



Guidelines for Working with Third Party Payers

Introduction

In many practice settings, occupational therapists (OTs) are asked to provide their professional opinions or offer clinical services on behalf of third parties. In circumstances where the party requesting and paying for the occupational therapy services is not the client, OTs are often faced with competing priorities and demands. From the volume of practice questions and complaints against OTs received by the College, it is evident that many OTs struggle to balance these competing priorities. In some cases, these pressures increase in response to OTs working independently with little or no support from OT colleagues or from the litigious nature of their particular area of practice.

Third party payer refers to an individual or organization other than the client who provides funding for occupational therapy services for the client. The client is the person for whom the health care opinion, assessment and/or treatment applies regardless of who is paying for the service¹.

Although titles other than client such as claimant, examinee, or employee may be used to describe the individual in other settings, the College only uses the term “client”. OTs are expected to be transparent, objective, fair and impartial when providing occupational therapy services regardless of their relationship (treating or non-treating) with the client. The third party is not considered the client. Some examples of third parties that OTs routinely work with include: insurance providers, lawyers, the Workplace Safety Insurance Board (WSIB) and client employers. Publicly funded health care or education services are not considered third party payers for the purpose of these guidelines.

The purpose of this document is to address frequently asked questions related to third party referrals and funding sources, and to outline critical issues for OTs to consider. This guideline is intended to be used in conjunction with College standards, regulations and applicable legislation to enable OTs to provide safe, competent, and ethical care.

Quick Links to College Resources

In working with third party payers, OTs must be aware of the expectations outlined in related College documents:

- [Code of Ethics](#)
- [Standards for Occupational Therapy Assessments](#)
- [Standards for Consent](#)
- [Standards for the Prevention and Management of Conflict of Interest](#)
- [Standards for Record Keeping](#)

¹ *College of Occupational Therapists of Ontario. Guide to Independent Practice. 2013*

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1. Providing Ethical and Competent Client Care

Many ethical dilemmas can arise for OTs working with third party referrals and funding sources as OTs are faced with competing third party, client, College and personal factors. Regardless of the nature or area of practice, the **Code of Ethics** serves as a foundation for occupational therapy practice. OTs must be guided by the core values of Respect and Trust and the principles of practice that follow: Client-centred practice, Respect for Autonomy, Collaboration and Communication, Honesty, Fairness, Accountability, and Transparency.

Central to the delivery of ethical occupational therapy service is the identification of the ‘client’. The client is the person for whom the health care opinion, assessment and/or treatment applies regardless of who is paying for the service². Although a third party payer is a stakeholder in the outcome of the assessment, the payer is not the client. It is necessary for OTs to understand who their client is and to be able to define this for the client and the third party stakeholder.

When making a determination about the client’s requirements for care, the OT should follow the core values and principles of the **Code of Ethics** and make recommendations and decisions that are transparent, fair, objective and impartial. OTs must ensure recommendations and decisions are not biased in favour of the referral source, the payer or the client. This expectation applies to all types of interactions (i.e., direct client care, one-time assessments, or paper reviews). It is important to note that being client-centred does not imply that the OT should provide or recommend everything that the client is requesting. OTs must follow the **Standards for Occupational Therapy Assessments** and use their clinical judgement to make accurate, objective and evidence-informed decisions about the most appropriate service for the client.

² College of Occupational Therapists of Ontario. *Guide to Independent Practice*. 2013

A useful tool to assist OTs in problem-solving through challenging ethical or clinical situations is the **Conscious Decision Making Framework**. This framework involves working through eight steps to arrive at a sound decision by consciously considering relevant factors and available options.

Another foundational document to guide practice is the **Essential Competencies of Practice for Occupational Therapists in Canada, 3rd edition**. These competencies describe the skills, knowledge, and judgment required of all OTs practising across Canada in clinical or non-clinical roles.

Questions to ask yourself to support the delivery of ethical and competent client care:

- a) Who is your client?
- b) Are you making clinical decisions and recommendations that are transparent, fair, objective and impartial regardless of anyone else's opinions (for example, lawyers, insurance adjusters, other providers)? Would another OT, with no external influence or pressure, arrive at the same opinion?
- c) Are your clinical decisions evidence-informed and made using sound professional judgement?
- d) Has communication with the client about your initial impressions been transparent and in alignment with what the client can expect to see in your report? Have you avoided misleading the client regarding the anticipated outcome of the assessment?

