

Health Canada
Mental Health Counselling Appointment Confirmation Sheet

Program Billed: Indian Residential Schools Resolution Health Support Program (IRS RHSP)
 NIHB Short-Term Crisis Intervention Mental Health Counselling (STCIMHC)

Please complete one form per client for sessions attended.

Client Information			Provider Information	
Client Name:			Name:	
			Provider Number:	
Client Parent or Legal Guardian (if applicable):			Supervisor Name (if applicable):	
			Prior Approval #:	
			Invoice Number:	
IRS RHSP Eligibility Number:			Phone Number:	
			Email:	
Date of Service (YYYY/MM/DD)	Duration (hours)	Service Type (check one)*	Modality of Session (check one)	Client or Guardian Signature
		Assessment Individual/Family Group	Face-to-face Telehealth	I acknowledge receiving counselling services on the date indicated below Signature: Print Name: Date:
		Assessment Individual/Family Group	Face-to-face Telehealth	Signature: Print Name: Date:
		Individual/Family Group	Face-to-face Telehealth	Signature: Print Name: Date:
		Individual/Family Group	Face-to-face Telehealth	Signature: Print Name: Date:

*** For group sessions please indicate how many people participated to the group and how many were funded by NIHB/IRS RHSP.**

Number of group participants: _____ Number of NIHB/IRS RHSP clients participating in the group: _____

Provider's Signature: _____ Supervisor's Signature: (if applicable) _____

Date: (YYYY/MM/DD) _____ Date: (YYYY/MM/DD) _____

Health Canada reserves the right to request additional information if necessary to confirm attendance.

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 authorized under the Non-Insured Health Benefits (NIHB) or Indian Residential Schools Resolution Health Support Programs (IRS RHSP). Purpose of collection: We require this information for the payment of claims and for audit purposes. Other uses or disclosures: In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act. For more information: The Personal Information Bank (PIB) is under development for NIHB and 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.