

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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Disclaimer

This document is provided as a high-level summary to guide CPSA-regulated members and should not be taken as an exhaustive compilation of every statutory provision in Alberta. The focus is on the obligations of the individual practitioner; other provisions not listed in this document apply specifically to institutions. Further, a regulated member acting as an employer may have other legal roles and obligations of an employer outside of medicine (e.g., the [Occupational Health and Safety Act \(OSHA\), Regulation and Code](#)).

Regulated members should review their reporting and disclosure practices to confirm alignment with legislative requirements and to ensure compliance with current legal requirements.

Please contact the [Canadian Medical Protective Association](#) (CMPA) for additional information or medico-legal guidance.

Legislated reporting requirements

By law, the following **must** be reported:

- a) specified communicable diseases ([Communicable Diseases Regulation](#), under the [Public Health Act](#))
- b) occupational notifiable diseases ([OSHA](#))
- c) suspected child in need of intervention ([Child, Youth and Family Enhancement Act](#))
- d) suspected abuse of a person in care ([Protection for Persons in Care Act](#))
- e) animal bites if rabies is reasonably suspected ([Public Health Act](#))
- f) deaths under certain conditions ([Fatality Inquiries Act](#); [Mental Health Act](#))
- g) work-related injuries ([Workers' Compensation Act](#))
- h) in accordance with a warrant and at the request of a Peace Officer, results of blood alcohol testing, when blood has been drawn for that purpose ([Criminal Code](#))
- i) medical conditions of flight crews, air traffic controllers and others, where the physician believes that the medical condition is likely to constitute a hazard to aviation safety ([Federal Aeronautics Act](#))
- j) medical conditions that could be a threat to safe railway operations, for railway workers occupying a safety critical position ([Railway Safety Act](#))

Discretionary reporting

Regulated members **may** choose to report:

- a) a patient who is medically unfit to drive ([Traffic Safety Act](#))
- b) a patient who the regulated member has reason to believe presents an imminent threat of harm to self or another person.

Reporting of suspected criminal activity

Regulated members are **not obligated** to report injuries or conditions that may be related to criminal activity, such as:

- gunshot wounds

- stabbings
- admitted use of illegal drugs

Note: The [Gunshot and Stab Wound Mandatory Disclosure Act](#) requires Emergency Medical Technicians and hospital facilities to report gunshot and certain stab wounds (excluding those reasonably believed to be self-inflicted or unintentionally inflicted) to the authorities.

Please refer to hospital/facility policies for institution-specific requirements.

Mandatory release of medical information

Regulated members **must** release medical information as outlined below.

In accordance with the [Health Information Act](#) (HIA),

- a) a patient (unless there is a risk of harm to self or others – see the HIA for more information)
- b) a Court Order
- c) a third party (including regulated health professionals not involved in the patient’s care), when accompanied by authorization to release from the patient
- d) the Administrator or Executor of the estate of a deceased patient

For more information, please contact the [HIA Help Desk](#).

In accordance with the [Family Law Act](#),

- a) a patient’s legal guardian or agent
- b) a parent of a minor patient who is less than the age of consent (the child is not a “mature minor” – see the [Informed Consent for Minors](#) Advice to the Profession document for more information)
- c) a separated/divorced parent of a minor patient who is not a mature minor (see the [Informed Consent for Minors](#) Advice to the Profession document for more information)

Information **must** also be released in accordance with the following acts/regulations:

- a) a Director under the [Child, Youth and Family Enhancement Act](#) who has exclusive custody of a child, when the guardian of the child is unable or unavailable to consent

(In this situation, the Director may authorize the provision of essential medical, surgical, dental or other remedial treatment for the child that is recommended by a physician or a dentist. This authorization extends to when a child in need of intervention has a guardian refusing consent only when the Director has obtained an Order of the Court to apprehend the child.)

If a child who is the subject of a temporary Guardianship Order, permanent Guardianship Agreement or permanent Guardianship Order refuses to consent to essential, medical, surgical, dental or other remedial treatment recommended by physician or dentist, the Director must apply to the Court for an Order authorizing the treatment.)

- b) CPSA, pursuant to an investigation, inspection or practice visit under the [Health Professions Act](#)
- c) other individuals in circumstances defined under the [Mental Health Act](#) and the [Hospitals Act](#)
- d) a Director or other person appointed as an occupational health and safety officer under [OSHA](#) relating to the radiation health or safety of workers and the public
- e) a Director of Medical Services under [OSHA](#) and [Regulation](#)
- f) a Medical Officer of Health, under the [Public Health Act](#)
- g) the Workers' Compensation Board, pursuant to the [Workers Compensation Act](#)
- h) the [Pharmaceutical Drugs Directorate](#) (Government of Canada's [Food and Drug Regulations](#)), relating to narcotic drugs

- i) an agent of the Federal Minister of Health who is undertaking an investigation under the [Narcotic Control Regulations](#) under the Government of Canada's [Controlled Drugs and Substances Act](#) (relating to narcotic prescriptions only)

Discretionary release of medical information

A regulated member **may** release:

- a) information to another custodian or service provider in accordance with the [Children First Act](#)
- b) individually identifying diagnostic treatment and care information, without patient consent, under circumstances outlined in the [HIA](#), as a custodian under that Act
- c) under circumstances outlined in the [Mental Health Act](#), information relating to a person receiving diagnostic and treatment services in a center designated in that Act
- d) health information related to assessing mental capacity for the purpose of enduring power of attorney under the [Powers of Attorney Act](#)
- e) medical and psychological reports as disclosed by a qualified person under the [Youth Criminal Justice Act](#)

Resources

CPSA team members are available if you have questions or concerns. Please contact 1-800-561-3899 or support@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- [Code of Ethics & Professionalism](#)
- [Informed Consent](#)
- [Non-Treating Medical Examinations](#)
- [Patient Record Content](#)
- [Patient Record Retention](#)
- [Responding to Third Party Requests](#)

COMPANION RESOURCES

- Advice to the Profession documents:
 - [Informed Consent for Adults](#)

- [Informed Consent for Minors](#)
- [Non-Treating Medical Examinations](#)
- [Physicians as Custodians of Patient Records](#)
- **CMPA:**
 - [Good Practices: Duty to Report](#)
 - [Legal and regulatory proceedings](#)
 - [Subpoenas – what are a physician’s responsibilities?](#)
- **Canadian Medical Association: [Determining medical fitness to operate motor vehicles](#)**