2. Defining Your Role and Setting Expectations with Stakeholders

OTs providing services for third party payers should be mindful of what the referral for occupational therapy service entails and should clarify their scope of practice and role prior to the initiation of services. OTs should further clarify expectations of "stakeholders, third party payers, and relevant others that impact or complement service" (Essential Competency 4.1.2). OTs have a duty to be transparent regarding their scope of practice and role, and to engage clients in a discussion regarding expectations to ensure a mutual understanding of the occupational therapy services to be provided. This includes a discussion about the frequency and duration of service and any fees that will be charged, as well as any limits or constraints on service delivery. Additionally, if the OT has signed and negotiated a contract for their services, it is important to disclose the contractual obligations to all relevant stakeholders.

It is incumbent upon the OT working in the context of third party relationships to ensure they have the necessary knowledge, skills, judgement and experience required to deliver safe, ethical, competent care. Every OT is expected to demonstrate the essential competencies for occupational therapy practice regardless of their area of practice, practice setting or relationship to the funding source. OTs must have the necessary training and demonstrate competence to perform standardized assessments, formal testing, or evaluations within their scope of practice in accordance with the **Standards for Occupational Therapy Assessments**. Further, an OT is expected to understand the limits of their

competency when determining the appropriateness of accepting a referral as it relates to their knowledge, skill and/or experience. OTs should not be accepting referrals for service when they do not have the required knowledge and experience to manage the referral safely and effectively.

When conducting an assessment on behalf of a third party payer, it may not be within the OT's role to provide treatment to the client. If, however, in the context of the assessment, the OT discovers a finding or a symptom which raises serious concern or requires intervention, the OT should advise the client of this fact. This enables the client to receive timely intervention. The College recommends that the OT seek the client's consent to share the results with the client's treating health care provider. If the OT is conducting the assessment in the context of a legal proceeding the OT should seek independent legal advice before disclosing the findings to the client.

Questions to ask yourself about your scope of practice and your role:

- a) Are you aware of the scope of the occupational therapy referral and your level of involvement in the client's case prior to the initiation of services?
- b) Have you signed or negotiated a contract for the occupational therapy services you will provide? If so, what are your contractual obligations and have these been communicated to the client or his/her representative?
- c) Have you discussed with the client, or their representative, the expectations for occupational therapy service and what will be provided?
- d) Do you possess the knowledge, skills and judgement to effectively address the occupational therapy referral within this area of practice and with regards to the specific injuries or stated disabilities of the client?

3. Obtaining Consent for OT Services and Personal Health Information

OTs providing services to third party payers, or working as consultants, need to ensure they are obtaining informed consent from their clients for all occupational therapy services including assessment, treatment, and consultation. Although many individuals and organizations use consent forms, it is important to note that a consent form is not a substitute for the consent process. In accordance with the *Health Care Consent Act, 1996* (HCCA) and the **Standards for Consent**, the process for obtaining informed consent must include information about the "nature, benefits, risks and side-effects of the service, alternative courses of action, and the likely consequences of not having the service. It must be obtained, recorded, dated, and maintained as part of the client record"³. In other words, although a consent form is not a substitute for the consent process, OTs are required to document that informed consent has been obtained. For example, such documentation should include

³ College of Occupational Therapists of Ontario. *Standards for Consent*, 2016.

a record of whether a client understands the potential consequences if they refuse to consent to participate in an assessment required by their insurer. Clients must be given an opportunity to receive answers from the OT to questions they may have about the occupational therapy service being proposed and must be informed of their right to withdraw consent at any time.

When working in some areas of practice, there are situations where consent may be obtained by one health care professional on behalf of the other health care professionals involved with the client. This is called third party consent⁴. In this situation, the OT should ensure that the third party who obtained consent did so using an informed consent process. This should be done prior to initiating occupational therapy services and the OT should document the name or role of the individual who obtained the informed consent from the client. It is the responsibility of the OT to obtain informed consent for ongoing services. Often clients seeking access to insurance benefits may be instructed to participate in activities required by the insurance company to be eligible for benefits. This does not constitute obtaining informed consent for occupational therapy services and the OT cannot rely on this as third party consent. OTs must use their judgement and be aware of relevant legislation regarding consent and their obligation to obtain consent as specified in the Standards for Consent.

