



WORKING TO MAKE A DIFFERENCE

## **WorkSafeBC Expression of Interest # H013-2008**

# **Mental Health Providers Needed to Provide Psychological Treatment Services for WorkSafeBC Injured Workers**

WorkSafeBC (the Workers' Compensation Board of BC) would like to identify mental health providers that are interested in offering Psychological Treatment Services to WorkSafeBC Injured Workers.

### **DESCRIPTION OF SERVICES**

Mental Health Treatment is the application of evidence based therapeutic interventions for the purpose of assisting Injured Workers to recover from psychological conditions.

The Scope of Services covered under this contract are for the provision of Mental Health Treatment, including treatment planning, treatment sessions and written reports and consultations. Approved Treatment Services are restricted to those symptoms or conditions accepted by WorkSafeBC.

If you are interested in offering your services, you are invited to respond to this Expression of Interest (EOI). Please complete the attached form to indicate your interest for additional information on the requirements and competitive process.

Please note: WorkSafeBC will only contact those that have expressed an interest in providing services in a location where additional services are needed.

### **COMPETITIVE PROCESS**

WorkSafeBC will forward invited Respondents a Request for Qualifications (RFQ) document. The RFQ will provide further information on the service requirements and instructions on providing a submission to the WorkSafeBC. WorkSafeBC will review all of the completed submissions and notify the Respondents of the submission results.

This EOI is an inquiry only and WorkSafeBC reserves the right in its sole discretion to negotiate a contract individually with any Respondent to this EOI for all or part of the work or not to proceed with a contract. WorkSafeBC will continue to accept new submissions for this EOI indefinitely until WorkSafeBC chooses to terminate this process.

### **RESPONSE DEADLINE**

Interested applicants are requested to submit their expression of interest by completing and returning the following page.

Expression of Interest Forms may be faxed, emailed or mailed to WorkSafeBC.

WorkSafeBC will continue to accept new submissions for this EOI indefinitely until WorkSafeBC chooses to terminate the process.

### **INQUIRIES**

For any questions or concerns, please contact Maria Price, Senior Purchasing Officer by email at [purchase@worksafebc.com](mailto:purchase@worksafebc.com).

## EXPRESSION OF INTEREST FORM

### To Provide Psychological Treatment Services

**PERSONAL IDENTIFICATION**

<input type="checkbox"/> Mr.	<input type="checkbox"/> Dr.	First Name:
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		(to assist with client requests)
Profession:		

**ADDRESS**

Corporate/Business Name:			
Street:			
City:	Prov./State:	Country:	Postal Code:
Telephone:	( )	Cell Phone:	( )
Answering Service:	( )	Pager:	( )
Fax:	( )	Email:	

**LOCATION WHERE YOU WILL BE PROVIDING SERVICES (if different from above)**

Street:			
City:	Prov./State:	Country:	Postal Code:
Telephone:	( )	Cell Phone:	( )
Answering Service:	( )	Pager:	( )
Fax:	( )	Email:	

**PROFESSIONAL BACKGROUND****EDUCATION (Please list highest degree obtained)**

Year	Degree	Speciality	University

**PROFESSIONAL REGISTRATION (Regulatory Body)**

Organization	Date Joined	Currently Registered? Y/N

**LANGUAGES (proficient for service provision)**

1.	2.	3.
4.	5.	6.



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Please Return Completed Form to:  
WorkSafeBC; Corporate and Health Care Purchasing  
PO Box 5350 Vancouver, BC V6B 5L5  
Phone: (604) 276-3344 Fax: (604) 276-3260

## EXPRESSION OF INTEREST FORM To Provide Psychological Treatment Services

### CLINICAL SERVICES

TREATMENT TYPE	CLIENT POPULATION

**Thank you for your interest in providing Services.**

Please forward to:

WorkSafeBC Corporate & Health Care Purchasing  
Attention: Dianne Tatoy, Purchasing Assistant

EMAIL: [purchase@worksafebc.com](mailto:purchase@worksafebc.com)

FAX: (604) 276-3260

Or Mail:

WorkSafeBC  
Attention: Corporate and Health Care Purchasing  
PO Box 5350 Stn. Terminal  
Vancouver, BC V6B 5L5

**WorkSafeBC will only contact you if we have need for Provider(s) in the area(s) specified.**