Patient Relations Committee

Policies & Procedures

For the Administration of Funding for the Therapy & Counselling Program

2004
(updated 2014)
Contents

Administration of the Fund for Therapy and Counselling ................................................................. 2
Eligibility Criteria- Fund for Therapy and Counselling ........................................................................... 3
Administrative Procedures-Fund for Therapy and Counselling ............................................................ 5
Notification of The Applicant .................................................................................................................. 5
Processing of The Application Forms ................................................................................................... 6
Decision of The Patient Relations Committee .................................................................................... 7
Accessing Funds For Therapy And Counselling .................................................................................. 7
Records Management System ............................................................................................................... 7
Documentation Required from the Applicant to Obtain Funding for Therapy and Counselling .......... 8
Documentation required from Therapists .............................................................................................. 9
Funding Agreement ............................................................................................................................ 9
Process for Paying a Claim ................................................................................................................... 10
Statistics of Abuse by Dietitians .......................................................................................................... 11

Application Forms for Funding for Therapy and Counselling

APPENDIX A: Application and Funding For Therapy and Counselling Consent Forms ....................... 12
APPENDIX B: Therapist Information Form C ...................................................................................... 16
APPENDIX C: Funding agreement for Applicant ................................................................................. 18
APPENDIX D: Funding Agreement for Therapist ................................................................................. 20
APPENDIX E: Verification Of Information Form D .............................................................................. 22
APPENDIX F: Funding For Therapy And Counselling Program Information ........................................ 24

Governing Legislation .......................................................................................................................... 25
Eligibility Criteria .................................................................................................................................. 25
Time and Monetary Limits .................................................................................................................... 26
Documentation Requirements ................................................................................................................ 26
Administrative Process ........................................................................................................................ 26
Approval Process .................................................................................................................................. 27

APPENDIX G: Relevant Sections from the Regulated Health Professions Act ........................................ 28

As with all College policies, this document is intended to provide assistance in the fair and efficient handling of matters. Exceptions to the policies may be indicated by the circumstances of a particular case. Departure from these policies, even where mandatory language is used, does not affect the validity of any actions taken.
POLICY

The College of Dietitians of Ontario has a responsibility to regulate the practice of Dietitians in Ontario. The College has adopted a position of zero tolerance for sexual abuse of patients by members. The College has a legislated mandate to provide funding for therapy and counselling for individuals who, while patients, were sexually abused by members.

The Patient Relations Committee is charged with the responsibility of administering the funds on behalf of the College and has developed the following policies and procedures to outline the process that will be followed by the Committee and College staff.

PRINCIPLES

The Patient Relations Committee is committed to administering the fund for therapy and counselling in accordance with the following principles:

- All applicants will be treated in a fair and equitable manner.
- All information provided by applicants and their therapist’s will be kept confidential and will be provided to staff administering the fund, the Patient Relations Committee and the Discipline Committee in a case of criminal conviction.
- The process established will be consistent for all applicants, and will be as user friendly as possible.
- The procedures used by College staff and the Committee will ensure consistent decision-making with respect to access to the funds for therapy and counselling.
<table>
<thead>
<tr>
<th>SECTION:</th>
<th>Patient Relations — Funding for Therapy &amp; Counselling Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUBJECT:</td>
<td>Eligibility Criteria- Fund for Therapy and Counselling</td>
</tr>
<tr>
<td>DATE:</td>
<td>R010411, R030902, R02/03/2004</td>
</tr>
</tbody>
</table>

**POLICY**

As required by subsection 85.7 (1) of the *Regulated Health Professions Act*, (Code), the *College of Dietitians of Ontario* has established a fund to provide therapy and counselling for individuals who, while patients, were sexually abused by members. The College’s Patient Relations Committee is responsible for administering this program.

**ELIGIBILITY CRITERIA**

An individual is eligible for funding if:

Eligibility criteria are set out in the *Regulated Health Professions Act, 1991*, Schedule 2, Health Professions Procedural Code (below) and in the College regulation, *Dietetics Act, 1991, Funding for Therapy and Counselling* (see following page).