In some cases, an OT may become involved in a client's case through a legal representative. In these cases, the legal representative may be the one who is communicating the OT's involvement in the case and seeking informed consent to engage the OT. Despite the consent obtained from the client's representative, it would be prudent for the OT to review their role and scope of practice with the client, explain the process that will be occurring, discuss any treatment specifics and address any questions the client may have to ensure informed consent has been obtained.

During the assessment process or at any time during occupational therapy service delivery, a client may choose to withdraw their consent, or to not participate in some or all portions of the assessment or treatment. The OT should document the relevant information for the portions of the assessment completed and note where client consent was withdrawn along with any rationale provided by the client for the withdrawal. In addition, the OT should explain to the client any risks or consequences of the withdrawal of consent and document that this discussion occurred.

In addition to informed consent for services, OTs must also obtain **knowledgeable consent** for the collection, use and disclosure of personal health information. Under the *Personal Health Information Protection Act, 2004* (PHIPA), consent is knowledgeable if it is reasonable in the circumstances to believe that the individual knows the purposes of the collection, use or disclosure and is aware that they have the right to give or withhold consent for the collection, use or disclosure of personal health information. This is particularly important in circumstances where reports have the potential to have serious implications such as influencing a client's access to resources or funding.

OTs providing their services to third party payers or working as consultants often complete reports or forms as part of their practice. If a client withdraws consent for the submission of an assessment or treatment report prior to the completion of the report, the OT should discuss with the client the reasons

⁴ College of Occupational Therapists of Ontario. *Standards for Consent*, 2016.

for the withdrawal of consent, the implications of the withdrawal of consent and document this discussion in the client record. The OT should not complete or submit the report or form if consent for the disclosure has been withdrawn by the client or his or her representative, unless the OT is legally required to do so (such as in the case of a subpoena). The OT can submit any portions of the report that the client consented to and reference the fact that there is information missing because consent was withdrawn. A client cannot withdraw consent for the collection, use or disclosure of information retroactively, meaning, if a report has already been submitted, the OT is not in a position to retract the report.

OTs may be asked to review additional information such as surveillance material or reports from other health professionals, or they may be asked to complete additional paperwork such as rebuttals or addendums. If the OT has already completed the in-person client assessment, the OT must obtain the client's consent prior to reviewing the additional information or completing the additional paperwork. The OT is required to obtain consent as this new information was not included in the initial consent obtained from the client for the collection, use and disclosure of information. In addition, reviewing the material with the client will permit the client an opportunity to provide context. For more information on surveillance, see the Guidelines: Use of Surveillance Material in Assessment.

In some cases, OTs will be required to submit their reports in draft format for review and editing. Although it is acceptable practice to have reports reviewed, the onus is on the OT to ensure the content of the final report accurately reflects the OT's professional opinion. By signing a report an OT is attesting that the report is accurate, complete and truthful and does not contain statements that the OT knows or ought to know are false, misleading or otherwise improper. An OT should not agree to sign a revised document if the content does not reflect the OT's professional opinion.

If a file or paper review is requested and the OT has not had any prior contact with the client, he or she does not need to obtain consent from the client. In this case, the OT is not required to obtain informed consent for services as they are not directly involved with the client. Nor is the OT required to obtain consent for personal health information as they were not responsible for the collection of the information.

Questions to ask yourself when obtaining consent:

- a) Have you addressed all requirements outlined in the *Health Care Consent Act, 1996* to obtain informed consent for OT services including assessment, treatment and consultation?
- b) Have you documented in the clinical record that informed consent was obtained?
- c) If a third party obtained consent, have you confirmed that they followed the appropriate process for obtaining consent for services and/or personal health information?
- d) Have you obtained knowledgeable consent from the client to communicate with everyone who is involved in the client's case including the submission of reports to third parties?
- e) Do you understand your responsibilities for privacy and confidentiality if the client or their representative withdraws consent prior to the completion of your occupational therapy services or submission of any reports?

4. Managing Records and Reports

OTs providing services to third party payers must understand their role as the health information custodian or as an agent of the health information custodian prior to engaging in occupational therapy service delivery. These roles determine who will maintain and store the client record and who is responsible for releasing the record to clients or their representatives. This should be clearly communicated to the client or the third party up front so that they are aware of who to contact should they wish to request a copy of their clinical record. OTs should also be aware of relevant privacy legislation such as the *Personal Health Information Protection Act, 2004* (PHIPA) if they are collecting or sharing client's personal health information.

