



PRACTICE ADVICE

FEE FOR SERVICE

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FEE-BASED SERVICE SETTINGS

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Many CASLPO members practice in settings where the services are not publicly funded, and the audiology or speech-language pathology services are provided on a fee for service basis. Members employed in fee-based settings and those considering this model of service delivery contact the College with questions concerning fees and billing issues. When fees are charged for service, challenging situations that may not occur in other practice and employment contexts can arise.

FREQUENTLY ASKED QUESTIONS

Q: I have encountered a difficult situation in my employment in a private practice. Parents accompanied their teenaged child to the first appointment with me, and I am told it is the parents who have provided payment for my services. The patient/client has now stated that she does not want any information shared with her parents about the services received, and I have determined that the patient/client does have the capacity to make this decision. However, the parents insist that because they are paying for my services, they are entitled to receive any information they request. I disagree but am feeling uncomfortable in this situation.

Although the parents are paying for the services, the member is indeed correct that they are not entitled to access the patient/client's information. The fact that a person is paying for the member's services is not relevant to whether that person has access to the patient/client information. With limited exceptions, only the patient/client or a substitute decision-maker has access to the information in the patient/client record.

The [Personal Health Information Protection Act \(PHIPA\)](#) establishes the following criteria to determine if the person is capable regarding consent to collection, use and disclosure of personal health information:

Capacity to consent

21. (1) An individual is capable of consenting to the collection, use or disclosure of personal health information if the individual is able,

- (a) to understand the information that is relevant to deciding whether to consent to the collection, use or disclosure, as the case may be; and
- (b) to appreciate the reasonably foreseeable consequences of giving, not giving, withholding or withdrawing the consent.

Given that the member has determined that the patient/client is capable, the parents are not considered to be substitute decision-makers and therefore they do not have access to the information they are seeking from the member.

In this situation, the member might attempt to further discuss the situation with the patient/client and the parents to determine if the issue can be resolved to the satisfaction of all parties. For example, the patient/client may agree to the disclosure of some of the information, and the parents may also accept their child's desire for privacy.

Such difficult situations may be avoided if during the initial appointment or communication regarding services, the member were to review with the patient/client and family members the circumstances under which patient/client information can be disclosed. Even if, at that time, the patient/client consents to disclosure to their parents, for example, that consent does not bind the patient/client indefinitely. Once a patient/client consents to the disclosure of information to a third party, whether verbally or in written form, the patient/client can also choose to withdraw that consent at any time.

Q: I am providing fee-based services to a child. The parents observe the sessions and I also meet with them briefly at the end of each session, to inform them of their child's progress and to discuss recommendations and home programming with them. One of the parents has private insurance coverage for my services. In order to take full advantage of the coverage available, the parent has requested that I invoice in the child's name until the coverage for the child has reached the maximum available, and that I then invoice in the parent's name as the person to whom the service was provided. Is this allowed?

CASLPO's [Code of Ethics](#) states that members "will be honourable and truthful in all their professional relations" (item 1.3). The [Professional Misconduct Regulation](#) also states that the following is considered to be an act of professional misconduct: "(23) Submitting an account or charge for services that the member knows is false or misleading."

Members in this situation have been advised to provide billing information that is accurate and truthfully represents the services rendered. In this situation, the member could indicate that a parent received consultation or training services regarding their child, who has a communication difficulty. Thus, the member has made it clear that the child is the person with the communication difficulty, not the parent, while indicating that the parent did indeed receive the service. The invoice or receipt should also accurately reflect the time spent providing the consultation or training (or other parent activity). Thus, for time spent entirely in therapy with the child, with no parent training component (and thus in effect the parent did not receive any service), the member should not provide any billing or invoicing information stating that the parent received the service.

And of course, there should be no "double billing" i.e. any time period should only be billed

once, for example, in this situation, in the child name or the parent's name, not both.

Q: I am just setting up my private practice and I am wondering what fees CASLPO has established for member services.

CASLPO does not provide a specific fee structure for member services. However, given its mandate to protect the public interest, it has passed regulations in regard to maximum fees charged to the public.

CASLPO's [Professional Misconduct Regulation](#) sets out a number of acts that have been determined to be professional misconduct. In the public interest, CASLPO, like other colleges, has passed regulations to protect the public in regard to the maximum allowable fees charged:

The following are acts of professional misconduct for the purposes of clause 51(1) (c) of the Health Professions Procedural Code:

(24) Charging a fee that is excessive in relation to the services charged for.

(25) Charging a fee that exceeds the fee for services set out in the schedule of fees published by the Ontario Association of Speech-Language Pathologists and Audiologists, without the prior informed consent of the patient or client.

From time to time, CASLPO receives calls from members or the public asking about the OSLA fee guidelines and how the fees are established. The College has published an article regarding the establishment of the OSLA fee guidelines, in the August 2004 issue of CASLPO Today, available at www.caslpo.com.

Do you have any questions regarding fee for service issues? We would like to hear from you. Please contact the college.