The College of Naturopaths of Ontario

To be completed by the patient

Application for Funding for Therapy and Counselling

The Patient Relations Committee follows the provisions of the Regulated Health Professions Act, 1991 (RHPA) when determining whether an applicant is eligible for funding for therapy and counselling. Completed application forms will be reviewed by the Patient Relations Committee of the College of Naturopaths of Ontario to determine eligibility for funding for therapy and counselling.

A. Application Information		
Applicant Name:		
Address:		
City:	Province:	Postal Code:
Telephone:	Email:	
B. Naturopath Information		
Name of Naturopath:		
Address:		
City:	Province:	Postal Code:
Registration Number (if known):		

C. Information

Please answer as many questions as you can. Check the boxes that pertain to your situation.

Yes ***No*** ***Not Sure***

☐ It has been alleged, in a complaint filed with the College of Naturopaths of Ontario, or a Registrar's Investigation initiated by the College, that I was sexually abused by the above named Naturopath while I was a patient.

If you answered yes, and you have the information, please complete the following:

A complaint was made or a Registrar's Investigation was initiated by College of Naturopaths on _____(date) alleging that I was sexually abused by the above-named naturopath while I was a patient and file number _____ has been assigned by the College.

D. Counsellor/Therapist Information

Name of Counsellor/Therapist:		
Address:		
City:	Province:	Postal Code:
Telephone:	Email:	

Is this therapist/counsellor a regulated health professional? ☑ Yes ☐ No

If yes, name the College with which the therapist/counsellor is registered:_____

Are the services of this therapist/counsellor covered by OHIP or another insurer? ☑ Yes ☐ No

If yes, please provide details: _____

_____

Have you already had therapy or counselling for this abuse? ☐ Yes ☑ No

If yes, attach all copies of all bills paid/received to date.

If no, expected start date of therapy or counselling: _____

E. Declaration

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

1. **I am hereby applying for funding for therapy or counselling under the program established by the College of Naturopaths of Ontario pursuant to section 85.7 of the Health Professions Procedural Code of the *Regulated Health Professions Act, 1991.***
2. **I understand that the *Regulated Health Professions Act, 1991* requires me to undertake to keep confidential all information obtained through the application for funding process. This includes, if funding is granted, the fact that funding has been granted and the reasons given by the Patient Relations Committee for granting the funding. I further understand that I will not use this information for any collateral or ulterior purpose. This undertaking does not restrict my right to use, as I see fit, any information I already have about the events leading up to this application.**
3. **I understand that a decision by the Patient Relations Committee that I am eligible for funding does not constitute a finding of guilt against the above-named Naturopathic Doctor and shall not be considered by any other committee of the College dealing with them.**
4. **I agree to allow the College of Naturopaths of Ontario to contact the above named therapist/counsellor, as necessary to process this application for funding.**

Signature:	Date: