



PRACTICE ADVICE

WORKING ON YOUR OWN

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Private practice work presents its own set of challenges, and members regularly contact the College for assistance in resolving difficult situations particular to their practice. For example, the complexity of relationships that may arise between the member, institutions, other professionals, and patients/clients and their families can lead to challenging situations. Members also call the College with other enquiries regarding concerns ranging from private practice fees to record-keeping and advertising.

FREQUENTLY ASKED QUESTIONS

Q: I am employed by a school board and also maintain a small private practice. Parents of students I work with in the schools often ask me if I am available to provide private services to their child. Is this allowed?

The proposed [Conflict of Interest Regulation](#) details the conditions under which members may, independently of their employers, offer a private service that is also provided by the employer. To fulfill the conditions, the member must advise the parents that the service is indeed being provided independently of the employer, provide them with a list of other private speech-language pathologists, notify them of the private practice fees, and then have the parents express a preference for the member's services. Members are required to inform parents of other service providers to ensure that the parents are aware that they have the option of hiring a different speech-language pathologist. Members should also verify whether their employer has a policy in this regard, as some have elected to prohibit this type of arrangement.

Q: A private client requested that I summarize my assessment findings in a report, but refuses to pay for the time I spent writing it. What should I do?

It is an act of professional misconduct to fail, without reasonable cause, to provide a report relating to an examination or treatment you have performed after the client has requested it. It is certainly reasonable to expect that your report-writing time will be reimbursed; therefore it would be prudent to establish and communicate the associated fees with the client prior to commencing the report. Members should also keep in mind that an

assessment report is not mandatory, and need only be written if it is a requirement of an organization or if a commitment has been made to the client to write one.

However, in this scenario where the report is already written and is contained in the client's record, under the [Personal Health Information Protection Act \(PHIPA\)](#), the provincial privacy legislation, the information belongs to the client. The member's role is that of a caretaker or custodian of that information. Therefore the client can request such information, regardless of the payment – or in this case, non-payment – of fees.

Q: I have worked with children who have autism for several years, and have noticed that my name appears under "Specialists" in some of my community's professional service directories. I know that I am not allowed to call myself a specialist, but have no control over what others print.

The Proposed [Regulation on Advertising](#) states that members may not refer to themselves as specialists unless they hold a specialist certificate from their College. As is the case with many other health Colleges, CASLPO does not grant specializations at this time. The [Professional Misconduct Regulation](#) further states that it is an act of professional misconduct to improperly advertise or permit advertising with respect to the member's practice, which places the onus on the member to ensure that any marketing materials that may reach the public contain factual information. In this case, the member would be advised to contact the publisher(s) of the community service directories in question and request correction of the information.

In providing information to the publisher(s), the member may indicate training in a particular area of practice or state that his or her practice is restricted to, or focused on an area such as autism spectrum disorders. The member could also present factual information such as the number of years of experience with a particular population and any additional qualifications or courses taken.

Q: A patient/client has indicated that she can no longer pay the private practice fees. I am aware that I must have clear criteria for discharge, but can failure to pay be one of the criteria?

The [Professional Misconduct Regulation](#) states that a member may not discontinue professional services that are needed unless the patient/client is unwilling or unable to pay and reasonable attempts have been made to arrange alternative services. "Reasonable attempts" might include contacting an alternate service provider, such as a reduced-rate university clinic or a publicly-funded agency, or providing such contact information to the patient/client. The onus is not on the member to ensure that the patient/client has secured such services prior to discontinuing services.

Should the member choose to provide services at a reduced rate, he/she must still ensure that his/her practice is in accordance with professional standards.

Q: I am currently working for a public organization as permanent staff. The supervisor has offered me additional work on a contract basis that involves performing additional assessments to reduce the waiting list. I am covered for malpractice through my employer

but do I need additional insurance for this contract?

It is the member's responsibility to ensure that he/she carries adequate insurance for all locations at which he/she is employed. In some cases, the employer may extend coverage to individuals who are in a contract-based employment situation. In many cases, it does not, which would place the responsibility on the member for obtaining additional coverage as an independent contractor.

Q: I work for a private practice that regularly contacts former clients through email, phone and mail to offer re-evaluations of hearing assessments. Is this considered advertising and if so, is it appropriate?

The Proposed [Regulation on Advertising](#) states that members may communicate with their regular clients to inform them about treatment maintenance procedures that are due to be carried out. Members may also want to inform them about communication issues, preventative programs, and recent developments in assessments or therapy, or to inform them of a possible benefit from a change in therapy. In this context, "regular client" means a person who uses the professional services of the member regularly and with reasonable frequency and who has not requested the transfer of his or her records to another practitioner.

In this situation, it is important to determine what the member means by "former clients". In the case where the clinic is contacting a client who was last seen for an evaluation in the last year or two, this would likely be appropriate. If the clinic is attempting to convince someone to return to the clinic after they have been made aware that the client has obtained services elsewhere, this would not be acceptable.

Do you have questions or comments about any of the above scenarios or aspects of your private practice? Please don't hesitate to contact the CASLPO.