



# PRACTICE ADVICE

## OPENING A PRIVATE PRACTICE

DATE: 2012

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### INTRODUCTION

The face of speech language pathology (SLP) and audiology is changing in response to external trends in government policy, constraints in healthcare and education, and the aging population. More and more of our members are contacting the College to inquire about opening a private practice, either part time or full time. This article has been written to provide the membership with information concerning regulation that addresses the most common inquiries received here at CASLPO.

When working as a sole private practitioner you no longer have the structure of employer's or owner's policies and procedures which usually incorporate CASLPO's regulations and practice standards. You have to ensure that every element of your practice abides by the legislation, regulations and by-laws and follows the College's Professional Practice Standards. Please refer to the following:

Legislation such as the [Audiology and Speech Language Pathology Act](#), the [Regulated Health Professions Act](#) (RHPA), the [Health Care Consent Act](#) and [Personal Health Information Protection Act \(PHIPA\)](#). These Acts, and others, can be found on the CASLPO Website [www.caslpo.com](http://www.caslpo.com).

The rules of the College, including Regulations and By-laws which include the [Code of Ethics](#) (By-law 2011-8). These can also be found on the CASLPO Website [www.caslpo.com](http://www.caslpo.com).

College Standards of Practice, Practice Standards and Guidelines (PSGs) and Position Statements. These documents focus on specific areas of practice. Practice Standards can be found on our website [www.caslpo.com](http://www.caslpo.com)

### FREQUENTLY ASKED QUESTIONS

#### AREA OF PRACTICE

Q: I am a SLP working for a school board, but I used to work with adults with aphasia. Can I offer services to both populations?

Consider not only your experience and area of practice, but also the College's [Code of Ethics](#) section on Professional Standards Governing Practice which states:

“Audiologists and Speech Language Pathologists shall practice within the limits of their competence as determined by their education, training and professional experience”

You may offer services in any area of speech language pathology as long as you currently have the appropriate competencies, which are developed through acquiring knowledge, skill and judgement in specific practice areas. It is therefore prudent to develop Learning Goals for your Self-Assessment Tool (SAT) to further update your knowledge regarding current best practice in the provision of service to adults with acquired speech, language and communication disorders.

## PROFESSIONAL LIABILITY INSURANCE

Q: Do I need extra or special Liability Insurance For private practice?

No, but you must make sure that you have sufficient Professional Liability Insurance. The [Registration Regulation](#), 2011 stipulates:

4. Every certificate of registration is subject to the following conditions:
2. The member shall maintain professional liability insurance in the amount and in the form as required by the by-laws. O. Reg. 21/12, s. 4.

The Professional Liability Insurance must have a limit of at least \$2,000,000 for any one incident and must not be subject to a deductible.

## RECORD KEEPING

Q: I am an audiologist going into private practice with an ENT. Which of us is responsible for the records?

This is something that you need to determine with the ENT at the outset of your professional relationship. There are a variety of options regarding who maintains the record. One option is to have a separate audiology record from the ENT record. If you are maintaining the audiology records, you are then the Health Information Custodian (HIC) and must act accordingly. You are responsible for the safe and confidential storing of the record according to [PHIPA](#).

Alternatively, the ENT can be the HIC and the 'keeper of the records'. If you arrange for the ENT to be responsible for maintaining audiology records, you should inform him or her about our [Proposed Records Regulation](#) and ensure as far as possible the following:

1. A member shall, when working with others, take all reasonable steps to ensure that records are made, used, maintained, retained and disclosed in accordance with this Regulation.

9. (1) The member shall maintain his or her records in a manner that ensures that a patient/client with a right to access his or her health record is able to exercise that right.

Whatever is decided upon, it should be made clear to the patient /client where and how they would access their record, if they so choose. Also, the record keeping arrangement should be documented in an agreement.

**Q: What records or charts do I need to keep?**

The [Proposed Records Regulation](#) outlines the requirements for collecting, documenting, storing and maintaining records. The regulation also outlines what information you must collect and document, including financial information that needs to be in the record.