---

Regulated Health Professions Act, 1991

O. Reg. 300/02, s. 2 (1)

Schedule 2

HEALTH PROFESSIONS PROCEDURAL CODE

Section 85.7 (4)

“Eligibility

(4) A person is eligible for funding only if,

(a) there is a finding by a panel of the Discipline Committee that the person, while a patient, was sexually abused by a member; or

(b) the alternative requirements prescribed in the regulations made by the Council are satisfied. 1993, c. 37, s. 23.
This Regulation is made in English only.

Definition
1. In this Regulation,
   "member" includes a former member. O. Reg. 300/02, s. 1.

Eligibility for funding
2. (1) The alternative requirements that must be satisfied in order for a person to be eligible for funding under clause 85.7 (4) (b) of the Health Professions Procedural Code are prescribed in this section. O. Reg. 300/02, s. 2 (1).

   (2) A person is eligible for funding for therapy or counselling if,
   (a) a member has been convicted under the Criminal Code (Canada) of sexually assaulting the person while the person was a patient of the member; or
   (b) there is a statement, contained in the written reasons of a panel of the Discipline Committee of the College given after a hearing, which satisfies the Patient Relations Committee that the person, while a patient, was sexually abused by the member. O. Reg. 300/02, s. 2 (2).

   (3) A person is not eligible for funding under subsection (2) unless the sexual assault or abuse referred to in clause (2) (a) or (b) occurred in Ontario on or after December 31, 1993. O. Reg. 300/02, s. 2 (3).

   (4) Despite subsection (2), a person is eligible for funding for therapy or counselling under this Regulation only if,
   (a) the person submits an application for funding to the Patient Relations Committee in the form provided by the College; and
   (b) in the application, the person names the member who is alleged to have sexually abused the applicant. O. Reg. 300/02, s. 2 (4).

   (5) A decision by the Patient Relations Committee that a person is eligible for funding for therapy or counselling does not constitute a finding against the member and shall not be considered by any other committee of the College dealing with the member. O. Reg. 300/02, s. 2 (5).
Policies

The Registrar will be responsible for establishing administrative processes that support the Patient Relations Committee in the administration of the program. This will include the development of procedures for:

• notifying potential applicants, where appropriate, about the fund for therapy and counselling;
• gathering all relevant documentation for placement before the Patient Relations Committee;
• notifying the parties of the Committee’s decision; and
• administering and tracking funds distributed by the College.

Procedure

Notification of the Applicant

1. The Registrar will write to the individual and notify them of the opportunity to apply to the College for funding for therapy and counselling:

   1. Following the conclusion of a Disciplinary hearing in which a member of the College has been found guilty of sexually abusing an individual while they were a patient;
   2. On being provided with evidence that a member has been convicted under the Criminal Code (Canada) of sexually assaulting a person while the person was a patient of the member in Ontario.
   3. Following the conclusion of a Discipline hearing where there is a statement, contained in the written reasons of a panel which satisfies the Patient Relations Committee that the person, while a patient, was sexually abused by the member.

   In addition, to the letter of notification, the Registrar will send the applicant:
   • A fact sheet on the College’s funding program;
   • Application Form A;
   • Consent Forms B1 & B2, and
   • The therapist’s information sheet (Form D).

2. Where appropriate the Registrar will follow-up with the applicant to review the fact sheet and provide any assistance needed in completing the application forms.
PROCESSING OF THE APPLICATION FORMS

1. Once the application form and consent forms have been received, the Registrar will notify the Chair of the Patient Relations Committee that an application to access the funds for therapy and counselling has been received.

