



PRACTICE ADVICE

MYTHS AND MISUNDERSTANDINGS

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CASLPO receives over a hundred queries a month from members requiring practice guidance on specific practice issues. The subject matter of these calls and e-mails is quite diverse however; College staff find that, at times, member questions concern some myths and misconceptions that appear to be held by several members.

MISCONCEPTIONS AND PRACTICE SCENARIOS

Q: A patient/client has requested a copy of his record. I have heard that I am not allowed to release it to him because he might not fully understand the content and may misinterpret some documents. Is this correct?

Patients/clients generally have full and complete access to the content of their file or record. The information in the record is considered to belong to the patient/client, with the CASLPO member considered as the custodian or caretaker of that information. Consequently, as "owner" of the information, the patient/client can request the information and also direct its release to a third party.

Under the [Personal Health Information Protection Act \(PHIPA\)](#), there are some very limited grounds for refusing a patient/client access to their record. One of these grounds is that the granting of access "could reasonably be expected to result in a risk of serious harm to the treatment or recovery of the individual or a risk of serious bodily harm to the individual or another person". Thus, members can only refuse access if there is a serious risk of harm.

The member indicated that there was not a serious risk of harm and thus the member was advised to consider contacting the patient/client to explain her concerns and to discuss the specific information the patient/client is seeking, and whether the patient/client would agree to receive only certain documents. However, if the patient/client does not agree, the member must release the entire contents. If the member is concerned regarding patient/client misinterpretation, the member could consider offering to assist the patient/client in understanding the record contents, by for example providing further information and interpretation regarding the record or offering to review the contents of the record with the patient/client.

Q: Because of the restrictions placed on the use of the title "Doctor", I cannot inform patients/clients that I have obtained a doctorate.

Use of the title "Doctor" is indeed restricted in Ontario, as indicated in the [Regulated Health Professions Act \(RHPA\)](#) however, under certain conditions, appropriately qualified members are permitted to refer to their academic qualifications when they are providing or offering to provide health care to individuals.

The [RHPA](#) states that,

with the exception of chiropractors, optometrists, physicians, psychologists and dentists, "no person shall use the title Doctor, a variation or abbreviation or an equivalent in another language, in the course of providing or offering to provide, in Ontario, health care to individuals."

Audiologists and speech-language pathologists are defined as health care services. This means that members who have a Ph.D. may not use the title Doctor when providing audiology or speech-language pathology services.

Some CASLPO members have successfully completed the requirements of university doctoral degree programs, for example, members have obtained a Doctorate of Audiology, a PhD in speech-language pathology, a Doctor of Science or a Doctor of Arts in communication disorders. These titles describe academic achievements and are not designators of professional competence. Thus, members can place after their names their degrees, followed by the word "Audiologist" or "Speech-Language Pathologist". For example, assuming that members are properly qualified, members with a "Doctorate of Audiology", or "Au.D.", may describe themselves as, for example: "Jane Doe, Doctor of Audiology, Audiologist".

In addition, the restrictions on the use of the title "Doctor" apply only in the course of providing or offering to provide health care. Consequently, members with doctoral degrees may use the title "Doctor" in academic, research and other settings. However, if they are providing audiology or speech-language pathology services in those settings, for example an academic setting such as a university clinic, they cannot use the title "Doctor".

Members are not precluded from accurately setting out their academic qualifications as described above but are not permitted to call themselves "Dr. Doe", regardless of their qualifications, when they are providing or are offering to provide health care in Ontario.

Q: I have received a request from a patient/client to forward the contents of her record to an insurance company but it is my understanding that I am not allowed to release test forms or copies of test forms to anyone, because of copyright issues.

As discussed above, a patient/client can request access to their record and also direct the release of the record to a third party. Under [PHIPA](#), there is a specific exemption that states that "raw data from standardized psychological tests or assessments" need not be disclosed. However, there is no such reference to speech-language pathology or audiology tests. In this situation, the member may wish to contact the patient/client and discuss the concerns, to determine if the patient client's request for information can be met without releasing test

forms and raw data.

Q: I have been providing services to a patient/client whose behaviour is extremely disruptive. I have tried to deal with this situation, to no avail. I have decided to withdraw my services however, because of this patient/client's history of inappropriate behaviours, no other CASLPO member in my small town is willing to provide services to this patient/client. Do I have to secure services for this patient/client before I can discontinue my services?

The [Professional Misconduct Regulation](#) describes situations where a member can discontinue services that the patient/client still needs. The Regulation states that required services can be discontinued in the following situations:

- The patient or client requests the discontinuation,
- Alternative services are arranged, or reasonable attempts have been made to arrange alternative services,
- The patient or client is given a reasonable opportunity to arrange alternative services,
- Restrictions in length or type of service are imposed by an agency,
- The patient or client is unwilling or unable to pay and reasonable attempts have been made to arrange alternative services,
- Discharge criteria are imposed by the employing agency, or
- The member reasonably believes that he or she may be physically or sexually abused by the patient or client and reasonable attempts have been made to arrange alternative services.

The member is not obliged to secure the services of another member for the patient/client. However, the patient/client should be given information to arrange alternative services. This might consist of referral to the professional associations, such as OSLA and SAC, or to relevant consumer groups which refer the public to private therapists.

In all situations of refusal and discontinuation of service, members should thoroughly document all relevant information for the protection of both the member and the patient/client.