**2.** "A member shall ensure that his or her records are up to date and made, used, maintained, retained and disclosed in accordance with this Regulation."

**5 (1)** "Each member shall maintain a financial record for each patient/client, where the member bills for services and clinical products to the patient/client directly or indirectly through a third party."

**Q: How long do I need to keep the charts or records?**

Information regarding record retention can also be found in the [Proposed Records Regulation](#), 2011. Essentially, the record must be retained for 10 years past the last contact or 10 years after the patient/client turns 18, whichever is longer. The regulation states:

**8. (1)** Financial and patient/client health records shall be retained following the patient/client's last contact for the following periods of time:

(a) For patients/clients who are 18 years of age or older at the time of the last contact: a period of at least 10 years.

(b) For patients/clients who are less than 18 years of age at the time of the last contact: period of at least 10 years following the date at which they would have become 18 years of age.

You will notice that the regulation uses the word last "contact" and not last treatment session. If you have significant contact with the patient, client, parent or family member that requires documentation, then the record must be kept for the outlined time following the contact. Examples can include a parent calling you regarding a previous child client who is stuttering. You might provide them with therapeutic suggestions and ask them to call you again if the behaviour persists. The spouse of a previous patient with apraxia may call you to discuss a communication issue. You brain storm the issue with her and ask her to

contact you again if a follow-up appointment is needed. Both are examples of 'contact'.

## CONFIDENTIALITY

Q: What steps do I need to take to ensure confidentiality and security?

All patient/ client health information must be stored according to the requirements outlined in [PHIPA](#)

Security

12. (1) A health information custodian shall take steps that are reasonable in the circumstances to ensure that personal health information in the custodian's custody or control is protected against theft, loss and unauthorized use or disclosure and to ensure that the records containing the information are protected against unauthorized copying, modification or disposal. 2004, c. 3, Sched. A, s. 12 (1).

The physical records should be kept in a locked filing cabinet. If you are providing service on an itinerant basis, keep the records in a locked box in the locked trunk of your car. At the end of the day the locked box containing the client's charts or records should be brought into your house/apartment and stored securely.

Electronic records require secure storage, especially if you are using and transporting a laptop.

Please refer to Practice Advice article [Practicing Securely in an Insecure World](#).

## ADVERTISING

Q: I know that I cannot hold myself out as a specialist, but can I include information on my area of practice in advertising?

Yes. The following statement can be found in the [Proposed Advertising Regulation, 1996](#):

A member cannot make:

C. "a reference to specialization in any area of practice or in any procedure or treatment unless the member holds a specialist certificate issued by the College, although nothing herein shall prohibit an advertisement that contains a reference to the member's scope of practice, or statement that the member has additional training in a particular area of practice, or a statement that the member's practice is restricted to a particular area of practice".

Q: Can I advertise my services outside traditional venues such as the Yellow Pages and newspapers?

Yes you may, as long as you follow the [Proposed Advertising Regulation](#), 1996.

Your advertisement, wherever it is placed should be written in a manner that is:

- tasteful, dignified, ethical and professional
- understood by the general public,
- not false or misleading

Your advertisement must not contain testimonials of any kind, including those from current client/patients, former clients/patients, or from family or friends of clients/patients.

**Q: Can I advertise using social media, for example Google Maps™ or Facebook™?**

Yes, as long as you abide by the [Proposed Advertising Regulation](#), 1996.

CASLPO is recommending, however, that you exercise extreme caution when considering the use of social media in a professional context. Regardless of the medium, members should consider the appropriateness of revealing any personal information to patient/clients due to the potential for the blurring of professional and personal boundaries (see [Position Statement: Professional Relationships and Boundaries](#)). At a minimum, consider creating a separate Facebook™ or twitter™ account for your professional presence and closely monitor any ensuing links to other inappropriate websites or pages or requests to be a patient/client's friend. We strongly recommend that you don't use your personal accounts for work related matters.

**Q: Can I advertise and provide a discount?**

The [Professional Misconduct Regulation](#), 1991 lists the following as an act of professional misconduct:

“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.  
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.”