2. The Registrar will ensure that all necessary information has been provided on the application forms.

3. The Registrar will then commence verification of the information by:
   - obtaining a copy of the Discipline Committee’s decision and reasons document (if applicable);
   - obtaining a copy of the conviction and other supporting documentation (if applicable);
   - contacting the therapist’s regulatory College, to confirm the therapist’s registration status and to determine whether the therapist has at any time or in any other jurisdiction been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature.
   - calculating the maximum monetary amount for which the applicant is eligible based on the current Regulation made under the RHPA.
   - calculating the timeframe within which funding can be provided, pursuant to the current Regulation made under the RHPA.
   - determining the extent of any other funding available to the applicant either from OHIP or through private insurance which would reduce the amount of funding that is otherwise payable.

   A copy of the Verification of Information Form is attached at Appendix E.

4. Once this process is completed, the Registrar will prepare the package to be placed before the Patient Relations Committee. This package will include:
   - All documentation received from the applicant and his/her therapist;
   - Any communication received from the therapist’s regulatory College (assuming they are registered with a College);
   - A copy of the Discipline Committee’s decision and reasons document;
   - The calculation of the maximum amount of funding that is payable to the applicant; and
   - Any other relevant documentation.
DECISION OF THE PATIENT RELATIONS COMMITTEE

1. Upon review of the documentation, the Patient Relations Committee will determine the applicant’s eligibility for funding.

2. If eligible, the Committee will determine the maximum amount of funding for which the applicant qualifies, and the time limits that will apply. The Registrar will then notify the applicant of the Committee’s decision.

3. If the request for funding is not approved, the Committee will provide its decision and the reasons. The Registrar will then forward this document to the applicant.

ACCESSING FUNDS FOR THERAPY AND COUNSELLING

1. Where the Patient Relations Committee has approved an applicant’s request for funding, the Registrar will:
   - Notify the applicant of the Committee’s decision;
   - Arrange to have the applicant and his/her therapist sign the funding agreements (Form E (applicant) and Form F (therapist)); and
   - Provide direction to the therapist on the procedure for submitting invoices and receiving payment.

RECORDS MANAGEMENT SYSTEM

1. The Registrar will ensure that financial management procedures are established that:
   a. facilitate the payment of invoices for therapy and counselling to therapists of approved individuals, and
   b. track expenditures made against any monetary or time limits determined by the Committee.

2. The Registrar will maintain a record of all documentation relating to the administration of the fund for therapy and counseling for 15 years. This includes all application forms received, documentation provided to the committee, and all financial records relating to payments made from the fund.
### SECTION: Patient Relations — Funding for Therapy & Counselling Program

<table>
<thead>
<tr>
<th>SUBJECT:</th>
<th>Documentation Required from the Applicant to Obtain Funding for Therapy and Counselling</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>R010411, R02/03/2004</td>
</tr>
</tbody>
</table>

### POLICY

The Patient Relations Committee of the *College of Dietitians of Ontario* has an obligation to ensure that eligible applicants receive the funds for therapy and counselling to which they are entitled. In addition, the Committee has an obligation to the College council, the College’s members and the public, to be accountable for the funds distributed. For this reason, the Committee requires that all applicants for funding provide sufficient information to the Registrar both at the time of application for funding and throughout the funding process (if applicable) to ensure that the funds are distributed appropriately.

### PROCEDURE

**Application Forms**

An applicant must submit a completed application to the Registrar in order to be considered for funding. A completed application package includes:

- *Form A* (the application form);
- *Forms B1* (authorization to contact the applicant’s therapist),
- *Form B2* (if applicable - authorization to contact applicant’s insurance company),
- *Form C* (therapist’s information).
- Information about CDO’s *Funding for Counselling and Therapy Program* (Appendix E)

**Funding Agreement**

Should the Patient Relations Committee determine that the applicant is eligible to receive funding, the applicant will be required to sign a funding agreement (*Form E*).

