



POSITION STATEMENT

USE OF SURVEILLANCE MATERIAL IN ASSESSMENTS

APPROVED 2000

REVIEWED 2014

Within the insurance industry, the use of surveillance material is standard practice in many disability claim situations. Increasingly, as part of a Designated Assessment Centre (DAC) evaluation or independent examination, health care professionals involved in rehabilitation are being asked to review surveillance material as part of their client evaluation. This material may appear in different formats, most usually as videos and/or photographs. On occasion, they may be accompanied by an investigator's report.

From a regulatory perspective, the health care provider is in a position of trust within the client/practitioner relationship. As a "third party" evaluator, the practitioner must understand his/her relationship to both the client and the insurer. Key issues for the practitioner to consider are outlined below.

- Is there an obligation to review the video?
- Does viewing of surveillance videos require consent?
- If you evaluate the video material, should it be done before or after the assessment?
- How much client involvement should there be?
- Is it reasonable to review a video when there is no client contact?

PRINCIPLES

- The following guidelines are suggested for regulated health practitioners who are considering the use of surveillance material in client assessment. Members should be cautious about assuming the role of surveillance material interpreter. Surveillance material interpretation may be viewed as a specific skill and can present challenges with respect to the identification of the individual presented and the condition under which the material was taken.
- Among the considerations for members who are asked to review surveillance material are issues around their own knowledge, skill and judgement. A member, who does not feel that he/she is experienced in the interpretation of surveillance material or is unsure about its meaning, may wish to decline to comment on it as part of their clinical evaluation.

WITH CLIENT INVOLVEMENT

- The surveillance material should be received prior to the examination of the client. In this way, the member has the material at hand when it can be of the most use.

- The client should be advised of the existence of surveillance material, and acknowledge that advice in writing.

If the surveillance material will be used to influence your opinion, the member should review the material with the client. This will allow the client an opportunity to respond. The client's response should be documented and included in the opinion.

Members should carefully note what material was reviewed and relied upon prior to rendering an opinion. A description of this information should be included in the opinion itself including the specific segments viewed that are in congruence or contrary to the conclusions reached.

If the surveillance material is presented to the member after their examination is complete, the member needs to determine if he/she will consider viewing this material. If the material is viewed, it should be reviewed with the client present. Again, this allows the client an opportunity to respond. In addition, a description of this information should be included in the opinion itself including the specific segments viewed that are in congruence or contrary to the conclusions reached.

Members may wish to decline to express any opinion on surveillance material where there is significant doubt as to the validity of the material - for example, if the authenticity of identity of the person portrayed in the material in relation to the client is questionable, if there is doubt as to the timeframe during which the material was created, or if it appears that the material may have been inappropriately edited.

WITHOUT CLIENT INVOLVEMENT

In situations where the member has not had any prior relationship with the client, the review of surveillance material in conjunction with a written report in order to render an expert opinion is permissible only with the consent of the client. The member must qualify the limitations associated with their expert opinion. The member's opinion and conclusion must be limited to the comparison of the data in the written material and the surveillance material only. No conjecture as to the future abilities of the client or the client's credibility can be provided, as the information available is insufficient.