



PRACTICE GUIDELINES: USE OF SURVEILLANCE MATERIAL IN ASSESSMENTS

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Within the insurance industry, the use of surveillance material is standard practice in many disability claim situations. Increasingly, as part of a Designated Assessment Centre or an independent examination, health care professionals involved in rehabilitation are being asked to review surveillance material as part of their client assessment. This material may appear in different formats; most usually as a video and/or photographs. On occasion, they may be accompanied by an investigator report.

The health care provider is in a position of trust within the client/practitioner relationship. As a “third party” evaluator, the practitioner must understand his/her relationship to both the client and the insurer. Key issues for the practitioner to consider are outlined below:

- Is there an obligation to review surveillance material?
- Does viewing of surveillance material require consent?
- If you evaluate the surveillance material, should it be done before or after the assessment?
- How much client involvement should there be?
- Is it reasonable to review surveillance material when there is no client contact?

Principles

The following guidelines are suggested for regulated health professionals who are considering the use of surveillance material in client assessments.

- Registrants should be cautious about assuming the role of surveillance material interpreter. Surveillance material interpretation may be viewed as a specific skill and can present challenges with respect to the identification of the individual presented and the conditions under which the material was secured.
- Among the considerations for registrants who are asked to review surveillance material are issues around their own knowledge, skill and judgement. A registrant who does not feel that she is experienced in the interpretation of surveillance material or is unsure about its meaning, may wish to decline to comment on it as part of her evaluation.

With Client Involvement:

- Surveillance material is considered to be similar to any other documentation used to provide background on a client. It should be received prior to the examination process.
- The client should be advised of the existence of surveillance material.
- If the surveillance material will be used to influence your opinion, the registrant should review the material with the client. This will allow the client an opportunity to respond. The client's response should be documented and included in the opinion.
- Registrants should carefully note what material was reviewed and relied upon prior to rendering an opinion. A description of this information should be included with the opinion itself, including the specific segments viewed that are in congruence or contrary to the conclusions reached.
- If the surveillance material is presented to the registrant after their examination is complete, the registrant needs to determine if he/she will consider viewing this material. If the material is viewed, it should be reviewed with the client present. Again, this allows the client an opportunity to respond. In addition, a description of this information should be included in the opinion itself including the specific segments viewed that are in congruence or contrary to the conclusions reached.
- Registrants should decline to express any opinion on surveillance material where there is significant doubt as to the identity of the person portrayed in the material in relation to the client.

Without Client Involvement:

There exists a general societal expectation that health practitioners represent and act in the best interests of their clients. The viewing of surveillance material without client involvement may affect this expectation particularly if there is any uncertainty about the material under evaluation. Broad limitations do exist in commenting on surveillance material where no direct client contact has occurred.

- The review of surveillance material in conjunction with a written report in order to render an expert opinion may not require the consent of the client provided that the registrant has not had any prior relationship to the client.
- If the registrant has any doubts concerning the content or authenticity of the surveillance material, they should decline to render an opinion.
- The registrant must qualify the limitations associated with their expert opinion. The registrant must consider under what circumstances the material was obtained and whether alternative explanations exist for the observed behaviour.
- The registrant's opinion and conclusion must be limited to the comparison of the data in the written material and the surveillance material only. No conjecture as to the future abilities of the client or the client's credibility can be provided, as the information available is insufficient.

College registrants are accountable for the practise they provide to the public. Guidelines are issued for the assistance of the professional. They represent guidance on how registrants should practice. Guidelines are intended to support, not replace, the exercise of professional judgement by practitioners in particular situations.

This guideline was prepared in cooperation with the Regulatory Rehabilitation Working Group of the Federation of Health Regulatory Colleges of Ontario. For additional information, please contact the College.

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