This agreement acknowledges that:

- The applicant does not have a family relationship with the therapist,
- The funds are being used for therapy and counselling,
- The applicant is aware of the applicable monetary and time limits imposed by the legislation, and
- If the therapist is unregulated, the applicant is aware of the fact that the therapist is not subject to professional discipline.
POLICY

The Patient Relations Committee of the College of Dietitians of Ontario has an obligation to ensure that eligible applicants receive the funds for therapy and counselling to which they are entitled. In addition, the Committee has an obligation to the College Council, the College’s members and the public, to be accountable for the funds distributed. For this reason, the Committee requires that all therapists providing counselling to applicants, who are applying for or receiving funding, provide sufficient information to the Registrar both at the time of the application for funding and throughout the funding process (if applicable) to ensure that the funds are distributed appropriately.

PROCEDURE

DOCUMENT REQUIRED FROM THERAPISTS

In order for an application to be processed, the therapist providing the therapy or counselling will be asked to complete Form C and Form F.

FUNDING AGREEMENT

Should the Patient Relations Committee or Panel determine that the applicant is eligible for funding, the therapist will be required to complete a funding agreement. The funding agreement acknowledges that:

- The therapist does not have a family relationship with the applicant;
- The funds will be used for therapy and counselling only;
- The therapist has not been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature at any time or in any other jurisdiction;
- The services being provided are not eligible for funding from another source OR o that invoices for services that are covered fully or in part by the applicant’s private insurer will be submitted to the private insurer; and
- The therapist is aware of the monetary and time limits relating to the funding.
POLICY

Once the Patient Relations Committee or Panel has determined that an applicant is eligible for funding for therapy and counselling, the Registrar will advise the applicant of the decision, ensure that the funding agreements are signed by both the applicant and the therapist and advise the therapist of the payment procedures.

PROCEDURES

The payment procedures are as follows:

1. Funding will only be payable for therapy and counselling and will be provided directly to the therapist. Any eligible payments already paid to the therapist will be refunded to the client, subject to acceptable documentation being received.

2. In cases where the applicant has requested funding retroactive to the first day of the hearing or first day of court appearance and this has been approved by the Committee, the therapist will be asked to submit all invoices accumulated from the first day of the hearing up to the present.

3. The therapist will send an invoice to the College monthly.

4. The Registrar will review all invoices submitted;
   - compare the applicant’s accumulated funding received to the applicant’s eligible funding limit;
   - monitor the time period within which funds can be provided, and then
   - arrange payment to the therapist according to the policy related to the time frame and the funding limit.
POLICY

The College of Dietitians of Ontario will keep a statistical record of all complaints of physical, verbal, emotional and sexual abuse.

PROCEDURE

1. The Registrar will keep a record of all incidents of physical, verbal, emotional and sexual abuse.

2. Statistics will be tabulated yearly and reviewed by the Patient Relations Committee.
APPENDIX A

FORMS A & B
APPLICATION and CONSENT FORM FOR FUNDING FOR THERAPY AND COUNSELLING
FORM A: APPLICATION FOR FUNDING FOR THERAPY AND COUNSELLING

APPLICANT INFORMATION
Name of Applicant: ____________________________________________________________
Address ____________________________________________________________ Telephone ____________________________________________________________
__________________________________________________________________________
Name of selected Therapist: __________________________________________________
Address __________________________________________ Bus: ____________________
__________________________________________________________________________ Fax: __________________________________________
Is the selected Therapist registered with a Regulatory College? Yes ☐ No ☐
If Yes, please indicate which College: _______________________________________
Name of Registered Dietitians who sexually abused you: ___________________________
Date of Discipline Panel's decision: ___________________________________________
Date of conviction of sexual assault under the Criminal Code of Canada, Court house address, name & number of investigating police officer: (attach copy of the conviction and any other supportive documents)

Is funding being requested for therapy and /or counselling which was obtained after the commencement of the hearing by the Discipline panel but prior to the panel’s decision? Yes ☐ No ☐
If you answered “yes” to the above question, please provide the following information:
Date of first day of hearing: ____________________________________________

PLEASE ATTACH COPIES OF INVOICES FOR THERAPY AND COUNSELLING RECEIVED FROM THE FIRST DAY OF HEARING OR COURT DATE TO THE PRESENT.

