

## STANDARDS OF PRACTICE

# Completing Forms & Responding to Third Party Requests

**Commented [CD1]:** Title changed to reflect content for ease of access.

Under Review: ~~No~~Yes

Issued By: Council: January 1, 2010

The ***Standards of Practice*** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides ***Advice to the Profession*** to support the implementation of the Standards of Practice.

## PREAMBLE

Practicing medicine involves more than preventing, diagnosing and treating illness; it also includes caring about the patients' well-being. Regulated members are often requested to complete forms for various reasons (e.g., providing copies of medical records, guiding workplace accommodations, completing insurance forms, etc.). Patients and third parties rely on regulated members' expertise for decision-making.

There is often an assumption that regulated members have specific training in determining disability and work accommodation which, in most cases, is inaccurate. Regulated members must ensure the contents of forms or reports are objective and formulated within their current skill and knowledge, based on a careful examination and assessment of a patient.

Accurate and timely form completion and responses to requests is an essential part of good patient care. When considering these requests, regulated members should consider patient wellbeing, as failure to respond to requests in a timely manner may negatively impact the patient's physical, emotional or financial wellbeing. Upon receiving a request, regulated members are required to respond in a timely manner, differentiating between objective medical information and opinion, despite pressures to advocate on behalf of the patient. Regulated members should be prepared to exercise discretion when faced with urgent requests.

Regulated members are ethically and legally required to provide reports on patients they have attended, even if not seen recently and their current status is unknown. Forms should be completed to the best of a regulated member's ability based on their scope of practice and knowledge of the patient's history.

Completion of third-party forms is not considered the provision of a medical-legal opinion.

**Commented [CD2]:** CPSS

[https://www.cps.sk.ca/imis/web/Physicians/Law\\_Guidance/Policies\\_Standards\\_Guidelines/PSG\\_Content/Completion\\_Third\\_Party\\_Forms\\_etc.aspx](https://www.cps.sk.ca/imis/web/Physicians/Law_Guidance/Policies_Standards_Guidelines/PSG_Content/Completion_Third_Party_Forms_etc.aspx)

**Commented [CD3]:** CPSNS

<https://cpsns.ns.ca/resource/completing-patient-forms/>

**Commented [CD4]:** CPSNB

<https://cpsnb.org/en/physicians/professional-standards2/professional-standards/1073-patient-medical-records-2>

**Commented [CD5]:** CPSS

### Terms used in the Standards of Practice:

- “Regulated member” means any person who is registered or who is required to be registered as a member of this College. The College regulates physicians, surgeons and osteopaths.
- “Must” refers to a mandatory requirement.
- “May” means that the physician may exercise reasonable discretion.
- “Patient” includes, where applicable, the patient's legal guardian or substitute decision maker.

## DEFINITIONS

**Agent:** for the purpose of this standard, “agent” refers to someone authorized by the patient to act on their behalf (e.g., an appointed guardian/trustee, a person identified under a personal directive, a person with written authorization from the patient, etc.).

**Commented [CD6]:** HIA S.104(1)

**Applicant:** an individual who makes a request for access to a record in accordance with the *Health Information Act* (HIA). For example, a patient, their agent, a third party, etc.

**Commented [CD7]:** From S.1(1)b <https://kings-printer.alberta.ca/documents/Acts/h05.pdf>

**Third party:** any person or organization other than the patient or regulated member **must** (e.g., a government agency, private insurance company, employer, educational institution, etc.).

**Commented [CD8]:** CPSS

**Timely:** a timeline commensurate with the urgency of the request.

**Valid consent:** for consent to be considered valid, it must be voluntary (i.e., free of duress or coercion), the patient must have the capacity to consent (i.e., able to understand the nature and benefits/risk of proposed treatment) and they must have been properly informed.

**Commented [CD9]:** From CMPA’s “[Consent: A Guide for Canadian Physicians](#)” (Aug. 2023).

For the purpose of this standard, consent must include a discussion with the patient about the scope, purpose and potential consequences of the disclosure of their personal health information to a third party, as well as the fact that relevant information cannot be withheld or concealed.