However, there is no requirement regarding fees that may be lower than that which the association recommends. Consequently, you may offer discounted services, such as the sort that are offered through Groupon™ or other discounted online gift certificates. You must also adhere to the [Proposed Advertising Regulation](#), which stipulates that you must not state anything that is false or misleading. Therefore, the service must truly be discounted. You must not try and recoup the discounted fee by raising fees for other services, for example. Also remember that your advertising should be tasteful, dignified, ethical and professional, as set out in the Proposed Advertising Regulation.

Q: Can I include my area of practice on my business cards?

Yes, as long as you do not hold yourself out as a specialist or an expert. Also, remember that if you have a Ph.D. or a clinical doctorate such as D.Aud, that you are not allowed to use the 'doctor' title on your business cards, website, signage within your practice environment, etc. although you may place after your name, the name of your degree followed by your profession. These restrictions do not apply in non-clinical settings, such as academia, where you may use the "doctor' title. For more information please review the [Position Statement on the Use of the Title "Doctor"](#).

## FEES FOR SERVICE

Q: I am new to Private Practice and I have no idea how much I can charge for my services.

CASLPO does not determine how much members should be charging for screening, assessment, treatment, consulting or education. The Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) produces a 'Suggested Fee Schedule for Private Practice'. The fees listed are the recommended maximum hourly rates. It is an act of professional misconduct under the [Professional Misconduct Regulation](#) to charge excessive fees:

(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.

Q: What should my fees include?

You need to consider carefully what is included in your fees, determine a fee schedule and whether or not your session fees cover requests for extra services such as writing additional reports and making copies of the client file.

Ask yourself the following questions:

- How long do you need to prepare for the client and write up your chart note after the session?
- Are you providing the client with an assessment report? This is not a requirement of CASLPO, but many private practitioners do provide one.
- If providing service in the client's home, are you charging for travel?
- Does the client have multiple needs that may require you to communicate with other professionals, when you have consent to do so?
- Is the client involved in a legal case, for example child custody or Motor Vehicle Accident (MVA), which may necessitate reports and copies of the patient/client file?

When you have decided on a fee, a schedule and a policy for charging for extraneous services inform the patient/client. Make sure that the information is clear, understood by

the patient/client and is documented in the record.

Q: I live in a low socio-economic area; families here cannot afford the recommended fee schedule. Am I allowed to offer a lower fee than is recommended?

Yes, as long as you abide by the rules of the College and practice in accordance with CASLPO's standards of practice. You may want to consider providing shorter sessions, for example 40 or 45 minutes, and reduce your fee accordingly. There are also some charitable organizations which provide financial support for some families with fees for service, for example, President's Choice Children's Charity.

Q: Am I allowed to offer a free service, for example a free Hearing Test or speech language screening?

Yes, but the service must be truly free; you cannot recoup the cost by elevating your fees in other areas. All speech language pathologists and audiologists must abide by the Legal Standards governing practice in the [Code of Ethics](#)

4.1.3 shall be honourable and truthful in all their professional relations;

4.1.2 shall respect patients'/clients' choice of practitioners;

4.1.4 shall respect patients'/clients' right to decline treatment

If an individual walks into a hearing clinic to avail themselves of a free hearing test, and the results show a hearing loss, you must allow the individual to seek services elsewhere, if they so choose. With regard to mass speech language screens taking place in a venue such as a shopping mall, if the results show that a full assessment is warranted, then you should inform the individual that there are also publically funded speech language pathology services. Finally, in either case, if the individual decides not to pursue on-going services, that decision must be respected; in effect, the individual is not providing consent for treatment.

Consult the [Proposed Records Regulation](#), 2011 regarding records and documentation requirements for screening. The fact that the service was free does not exempt you from record keeping.

## CONFLICT OF INTEREST

Q: I work for a CCAC, if I am asked by parents or the partner of patients/clients to provide private services, am I able to do so?

