



First Nations Health Authority  
Health through wellness

# Mental Health Counselling Provider Agreement Form

## Mental Wellness & Counselling Program (MWCP) Indian Residential Schools Resolution Health Support Program (IRS-RHSP) Missing & Murdered Indigenous Women & Girls (MMIWG) Program

This Provider Agreement sets the terms and conditions for submitting invoices to First Nations Health Authority (FNHA) for mental health counselling services provided to clients who are eligible for First Nations Health Benefits Mental Wellness and Counselling Program (MWCP), Indian Residential Schools Resolution Health Support Program (IRS-RHSP), and Missing & Murdered Indigenous Women & Girls (MMIWG) Program coverage. Mental health counselling services shall only be provided by Psychologists, Social Workers, and Psychological Associates who are licensed/certified, authorized, and in good standing with one of the regulatory bodies that the FNHA accepts and who have entered into a Provider Agreement with First Nations Health Authority.

Please complete this form and scan and email the form to: [mhproviderreg@fnha.ca](mailto:mhproviderreg@fnha.ca)

### Provider Application

- New Provider Agreement  Update Existing Provider Information – FNHA Vendor #: \_\_\_\_\_  
(For updates, please complete only vendor #, name, and the information being updated)

### Mental Health Provider Information

PROVIDER LAST NAME \_\_\_\_\_ PROVIDER FIRST NAME \_\_\_\_\_

NAME OF COMPANY, OR ORGANIZATION THROUGH WHICH PROVIDER CONDUCTS SERVICES (IF APPLICABLE) \_\_\_\_\_

Please indicate if payment should be issued to:  Company Name or:  Personal Name

### Provider Mailing Address

STREET NUMBER AND STREET NAME \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE/TERRITORY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**Optional Demographic Information:** Please complete this section only if you would like the information to be recorded in your provider files and made available to FNHA clients on request:

Provider Gender:  Female  Male  Trans Provider has Indigenous Ancestry:  Yes  No

### Please specify which of the FNHA's accepted professional regulatory body you are registered with:

- The Canadian Counselling and Psychotherapy Association (Designation: Certified Clinical Counsellor)  
 The BC Association of Clinical Counsellors (Designation: Registered Clinical Counsellor)  
 The College of Psychologists of BC (Designation: Registered Psychologist)  
 The BC College of Social Workers (Designation:  Registered Social Worker or  Registered Clinical Social Worker)

Specify registration number: \_\_\_\_\_

## Additional Information

Please attach the following as appendices:

### Professional Liability Insurance

Please attach a copy of your current Professional Liability Insurance (liability insurance must meet regulatory body requirements, with a minimum of \$2 million annually).

### Current Mental Health Counselling Work Commitments

Please provide information on any potential conflicts of interest - e.g. financial relationships or in-kind arrangements with federal, provincial, territorial and community-based mental health programs.

### Cultural Safety and Experience with First Nations

This information may be shared with clients or communities on request.

The reality of intergenerational mental health and cultural trauma suffered by First Nations peoples has led to a significant need for cultural safety amongst members of these communities. Therefore, many First Nations peoples may seek options for treatment that is provided in a culturally safe manner in order to achieve mental wellness.

ICS Core Health Training or Core Mental Health Training is a mandatory requirement to be a provider for STCIMHC, IRS-RHSP, and MMIWG. The FNHA does not accept any equivalencies for other training or experience in lieu of completion of this course. Please note that FNHA will not be responsible for payment or funding of the mandatory ICC training. **You have one year from the date of your FNHA provider registration to ensure that you have completed the ICS Course as part of the enrolment process with the FNHA.**

I have already completed the Indigenous Cultural Safety (ICS) Core Health Training, or Core Mental Health Training hosted by Provincial Health Services Authority in BC. Attach ICS certificate of completion as an appendix.

OR

I have not yet completed the ICS. I confirm I will enroll and complete this course within a year of my FNHA registration. **Attach a page providing any previous experience you have working with First Nations individuals or communities, and with cultural competency, including any training in this area. You may be asked to provide additional evidence in support.**

*Please note, the FNHA may also request on a case-by-case basis: a) a Criminal Record Check (if your regulatory body does not perform regular, recurring checks) and/or b) your resume or CV*