Are you eligible for reimbursement from any other source for the therapy and/or counselling? Yes ☐ No ☐
If you answered “yes” to the above question, please provide the following information:
1. Name of company providing reimbursement: (ex. OHIP or insurance company)
   ____________________________________________________________

   2. Policy Number: ____________________________________________

   3. Level of coverage provided: (attach supporting documents if available)
   ____________________________________________________________

   I understand that if I am found to be eligible to receive funding, the amount provided will be reduced by the amount that OHIP or a private insurer is required to pay for therapy and counselling.

   I certify that the above information is true.

_____________________________  __________________________
Signature of Applicant         Date
FORM B1: CONSENT FORM AUTHORIZING DISCLOSURE OF PERSONAL INFORMATION FROM THE APPLICANT'S THERAPIST TO THE COLLEGE OF DIETITIANS OF ONTARIO

I, ________________________________, hereby consent to have my therapist, ________________________________________________________, release information to a representative of the College of Dietitians of Ontario confirming that I am receiving therapy or counselling related to being sexually abused by a Registered Dietitian in Ontario and indicating the extent to which this therapy or counselling is funded by third parties such as health insurance plans. The purpose of this information is for the processing of my application for funding from the College of Dietitians of Ontario for the therapy or counseling.

____________________________________  __________________________
Signature of Applicant                  Date
FORM B2: CONSENT FORM AUTHORIZING CONTACT WITH APPLICANT’S INSURANCE COMPANY REPRESENTATIVE

I, ____________________________ hereby consent to a representative of the College of Dietitians of Ontario contacting my insurance company or Ontario Health Insurance Plan:

to obtain information about the extent of coverage available to me for therapy and counselling, in order to process my application for funding. I authorize my insurance company and the Ontario Health Insurance Plan to release this information to the College.

_________________________________________  ________________________________
Signature of Applicant                      Date
APPENDIX B

FORM C: FUNDING FOR THERAPY AND COUNSELLING PROGRAM
THERAPIST INFORMATION FORM
FORM C: FUNDING FOR THERAPY AND COUNSELLING PROGRAM
THERAPIST INFORMATION FORM

Applicant's Name: ________________________________

Therapist's Name: ________________________________

Address ________________________________ Bus: ________________________________

Fax: ________________________________

Are you providing therapy or counselling services to ________________________________ ?

Yes □   No □

Are you receiving reimbursement for therapy or counselling from any other funding source?

Yes □   No □

If yes, please explain:

______________________________________________________________________________

______________________________________________________________________________

Professional Background:

Are you a regulated health professional under the Regulated Health Profession Act, 1991?

Yes □   No □

If you replied “yes” to the above question, please include the name of the College and your registration number.

______________________________________________________________________________

If the answer to the above question is “no”, you must complete the section dealing with unregulated providers.

Have you ever, at any time or in any other jurisdiction, been found guilty of professional misconduct of a sexual nature or been found civilly or criminally liable for an act of a similar nature? Yes □   No □

I certify that the above information is true.

Signature of Therapist ________________________________ Date ________________________________
APPENDIX C: Funding agreement for Applicant
FORM E

FUNDING AGREEMENT

BETWEEN

THE COLLEGE OF DIETITIANS OF ONTARIO

AND

The Applicant

I, ________________________________, hereby confirm and acknowledge that:

- I do not have a family relationship with the therapist, ________________________________
- I am receiving therapy and counselling from ________________________________
  and the funding being provided by the College is being used for this purpose.
- I understand that the maximum funding is limited to the amount that OHIP would pay for 200 half hour sessions of individual outpatient psychotherapy with a psychiatrist.
- I understand that the funding will be paid only to the therapist. An exception may be made for any therapy already provided (i.e., between the first day of a hearing or court appearance and the date that the funding was approved by the College) where I provide suitable documentation to the Registrar to demonstrate that I have previously paid for the therapy.
- I understand that the funding will be reduced by the amount OHIP or a private insurer is required to pay for therapy and counselling.
- I understand that I am eligible to receive funding for five years from (date) ________________.