**Commented [CD10]:** Added for context/clarity (CPSBC)

For more information, please refer to the *Informed Consent* standard of practice.

## STANDARD

1. When requested by an applicant, a regulated member **must** provide details of his/her/their findings, assessment, advice and treatment given to a patient when requested by them have the valid consent of the patient, the patient’s legal representative or an authorized agent or where they are otherwise required to do so by law.

a. ~~providing the information requested;~~

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~~b. a. acknowledging the request and giving an estimated date for providing the information requested; or~~

~~c. a. explaining why all or part of the information will not be provided.~~

2. Notwithstanding clause (1), a regulated member is **not** obligated to:

- a. provide a report containing a medical-legal opinion;
- b. provide an expert opinion; or
- c. become an expert witness in a legal proceeding.

~~3. Notwithstanding clause (1), if the request is made under a contractual agreement, a regulated member who receives a request for access to a patient's record **may** require the applicant to submit the request in writing, which must **comply** be included in the patient's record.~~

**Commented [CD11]:** Added for clarity (from the HIA, CPSS, CPSNB, CPSBC)

~~4. A regulated member **must** ensure they have received valid consent, documented in the patient's record, from the patient or their agent prior to releasing any information to a third party.~~

~~5. In accordance with the ~~specifies~~ HIA, a regulated member **must** make every reasonable effort to respond to an authorized request within thirty (30) days in one of the following ways:~~

**Commented [CD12]:** Added to ensure awareness of legislative requirements.

~~a. providing the information requested;~~

~~b. acknowledging the request and giving an estimated date for providing the information requested; or~~

~~c. explaining why all or part of the information will not be provided.~~

~~i. Failure to respond within thirty (30) days or any extended period will be treated as a decision to refuse access to the information.~~

**Commented [CD13]:** Added for clarity (HIA S. 12(3))

~~6. In certain circumstances, a regulated member **may** extend the time for responding to a request in accordance with the HIA.~~

**Commented [CD14]:** Added for clarity (HIA S. 15(1))

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7. In accordance with the HIA, if all or part of the information will not be provided, a regulated member **must** inform the applicant:
- of the reason(s) for refusal (e.g., if the form cannot be completed due to a lack of knowledge or skill);
  - of the name and contact information of an affiliate who can answer the patient's questions about the refusal, if applicable; and
- 4.c. that agreement, the applicant can ask for a review of the decision by the Office of the Information & Privacy Commissioner.

**Commented [CD15]:** Added for clarity (S. 12(2)(c))

**Commented [CD16]:** Added for context (from CPSS)

#### RELATED STANDARDS OF PRACTICE

8. A regulated member **must not** disclose more information than is covered by the consent of the patient or their agent or requested by the third party.
9. A regulated member **must** discuss fees with the applicant in advance, in accordance with the *Charging for Uninsured Professional Services* standard of practice.
10. A regulated member **must not** withhold forms or reports if the patient is unable to pay, in accordance with the Canadian Medical Association's *Code of Ethics & Professionalism*.

**Commented [CD17]:** Added for clarity (from CPSBC)

**Commented [CD18]:** Added for clarity (from CPSBC)

**Commented [CD19]:** Added for clarity (from CPSS)

#### ACKNOWLEDGEMENTS

CPSA acknowledges the work of the Colleges of Physicians and Surgeons of British Columbia, New Brunswick and Saskatchewan in preparing this document.

#### RELATED STANDARDS OF PRACTICE

- Code of Ethics & Professionalism*
- Charging for Uninsured Professional Services*
- Informed Consent*

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## COMPANION RESOURCES

- [Advice to the Profession:](#)
  - [Charging for Uninsured Professional Services \[to be updated\]](#)
  - [Informed Consent for Adults](#)
  - [Informed Consent for Minors](#)
  - [Legislated Reporting and Release of Medical Information](#)
- [Canadian Medical Protective Association's "Medical letters, forms, and reports"](#)

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