An important fact to consider is that health information custodians and PHIPA legislation only apply to people or organizations who are providing health care services. There are instances where OTs are consulted or contracted by organizations and businesses that do not provide health care services, and therefore are not considered to be health information custodians. In these instances, other legislation such as the federal *Personal Information Protection and Electronic Documents Act, 2000* (PIPEDA) may apply. OTs should establish that they are the health information custodians in these situations and communicate this to the clients at the initiation of occupational therapy services.

Clients have the right to access their records. Prior to engaging in occupational therapy service delivery, OTs must understand their responsibilities for maintaining client records and be clear on the expectations related to the release of reports generated for third parties. Although OTs may complete specific reports for third party payers, these reports likely do not capture all the information collected and used by the OT to form their opinion. OTs must understand the distinction between the clinical record, which is a source of evidence intended to officially record all events, decisions, interventions and plans made in the course of an OT-client relationship, and a specific report generated by the OT for the third party payer.

As with any area of practice, OTs are expected to meet the Standards for Record Keeping and ensure that client records including any reports are maintained and retained in accordance with the Standards. Client records are an essential tool to provide rationale and evidence for clinical decisions and serve as a reminder as to how you arrived at your professional opinion should you be required to speak to your services months or years later.

It is imperative that OTs who are providing services to third party payers understand that any documentation completed by the OT and signed with their signature and the designation "OT Reg. (Ont.);" is subject to the **Standards for Record Keeping**.

With the advancement of technology and the transition to electronic client records, electronic systems for report submissions and email communications, OTs working with third party payers should take measures to ensure the information systems used by the OT and/or the third party are secure and meet the requirements for privacy and confidentiality. If discrepancies in record keeping expectations are

noted, OTs should discuss any concerns with the appropriate organizational representative to resolve the discrepancies.

Questions to ask yourself concerning your responsibilities for record management:

- a) Are you the health information custodian or an agent of the health information custodian?
- b) Are you aware of relevant legislation regarding privacy and security of client's health information in your area of practice?
- c) Do you apply the **Standards for Record Keeping** in your documentation practices?
- d) Do you inform your clients of how they can obtain a copy of their clinical record?
- e) Does the electronic documentation system you are using meet the indicators specified in the **Standards for Record Keeping**?
- f) Does the electronic documentation system of the company or organization for whom you are providing services meet the indicators specified in the **Standards for Record Keeping**? (Note: this is only pertinent if you are using this system for your documentation or submission of reports).

5. Managing Conflicts of Interest

OTs working in any practice area make challenging decisions daily. These decisions may involve whether to accept a referral or not, how to manage business relationships with vendors, or deciding to work for more than one company within the same sector. For OTs who are working with third party payers, decisions or situations may arise that could lead to conflicts of interest. "In occupational therapy practice, a conflict of interest arises when the occupational therapist has a relationship of interest, which could be seen by a reasonable person as improperly influencing their professional judgement or ability to act in the best interest of the client"⁵. It is imperative that an OT recognizes and takes steps to proactively manage any potential, perceived or actual conflicts of interest. To review the expectations for OT practice, see the **Standards for the Prevention and Management of Conflict of Interest**.

Providing services for third party payers presents unique challenges for OTs related to conflict of interest. Conflicts may arise due to:

- **Competing interests of clients and third party payers**
For example, a client may wish to access all the funding and resources possible to address a disability related to a motor vehicle accident, while the insurer may wish to provide the minimum entitlement in an effort to remain sustainable or profitable as a business. In this case, the OT is often placed in the middle of the competing interests and must use their professional judgement and integrity to arrive at a fair, objective and impartial outcome. It is not the role of the OT to advocate for either position, but to provide an accurate and impartial report.

⁵ College of Occupational Therapists of Ontario. *Standards for Prevention and Management of Conflict of Interest*. 2012.