To be completed by the Applicant if the Therapist is unregulated:

I understand that my therapist ________________________________ is not a member of a regulated health profession in Ontario and is therefore not subject to professional discipline by a regulated health professional College

I also understand that I am solely responsible for my choice of therapist. Any questions regarding the therapist must be dealt with by me alone.

Signature of Applicant

Date

Signature of Witness

Date

Name of Witness (print)
APPENDIX D: Funding Agreement for Therapist
FORM F

FUNDING AGREEMENT

BETWEEN THE COLLEGE OF DIETITIANS OF ONTARIO

AND

__________________________________________

Therapist

Re: Funding For Therapy and Counselling For

__________________________________________

The Applicant

I, __________________________________________ hereby confirm the following:

- I do not have a family relationship with the applicant
- I have not been found guilty of professional misconduct of a sexual nature, or civilly or criminally liable for an act of a similar nature, in any jurisdiction.

I will be providing counselling or therapy to ________________________________ (the applicant) and will direct invoices for service to the College.

I acknowledge that funding will be limited to the amount OHIP would pay up to 200 half hour sessions of individual out patient psychotherapy by a psychiatrist. An invoice will be submitted on a monthly basis or as arranged with the Registrar.

I acknowledge that where any services provided are covered by OHIP, I will submit the invoices for these services to OHIP and not to the College.

I acknowledge that where any services provided are covered by the applicant’s private insurer, the invoices for these services will be submitted to the applicant’s private insurer. Only invoices for payments that are not reimbursed by the private insurer will be submitted to the College.

I acknowledge that the services I am providing to ________________________________ , are not eligible for reimbursement from another source;

AND

I acknowledge that there is a time limit for funding for therapy and counselling. This time limit began on _____________ and expires on ____________.

__________________________________________

Signature of Therapist

Date

__________________________________________

Name of Witness (please print)

Signature of Witness
APPENDIX E

FORM D: FUNDING FOR THERAPY AND COUNSELLING: VERIFICATION OF INFORMATION FORM
FORM D: FUNDING FOR THERAPY AND COUNSELLING: VERIFICATION OF INFORMATION FORM

FOR INTERNAL COLLEGE USE

Eligibility information

Date Hearing commenced: ________________________________

Date of Discipline Committee Decision: ________________________________

*Copy of Discipline Committee decision and reasons attached.

Or

Date of Conviction for Sexual Assault under the Criminal Code (Canada): ________________

*Copy of the Evidence of the conviction attached.

DOCUMENTATION REQUIRED FROM THERAPIST’S REGULATORY COLLEGE:

☐ Document confirming registration status, and certifying that the therapist has not been found guilty of sexual abuse.

☐ Statement that there are no outstanding matters (seeking legal advice), Complaints or Disciplinary matters before the therapist’s College.

INFORMATION FROM OHIP

☐ Current fee schedule for half-hour of outpatient therapy and counselling by a psychiatrist.

INFORMATION RE OTHER SOURCES OF FUNDING

☐ Not applicable

☐ Documentation confirming funding available from other sources.

*Information verified by Registrar: ________________________________

Signature

______________________________

Date
APPENDIX F: FUNDING FOR THERAPY AND COUNSELLING PROGRAM INFORMATION
THE COLLEGE OF DIETITIANS OF ONTARIO  
FUNDING FOR THERAPY AND COUNSELLING PROGRAM  

INFORMATION  

Governing Legislation  

The College of Dietitians of Ontario has a responsibility to regulate the practice of Dietitians in Ontario. We have taken a position of zero tolerance for the sexual abuse of patients by members.

