

Form B – Billing Information

(To be completed by Therapist or Counsellor if invoicing the College for Therapy/Counselling)

This form only needs to be completed by an applicant's therapist or counsellor if they wish to invoice the College directly for the applicant's therapy or counselling sessions.

If the applicant is paying out-of-pocket for therapy or counselling costs, please complete [Form C: Reimbursement Request](#) instead.

This form can be submitted at the same time as [Form A: Funding Application](#) as part of an applicant's funding for therapy and counselling application, or it can be submitted after the applicant has been found eligible to receive funding for therapy and counselling by the Patient Relations Committee (PRC).

Need help or more information?

Please see the College's [Funding for Therapy or Counselling page](#) or contact us directly:

THERAPY FUND

Phone: (416) 967-2644, ext. 904 /
1-800-268-7096 ext. 904

Email: therapyfund@cpsy.on.ca

Therapist or counsellor information

I will provide therapy or counselling services to _____
(name of applicant)

Are you a member of a regulated health profession? Yes No

If yes, please specify:

- 1) regulatory college _____ and
- 2) registration number: _____.

If no, please:

- 1) attach your curriculum vitae or resume and specify any training or experience related to providing therapy or counselling to survivors of sexual abuse (if applicable); and confirm:
- 2) I have discussed my training and experience and the applicant is aware that I am not a regulated health professional and not subject to professional discipline by the College or any other regulatory body.

Billing information

Name of therapist or counsellor: _____

Practice address: _____

Billing address (if different from practice address): _____

Phone number: _____

Fax number: _____

Email address: _____

Payment information

Invoices for therapy and counselling can be submitted to the College via:

Mail: College of Physicians and Surgeons of Ontario (Attention: "Therapy Fund")
80 College Street, Toronto, ON M5G 2E2

Email: therapyfund@cpso.on.ca

Payment will be made to the therapist or counsellor via mailed cheque within 30 days of receipt of the invoice.

Attestations

By signing this document, I acknowledge and agree to the following:

1. I understand that funding may only be used to pay for therapy/counselling as determined by the PRC and in accordance with the legislation. I understand I cannot invoice the College for payment for late or missed appointments, medication, or the preparation of third party reports.
2. I understand that other sources of funding for therapy or counselling must be used first and I have asked the applicant if they have any other sources of funding available, such as a private insurance plan. I understand that there can be no duplicate payment for the same service.
3. I do not have any family relationship or any other potential conflict of interest with the applicant.
4. I have communicated any potential risks associated with therapy and counselling to the applicant.
5. I have not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature or have been found liable, criminally or civilly, for an act of a sexual nature.
6. I undertake to keep confidential all information obtained through the application for funding process and to refrain from using that information for any other purpose.
7. I confirm that the information contained in this form is correct to the best of my knowledge and will update the College if any of the information in this form has changed since originally submitted.

Therapist or counsellor signature

Date