- **Conflicting standards of the College and third party payers**
For example, as regulated health professionals, OTs are accountable to legislation and standards such as informed consent, for which non-health professionals (for example, lawyers) or companies (for example, insurer) may not be accountable. In these cases, an insurer may not be aware of the need for an OT to obtain informed consent and may assume that the insurer's practices regarding claimant consent are sufficient. This can lead to frustration when an OT requires additional processes and time to complete their work or when an OT cannot proceed with assessment if the client has refused or withdrawn consent.
- **Conflicting opinions between OTs**
For example, it is common in auto insurance claims for the insurer to request a review, by an independent OT, of a request or report submitted by a treating OT. In some cases, the independent review results in significant variation in clinical opinion between the two OTs. This variation in opinion can result in the perception that both OTs are not being fair, objective or impartial. This discrepancy can call into question the integrity of these specific OTs or the profession of occupational therapy. Addressing the requirements of the **Standards for Occupational Therapy Assessment** and maintaining an unbiased, objective approach to assessment and analysis of client needs may reduce the discrepancy in findings between the OTs.
- **Personal conflicts of interest for the OT related to their future income opportunities from third party payers.**
For example, an OT may be concerned that if their professional opinion is unfavourable for the third party payer, the OT may not receive referrals in the future from the third party. This could have significant impact on their earning potential and personal financial circumstances.
- **Personal conflicts of interests or pressures related to referrals to and from other professionals**
For example, OTs may feel pressure, related to the potential for financial compensation or employer encouragement, to refer clients internally within their company or to a select group of providers, even if the OT does not feel the service is needed or that the professional recommended may not be the most appropriate choice. OTs must resist this pressure.

Although each of these scenarios presents complex decisions for OTs, OTs practising in Ontario are expected to abide by the **Code of Ethics**, and uphold the core values of respect and trust. Proceeding with service delivery while in a conflict of interest can compromise those values and lead the client to distrust the OT, the organization that the OT is contracting their services to, or the profession as a whole. Practising the profession while the member is in conflict of interest is considered an act of professional misconduct under Ontario Regulation 95/07: Professional Misconduct.

It is essential for OTs to recognize that as autonomous regulated health professionals they are responsible for their professional decisions. An example of such a decision includes determining if it is a conflict of interest for an OT to accept a referral from a family member or friend who is a personal injury lawyer. In this instance, the OT might want to examine if they are receiving referrals appropriately and if they are personally benefitting from the relationship with the referral source. The OT also needs to

consider if the referral relationship could result in a real or perceived bias in favour of the referral source.

A frequent question received by the College pertains to whether a request to have a treating OT or other stakeholder present at an independent evaluator OT's assessment constitutes a conflict of interest. If the request for the presence of another individual comes from the client, the independent evaluator OT should confirm expectations regarding the observer role of the treating OT, to ensure the presence of the treating OT does not influence the assessment, recommendations or outcome prior to proceeding. The treating OT must also understand why their presence has been requested and consider the appropriateness of their participation as an observer. Any decisions regarding requests to audio or video record OT service by the client or the OT should be discussed in advance and agreed upon by both parties prior to proceeding.

Another common question that arises relates to whether an OT can assess or treat clients who are related to each other (e.g., a husband and wife who are both involved in the same motor vehicle accident). In this example, the OT should examine if they can remain unbiased and neutral in the assessment of the other family member while following relevant confidentiality and privacy legislation requirements.

In any situation, OTs should always stop and self-reflect when they get a feeling of uneasiness. A critical factor in preventing and managing conflicts of interest is the notion of the OT being transparent with all relevant stakeholders.

Questions to ask yourself concerning conflicts of interest:

- a) Are there any inherent risks for a conflict of interest in your practice (for example, dual relationships with vendors or other providers, incentives to make certain decisions)?
- b) How do you receive referrals for service and have you analyzed the potential impact of the referral sources and processes on your ability to make impartial decisions?
- c) Have you set up policies to prevent and manage conflicts of interest?
- d) Do you have a support or mentoring network in your practice to discuss contentious issues to help you make difficult decisions about managing conflict?
- e) Will this situation alter your client's or payer's perception of your professionalism? What would a colleague think? How would a neutral, informed observer react? Would you be comfortable with this situation becoming public knowledge, or being reported to the College?

(Prescribed Regulatory Education Program: Conflict of Interest. College of Occupational Therapists of Ontario, 2013, p.7)

6. Maintaining Professional Boundaries

The client-therapist relationship is based on trust and respect. A boundary crossing can directly impact the therapeutic relationship and the client's trust in the OT. It is imperative that OTs are cognizant of these types of situations and take the necessary steps to proactively identify, prevent and manage them. OTs should have a plan or response to address potential boundary crossings such as clients who wish to maintain a friendship after occupational therapy services are completed, requests to befriend a client or former client on social media or offering of gifts from clients or families.