### Current Areas of Clinical Expertise (Minimum 2 years clinical experience)

This information may be shared with clients or communities on request.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Addiction              | <input type="checkbox"/> Grief                      | <input type="checkbox"/> Self-Harm or Self Injury |
| <input type="checkbox"/> Anxiety                | <input type="checkbox"/> Indian Residential Schools | <input type="checkbox"/> Sexual Abuse             |
| <input type="checkbox"/> Childhood Abuse/Trauma | <input type="checkbox"/> Loss                       | <input type="checkbox"/> Stress                   |
| <input type="checkbox"/> Crisis Intervention    | <input type="checkbox"/> Panic Attacks              | <input type="checkbox"/> Trauma                   |
| <input type="checkbox"/> Depression             | <input type="checkbox"/> Physical Abuse             | <input type="checkbox"/> Traumatic Loss           |
| <input type="checkbox"/> Emotional Abuse        | <input type="checkbox"/> Self-Esteem/Confidence     | <input type="checkbox"/> Violence: Witnessing     |

### Service Specialties

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Work with Children under 12 | <input type="checkbox"/> Telehealth                  | <input type="checkbox"/> Willing to Travel (with FNHA pre-arranged travel reimbursement) |
| <input type="checkbox"/> Work with Children 12-16    | <input type="checkbox"/> LGBTQ2SI Sensitive Services | Specify Communities/Cities:  |

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## Provider Agreement: Terms and Conditions

1. The Mental Health Counselling Provider shall adhere to the terms and conditions in the FNHB Guide to Mental Health Counselling Services and related communications from FNHA.
2. The Mental Health Counselling Provider agrees that, in cases when a Client has any alternate health plan (public or private) for which a benefit is payable, the claim should be submitted to the other plan prior to submitting it to the FNHA Program.
3. The Mental Health Counselling Provider shall only provide service to FNHA clients in compliance with all applicable laws and regulations governing their profession, including the possession of all required licenses, certificates, permits, clinical record keeping and liability insurance that are necessary to allow them to lawfully provide mental health counselling services.
4. The Mental Health Counselling Provider shall ensure that the information in this Agreement is accurate, complete and up-to-date. The Mental Health Counselling Provider agrees that FNHA may validate registration with the applicable professional association at any time. The Mental Health Counselling Provider will maintain enrollment in good standing with the respective Mental Health Provider Provincial Licensing Body as well as other eligibility requirements. FNHA may request the submission of a current criminal record check.
5. The Mental Health Counselling Provider agrees that the FNHA may request supporting documentation as outlined in the FNHA Mental Health Guide to Mental Health Counselling to audit or review any invoices submitted to FNHA for payment to ensure compliance with the terms and conditions of MWCP, IRS RHSP, and MMIWG. The Mental Health Counselling Provider agrees to cooperate with the FNHA in any such audit or review and to provide information as required, in accordance with applicable laws, regulations and professional standards.
6. The Mental Health Counselling Provider understands that the FNHA may take action to recover amounts determined to have been inappropriately paid and/or overpaid.
7. The Mental Health Counselling Provider is not providing services to FNHA and it is not a service contractor to FNHA. The Mental Health Counselling Provider shall not represent itself as an agent or representative of the FNHA in any publicity or marketing.
8. Either the Mental Health Counselling Provider or the FNHA may terminate this billing agreement at any time without cause.
9. The Mental Health Counselling Provider agrees to the collection of your name, address and telephone number (or other necessary personal information) and use, to confirm your identity and professional registration, establish your eligibility for the MWCP, IRS RHSP and MMIWG, and to be disclosed to FNHA clients who are requesting access to MWCP, IRS RHSP and MMIWG.

Upon submission of a claim as a Provider, you will be subject to the Terms and Conditions of the FNHA MWCP, IRS RHSP and MMIWG, as outlined in the FNHA Guide to FNHB Mental Health Counselling Services. It is the Provider's responsibility to be familiar with the terms and conditions of the FNHA Program. Providers will be advised of changes to the FNHA MWCP, IRS RHSP and MMIWG.

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PROVIDER NAME

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PROVIDER SIGNATURE (NO STAMPS)  
(MUST BE AN OWNER OR DIRECTOR WITH AUTHORITY TO BIND THE CORPORATION)

DATE (YYYY/MM/DD)

## Privacy Notice:

*The personal information you provide to FNHA is governed in accordance with the Personal Information Protection Act ("PIPA") in British Columbia.*

*We only collect the information we need to administer the Mental Health Counselling services authorized under the Health Benefits Program or Indian Residential Schools Resolution Health Support Programs. Purpose of collection: We require your personal information to consider you for enrollment as a provider of these services. Other uses or disclosures: In limited and specific situations, your personal information may be disclosed without your consent in accordance with section 18 of the Personal Information Protection Act ("PIPA") in British Columbia. Your rights under PIPA: In addition to protecting your personal information, PIPA gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Information and Privacy Commissioner of B.C. if you think your personal information has been handled inappropriately. For more information about privacy, please contact the Privacy Office in FNHA at [privacy@fnha.ca](mailto:privacy@fnha.ca).*