CRPO
College of Registered Psychotherapists of Ontario

Application for Funding for Therapy or Counselling for Primary Partner

PRIMARY PARTNER INFORMATION

First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	Country:
Telephone:		Email:	

CLIENT INFORMATION

First Name:		Last Name:	
Address (if different than applicant) :			
City:	Province:	Postal Code:	Country:
Telephone:		Email:	

NEW THERAPIST/COUNSELLOR INFORMATION

First Name:		Last Name:	
Address:			
City:	Province:	Postal Code:	Country:
Telephone:		Email:	

Please note: According to section 85.7(7) of the RHPA (Code), the choice of therapist is subject to the following restrictions:

1. The therapist or counsellor must not be a person to whom you have any family relationship.
2. The therapist or counsellor must not be a person who has at any time or in any jurisdictions 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. If the therapist or counsellor is not a member of a regulated health profession, you understand that the therapist or counsellor is not subject to professional discipline.

Is this therapist/counsellor a regulated professional?

☐ Yes (if yes, please identify the College of which they are a member.) ☐ No ☐ Don't Know

Name of College:

Are the services of this therapist/counsellor covered by OHIP or another insurer? ☐ Yes ☐ No ☐ Don't Know

Expected or actual start date of counselling:

Signature: Date:

CONSENT FOR DISCLOSURE OF INFORMATION

I (name)

of (address)

hereby authorize (name of therapist or counsellor)

to disclose information, including personal health information, to the College of Registered Psychotherapists of Ontario.

I consent to the following specific information being disclosed: ☐ Appointment Date ☐ Duration ☐ Fee

Signature of Primary Partner of Client: Date:

Signature of Witness:

Witness Name:

TO BE COMPLETED BY THE PRIMARY PARTNER OF THE CLIENT

1. I do not have any familial relationship to the therapist or counsellor or any other potential conflict of interest.
2. I understand that if I choose a therapist or a counsellor who is not a regulated professional, the therapist is not subject to professional discipline by CRPO or any other regulatory body.
3. I understand that funding shall be paid only to the therapist or counsellor, and that it shall be used only to pay for therapy or counselling related to the allegations of sexual abuse of my primary partner by an RP and shall not be applied directly or indirectly for any other purpose.
4. I understand that the maximum amount of funding payable to any therapist or counsellor approved under this, or any other application to CRPO, is the amount that the Ontario Health Insurance Plan (OHIP) would pay for four one-hour sessions or $600 (whichever is the lesser amount) of individual out-patient psychotherapy with a psychiatrist.
5. I understand that there can be no duplicate payment for the same service. To my knowledge, neither OHIP nor any public/private insurer is required to pay for the therapy or counselling I receive from the therapist. If at any time, OHIP or a private insurer becomes required to pay for the therapy or counselling, I shall notify the College.
6. I understand there will be no payment(s) by CRPO for late or missed appointments.

Signature of Primary Partner: Date:

Once you have completed both pages of this form, please return to CRPO via one of the methods listed below:

Mail:
Attn: Client Relations Committee
College of Registered Psychotherapists of Ontario
375 University Avenue, Suite 803
Toronto, ON M5G 2J5

Email:
clientrelations@crpo.ca

If you have any further questions, please contact clientrelations@crpo.ca