Similarly, OTs must be equally mindful of professional boundaries in relationships with third party payers. OTs must use professional judgement when entering into service agreements and avoid referral situations where relationships such as relatives or friendships are involved as this may impact an OT's ability to be objective and unbiased. In addition, an OT should avoid developing personal relationships with third party payers and should never accept or offer any monetary or non-monetary incentives related to client referrals or the provision of service. Professional boundary crossings or violations can result in conflicts of interest and present risk for client outcomes.

Questions to ask yourself concerning maintaining professional boundaries:

- a) Is your relationship with the client or their support system starting to exceed the parameters of the therapeutic relationship to become more personal?
- b) Will this situation affect your ability to be impartial and neutral in your professional relationship with this client?

(Standards for Professional Boundaries. College of Occupational Therapists of Ontario)

7. Use of Title

OTs providing services to third party payers such as auto insurance may have different job titles than occupational therapist, such as Case Manager or Life Care Planner. It is important to note that job titles can be used, however, they should be used in conjunction with the protected title occupational therapist or the abbreviated designation "OT Reg. (Ont.)" to provide clarification to the public. The title "occupational therapist", "OT", or "OT Reg. (Ont.)" is protected in legislation in the *Regulated Health Professions Act, 1991* (RHPA) and the *Occupational Therapy Act, 1991*. Only those who are registered with the College can use the title or variations of the title in Ontario. If an OT is resigning their certificate of registration with the College, they can no longer use the title or hold themselves out to be an OT.

Regardless of job title, when practising (within the scope of the profession and signing documentation as an occupational therapist, the OT is required to meet the standards of practice set out by the College.

The **Guide to Use of Title** provides valuable information for those using a non-OT job title or for those who have questions about denoting specific continuing education credentials such as certifications or specific training in a particular area of practice. In terms of specialization, “detailed in regulation by the College, it is considered professional misconduct to use a term, title or designation indicating or implying specialization in the profession.”⁶ This is also reflected in the Ontario Regulation 226/96 General – Part V: Advertising, paragraph 23 (2). OTs should review the **Guide to Use of Title** to ensure that their business cards, website content, email signature, and signature in the clinical record are displayed appropriately and are in compliance with College standards and guidelines.

Questions to ask yourself about use of title:

- a) If you have a job title other than occupational therapist, how will you display and use this title?
- b) If you have additional training or skills, how will you denote this training?
- c) Is it clear to the client and the third party payer that you are a registered occupational therapist who is accountable to College for the delivery of safe, ethical and competent care?

8. Independent Practice

OTs who are wishing to set up an independent practice should consult the College’s **Guide to Independent Practice**. This document provides information about legislative and regulatory requirements, and includes suggested resources. For those wishing to set up a professional corporation, this document, along with the Guide to Professional Corporations provides an explanation and description of how to contact the College to initiate the process. It is suggested that OTs who are entering into independent practice establish a professional practice peer network, be aware of any relevant legislation affecting their area of practice, be familiar with the College standards of practice and guidelines, and seek legal and accounting consultation prior to starting to practise. The key to establishing an independent practice is to be proactive in planning to ensure all relevant requirements have been addressed.

Another factor OTs should consider when setting up an independent practice is how occupational therapy services will be advertised and marketed to the public. OTs should refer to **Ontario Regulation 226/96: General - Part V: Advertising** for information about what can and cannot be included when advertising services. For example, “an advertisement with respect to a member’s practice shall contain only factual and verifiable information that a reasonable person would consider relevant to choosing an occupational therapist”⁷. Additionally, client testimonials or references to specific devices or equipment cannot be used in advertising.

⁶ College of Occupational Therapists of Ontario. *Guide to Use of Title*. 2012.

⁷ College of Occupational Therapists of Ontario. *Ontario Regulation 226/96. General*. 2012.

Questions to ask yourself about engaging in independent practice and advertising your services:

- a) What legislation applies to your practice?
- b) Will you establish your independent practice as a professional corporation?
- c) How should you develop templates/forms/policies?
- d) Are you aware of guidelines pertaining to advertising and marketing?
- e) How will you establish fee guidelines and billing practices?
- f) Do you need alternate liability insurance?
- g) What else should you consider with regards to risk management?