To support this position, we have developed a Patient Relations Program designed to educate members and the public about appropriate professional boundaries between patients and dietitians; and have established comprehensive complaints and discipline process to prosecute any members who violate the College’s standards for professional behaviour in this regard.

The College has a legislated mandate to provide funding for therapy and counselling for individuals who, while patients, were sexually abused by a member.

Eligibility Criteria  

In accordance with section 85.7 (4) of the Regulated Health Professions Act, (Health Professions Procedural Code)

(4) A person is eligible for funding only if,

(a) there is a finding by a panel of the Discipline Committee that the person, while a patient, was sexually abused by a member; or

(b) the alternative requirements prescribed in the regulations made by the Council are satisfied. 1993, c. 37, s. 23

And,

O. Reg. 300/02, s. 2 (1). (The Code):

“(2) A person is eligible for funding for therapy or counselling if,

(a) a member has been convicted under the Criminal Code (Canada) of sexually assaulting the person while the person was a patient of the member; or

(b) there is a statement, contained in the written reasons of a panel of the Discipline Committee of the College given after a hearing, which satisfies the Patient Relations Committee that the person, while a patient, was sexually abused by the member. O. Reg. 300/02, s. 2 (2).

As the Regulated Health Professions Act came into effect on Dec 31st, 1993, this eligibility for funding is restricted to situations where the sexual abuse occurred after this date.
**Time and Monetary Limits**

Time and monetary limit’s funding may only be used to pay for therapy and counselling, and the maximum amount is to be limited to the amount that OHIP would pay for 200 half hour sessions of individual outpatient psychotherapy with a psychiatrist. The funding will be paid only to the therapist and will be reduced by the amount OHIP or a private insurer is required to pay for therapy and counselling.

The legislation says

85.7 (10) Funding may be used to pay for therapy or counselling that was provided at any time after the sexual abuse took place. 2007, c. 10, Sched. M, s. 64.

**Documentation Requirements**

In order to comply with the *College of Dietitians of Ontario* eligibility requirements for funding for therapy and counselling the applicant must:

- Submit a completed application form;
- Submit proof that the member sexually abused him/her while he/she was a patient, by attaching a copy of the Decisions and Reasons document prepared by the College’s Discipline Committee *(the Registrar will assist with this requirement)* or a copy of the court conviction of sexual assault.
- Provide signed assurances by the applicant and the therapist.

The assurances are used to establish the following:

- Whether or not the therapist is related to the applicant,
- Whether or not the therapist is a member of a regulated health profession, and
- Whether or not the member has ever been found guilty of professional misconduct of a sexual nature, or civilly or criminally liable for an act of a similar nature.

If the therapist is unregulated, the applicant must complete a document indicating that he/she is aware that the therapist is not subject to professional regulation.

**Administrative Process**

In order for an applicant to receive funding for therapy and counselling, he/she must provide information to the College by submitting a completed application form to the College.

The Registrar of the College supervises the administrative processing of the applications. He / She will:
- Forward information about the fund for therapy and counselling to eligible applicants
- Assist applicants with the completion of the application form
- Review the application form, once received and contact the applicant if any other information is required,
- Correspond with the therapist to gather information regarding his or her qualifications and the service being provided,
- Correspond with the therapist’s regulatory College should he/she be a regulated health professional,
- Prepare the application package and place it before the Patient Relations Committee of the College.
Approval Process
The Patient Relations Committee is responsible for reviewing the package and determining if the request for funding for therapy and counselling meets legislative eligibility requirements. If the request meets eligibility requirements, the Patient Relations Committee will approve access to the funds. If the funding request is approved, the applicant and therapist will be notified and advised of the administrative procedures that should be followed to ensure payment for services.

If the request does not meet the eligibility requirements, the Patient Relations Committee is responsible for providing the applicant with a copy of its written decision and the reasons for that decision. This will be forwarded to the applicant.

