saskatchewan Region

First Nations and Inuit Health Branch
Health Canada
2045 Broad Street, 5th Floor
Regina, SK, S4P 3T7
Telephone (toll-free): 1-866-250-1529
Fax: 306-780-5965

Alberta Region

First Nations and Inuit Health Branch
Health Canada
9700 Jasper Avenue, Suite 730
Edmonton, AB, T5J 4C3
Telephone (toll-free): 1-888-495-6588
Fax: 780-495-3184

Northern Region (YT, NT, NU)

First Nations and Inuit Health Branch
Health Canada
300 Main Street, Suite 100
Whitehorse, YT, Y1A 2B5
Telephone (toll-free): 1-800-464-8106
Fax: 867-667-3999

First Nations Health Authority

Federal Building
757 West Hastings Street, Suite 540
Vancouver, BC, V6C 3E6
Toll Free: 1-877-477-0775