9. Providing Service to Clients Who Live Outside Ontario

Often in the insurance sector, client's claims may be ongoing for months or even years. If a client moves to another province or country during that time period, the OT registered in Ontario may no longer be allowed or appropriate to deliver care. The College of Occupational Therapists of Ontario considers the location of practice to be the location where the client resides. If a client moves from Ontario to Quebec, the College does not have jurisdiction over occupational therapy practice in Quebec. In this case, the OT would be required to contact the regulatory organization in Quebec to determine the requirements for practice in that province. A client's relocation may necessitate discharging the client from your occupational therapy services and referring them to another OT in the new jurisdiction. In this case, the OT should follow the guidelines set out in the **Guide to Discontinuation of Services**. If the client wishes for the current OT to continue service delivery, the OT would need to confirm the expectations for practice in the location where the client now resides.

The OT may be required to register or obtain a licence to practise in the new jurisdiction which may also have implications for professional liability insurance. In addition to regulatory requirements, the OT must also decide whether they have adequate knowledge of the new jurisdiction (legislation, resources, etc.) to provide quality care to the client. The OT would then be accountable to the College's standards of practice as well as those of the other province or jurisdiction.

Questions to ask yourself about providing service to clients who live outside Ontario:

- a) Do you understand the requirements for continuing to provide occupational therapy services if your client moves to another province or country?
- b) Do you understand the expectations for discontinuing services should your client relocate to a place outside Ontario where you are not entitled to practice?

Summary

As occupational therapy roles continue to evolve, the College remains committed to discussing new changes and challenges to identify ways to support OTs in the delivery of ethical, high quality care for their clients.

It is important to note that this guideline cannot address all circumstances that may exist. OTs are expected to stay informed of changes to relevant legislation, regulations, standards of practice, and policies and procedures. OTs are welcome and encouraged to use the College as a resource to ensure they continue to practice safely, ethically and competently.

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Glossary

Agent	An agent is an individual who is authorized to perform services or activities on behalf of a health information custodian.
Client	The client (also referred to as “the patient” in the <i>Regulated Health Professions Act, 1991</i> (RHPA) is the individual whose occupational performance issue(s) is the focus of care.
Designation	The term designation is used to denote the protected title abbreviation – for OTs the abbreviation is OT Reg. (Ont.).
Health information custodian	This is a listed individual or organization under the <i>Personal Health Information Protection Act, 2004</i> (PHIPA) that, as a result of his/her or its power or duties, has custody or control of personal health information.
Informed consent	Consent is informed if, before voluntarily agreeing to the service, the person making the service decision received the information that a reasonable person in the same circumstances would require in order to make a decision about the service. This information would also include responses to requests for additional information, including information about the nature, benefits, material risks, and side effects of the service, alternative courses of action, and the likely consequences of not having the service. It must be obtained, recorded, dated, and maintained as part of the client record.
Independent examiner	An OT who provides a third party report about a client with whom the OT does not have a treating relationship.
Service	Anything that is done for a therapeutic, preventive, palliative, diagnostic, educative, cosmetic or other health-related purpose, including a plan of service; includes assessment, treatment and consultation.
Knowledgeable consent	Consent for the collection, use and disclosure of personal health information as defined in the <i>Personal Health Information Protection Act, 2004</i> (PHIPA) , section 18(5): A consent to the collection, use or disclosure of personal health information about an individual is knowledgeable if it is reasonable in the circumstances to believe that the individual knows, (a) the purposes of the collection, use or disclosure, as the case may be; and, (b) that the individual may give or withhold consent.
Personal health information	Personal information related to an individual’s health and health care as defined in the <i>Personal Health Information Protection Act, 2004</i> (PHIPA).

Practice/Service	These two terms are used interchangeably and refer to the overall organizational and specific goal-directed tasks for the provision of activities to the client; including direct client care, research, consultation, education or administration.
Record	A record means information, however recorded (written, electronically recorded/entered, audio, video, photographs, diskette etc.), generated (in the case of an occupational therapy record) by the OT or an individual supervised by the OT, pertaining to occupational therapy services provided by the OT. This includes but is not limited to referrals, assessment, therapy goals, progress toward goals, attendance, remuneration, etc.
Third party	Someone other than the principals (usually the client and the OT) who are involved in a transaction.
Third party payer	An individual or organization other than the client who provides funding for the delivery of OT services for a client to whom the healthcare service (opinion, assessment or ongoing treatment) applies.
Third party report	A form, letter or report that an OT completes or prepares in relation to a third party process that is not for the purpose of the direct provision of health care.

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