This situation applies to many CASLPO members working for publically funded organizations such as Children's Treatment Centres, School Boards, Hospitals and Rehab [Centres](#). It is important to read and understand thoroughly the [Proposed Conflict of Interest Regulation](#) . The overarching principles are:

3. A member shall at all times in the practice of the profession:
  - a) place the interests of his or her patients or clients ahead of the member's personal, financial, professional or other interests; and
  - b) maintain the highest standards of integrity during the discharge of his or her professional responsibilities.
4. It is a conflict of interest for a member to participate in any professional activity where the member's personal or financial considerations compromise or may compromise the member's judgment in that professional activity, or where such involvement may appear to provide the potential for the member's professional judgment to be compromised.

#### WHAT YOU SHOULD DO:

- Determine whether or not you have signed a contract or an agreement with your company/school board/hospital/Centre which prevents you from providing private services to patients or clients.
- Make it clear to the patient/client that your service will be independent of the publicly funded organization and that the setting will change.
- Ensure that the individual knows that there are other SLPs and audiologists who offer private services. You can direct them to the OSLA or SAC website or provide them with a list of private practitioners. The individual must be given a choice of practitioner.
- Notify the individual of your private practice fees.
- Ensure that the individual expresses a preference for your services.
- Be transparent in all dealings with an individual and document the information you have provided.

#### WHAT YOU MUST NOT DO:

Solicit potential clients from your current caseload for your private practice.

### SELLING YOUR PRACTICE

Q: What do I do if I want to close or sell my practice?

CASLPO's [Proposed Records Regulation](#) requires you to develop a plan for the closure of your practice.

10. If the member intends to close his or her practice, the member shall take reasonable steps to give appropriate notice of the intended closure to each patient/client for whom the member has primary responsibility and shall,

(a) ensure that each patient's/client's records are transferred to the



member's successor or to another member, if the patient/client so requests,

[The Information and Privacy Commissioner](#) (IPC) provides [Guidelines](#) and a [Checklist](#) for a planned or an unforeseen change in practice. First, you must make reasonable efforts to give notice to your patients/clients as soon as possible that you will be closing your practice. If another professional is taking it over, inform your patients/clients. If no one is taking over your practice, inform other private practitioners in your community of the closure, and make every effort to refer your patients / clients to other practitioners. Finally make sure that your patient/client records are up to date.

#### Q: What about the records of discharged patients or clients?

Part of the plan you develop must include how the records of discharged clients/patients are going to be kept

10. (b) ensure that each patient's/client's records are retained or disposed of in a secure manner. ([Proposed Records Regulation](#))

Some members use storage companies to safely store discharged files. However, either you or a designated individual must keep the information regarding the storage of the files accessible; remember, the Proposed Records Regulation stipulates the following:

9. (1) The member shall maintain his or her records in a manner that ensures that a patient/client with a right to access his or her health record is able to exercise that right. ([Proposed Records Regulation](#))

Patient records should not be sent to CASLPO for storage or retention.

## SUMMARY

Running a private practice, whatever the size, is both challenging and professionally satisfying. Here at CASLPO we strongly recommend clinical collaboration. Consider asking a colleague, experienced in private practice, whether you can meet with them to discuss challenging areas of practice. Maybe join a Special Interest Group through OSLA, or form one yourself in the area in which you live. Read articles regarding Private Practice from previous editions of CASLPO Today. Finally, contact us here at CASLPO if you have any questions.

## RESOURCES

CASLPO Today 2012 (vol 10, issue 2) Practicing Securely in an Insecure World

CASLPO Today 2011 (vol 9, issue 1) Practicing in the Age of Social Media

CASLPO Today 2010 (vol 8, issue 2) A Quick Guide to Harmonized Sales Tax

CASLPO Today 2010 (vol 7, issue 1) Working on your Own

Information and Privacy Commissioner [Guidelines on the Treatment of Records of](#)

[Personal Health Information in the Event of a Change in Practice](#)

Information and Privacy Commissioner [Checklist for Health Information Custodians in the Event of a Planned or Unforeseen Change in Practice](#)