Should you have any questions, regarding eligibility criteria or the application processes, please contact the Registrar at (416) 598-1725 or 1-800-668-4990.
APPENDIX G: Relevant Sections from the Regulated Health Professions Act
Regulated Health Professions Act, 1991
S.O. 1991, CHAPTER 18
SCHEDULE 2
HEALTH PROFESSIONS PROCEDURAL CODE

Note: This Code is deemed by section 4 of the Regulated Health Professions Act, 1991 to be part of each health profession Act.

Patient relations program

84. (1) The College shall have a patient relations program. 1991, c. 18, Sched. 2, s. 84 (1).

Measures for sexual abuse of patients

(2) The patient relations program must include measures for preventing and dealing with sexual abuse of patients. 1993, c. 37, s. 22 (1); 2007, c. 10, Sched. M, s. 60 (1).

Same

(3) The measures for preventing and dealing with sexual abuse of patients must include,

(a) educational requirements for members;
(b) guidelines for the conduct of members with their patients;
(c) training for the College’s staff; and
(d) the provision of information to the public. 1991, c. 18, Sched. 2, s. 84 (3); 1993, c. 37, s. 22 (2); 2007, c. 10, Sched. M, s. 60 (2).

Funding for Therapy and Counselling

Funding provided by College

85.7 (1) There shall be a program, established by the College, to provide funding for therapy and counselling for persons who, while patients, were sexually abused by members. 1993, c. 37, s. 23.

Funding governed by regulations

(2) The funding shall be provided in accordance with the regulations made under the Regulated Health Professions Act, 1991. 1993, c. 37, s. 23.

Administration

(3) The Patient Relations Committee shall administer the program. 1993, c. 37, s. 23.

Eligibility

(4) A person is eligible for funding only if,

(a) there is a finding by a panel of the Discipline Committee that the person, while a patient, was sexually abused by a member; or
(b) the alternative requirements prescribed in the regulations made by the Council are satisfied. 1993, c. 37, s. 23.

**Effect of appeal**

(5) A person’s eligibility for funding under clause (4) (a) is not affected by an appeal from the panel’s finding. 1993, c. 37, s. 23.

**No assessment**

(6) A person is not required to undergo a psychological or other assessment before receiving funding. 1993, c. 37, s. 23.

**Choice of therapist or counsellor**

(7) A person who is eligible for funding is entitled to choose any therapist or counsellor, subject to the following restrictions:

1. The therapist or counsellor must not be a person to whom the eligible person has any family relationship.

2. The therapist or counsellor must not be a person who, to the College’s knowledge, has at any time or in any jurisdiction 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, the College may require the person to sign a document indicating that he or she understands that the therapist or counsellor is not subject to professional discipline. 1993, c. 37, s. 23.

**Payment**

(8) Funding shall be paid only to the therapist or counsellor chosen by the person. 1993, c. 37, s. 23.

**Use of funding**

(9) Funding shall be used only to pay for therapy or counselling and shall not be applied directly or indirectly for any other purpose. 1993, c. 37, s. 23.

**Same**

(10) Funding may be used to pay for therapy or counselling that was provided at any time after the sexual abuse took place. 2007, c. 10, Sched. M, s. 64.

**Other coverage**

(11) The funding that is provided to a person shall be reduced by the amount that the Ontario Health Insurance Plan or a private insurer is required to pay for therapy or counselling for the person during the period of time during which funding may be provided for him or her under the program. 1993, c. 37, s. 23.

**Right of recovery**

(12) The College is entitled to recover from the member, in a proceeding brought in a court of competent jurisdiction, money paid in accordance with this section for therapy or counselling for an eligible person referred to in clause (4) (a). 1993, c. 37, s. 23.

**Person not required to testify**

(13) The eligible person shall not be required to appear or testify in the proceeding. 1993, c. 37, s. 23.
Regulations

95. (1) Subject to the approval of the Lieutenant Governor in Council and with prior review of the Minister, the Council may make regulations,

(q) prescribing alternative requirements for eligibility for funding under clause 85.7 (4) (b);