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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Patient-Ordered Testing

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support regulated members 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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ADVICE TO THE PROFESSION

Patient-Ordered Testing

Preamble

The Government of Alberta (GoA) has established a legislative framework permitting patients to directly access specified preventative diagnostic imaging investigations without first obtaining a referral from another regulated health professional. These investigations are governed by the *Preventative Health Testing Services Regulation* (PHTSR) and are currently limited to designated diagnostic imaging investigations performed in private accredited diagnostic imaging facilities. This document does not apply to diagnostic imaging that is performed in a diagnostic imaging facility operated by any provincial health agency.

For the purpose of this document, "patient-ordered testing" (POT) is used to refer to a preventative health testing service provided under the PHTSR and refers only to those services that may be accessed through self-referral under Alberta's Patient Choice and Self-Referral framework. This Standard establishes the professional obligations of regulated members who assess requests for or who provide POTs.

The PHTSR allows a patient to request certain preventative diagnostic imaging services (POTs) without first obtaining a referral from another regulated health professional. POTs are privately paid by the patient and are distinct from medically necessary diagnostic imaging ordered by a regulated health professional and from Alberta's publicly funded screening programs. [i, ii]

Participation in POTs is optional for regulated members and community diagnostic imaging clinics [ii, iii]; however, those who choose to participate **must** meet all applicable requirements for safe and appropriate care delivery. [ii, iii] Regulated members who assess requests for or provide POTs **must** comply with all applicable legislation, regulations and CPSA Standards of Practice: Participation in POTs does not diminish or limit their professional responsibilities or obligations. [ii, iii]

Regulated members **must** ensure that appropriate resources are available to interpret POT results and for arranging or providing appropriate follow-up care, including for unattached patients who do not have a primary care provider .[ii, iii]

This Standard applies only to POTs that are provided in accordance with the PHTSR; it does not apply to:

- medically necessary diagnostic investigations ordered by a regulated health professional, whether performed through Alberta's publicly funded health care

system or paid for by a patient who chooses to utilize private diagnostic imaging services;

- Alberta Screening Programs; or
- occupational or third-party requested investigations.

In accordance with the *Episodic Care* standard of practice, a regulated member who assesses a patient requesting a POT establishes a physician-patient relationship for the purposes of that care encounter and remains the most responsible physician, subject to all applicable legislation and CPSA Standards of Practice, including:

- *Advertising**
- *Charging for Uninsured Professional Services**
- *Code of Ethics and Professionalism*
- *Conflict of Interest**
- *Continuity of Care**
- *Informed Consent*
- *Patient Record Content**
- *Patient Record Retention**
- *Responsibility for a Medical Practice**
- *Transfer of Care*

***NOTE:** these standards are currently under review and are subject to change. Please see the "Consultation" page on the CPSA website for more information.

Related standards of practice and additional resources can be found at the end of this document.

DEFINITIONS

For the purposes of this standard:

Accredited diagnostic imaging facility: a private non-hospital diagnostic imaging facility in Alberta that is accredited by the CPSA Medical Facility Accreditation Committee to provide diagnostic imaging services.

Alberta Screening Program: an organized, publicly funded population health screening program established or endorsed by the GoA, such as breast cancer screening, cervical cancer screening, colorectal cancer screening, or any successor screening program.

Medically necessary diagnostic test: a medically necessary diagnostic imaging investigation that requires a requisition or referral from a regulated health professional. These tests may be completed in the publicly funded health care system, or patients may choose to pay to have tests completed privately.

Resident: for the purpose of this standard, means a person who is lawfully entitled to be or remain in Canada and makes their home and is ordinarily present in Alberta or is deemed by the regulations to be a resident. This does not include a tourist, transient or visitor to Alberta or a person assumed under the *Health Insurance Premiums Act* no longer to be a resident.[iv]

Requirements to be in place before offering POTs [i, v, vii]

The GoA expects participating regulated health professionals to have processes in place that address:

- facility accreditation;
- regulated member scope and competence;
- patient eligibility;
- clinical assessment;
- clinical appropriateness;
- identification and refusal of duplicative or inappropriate testing;
- required patient information;
- informed consent;
- written consent to disclosure;
- transparent pricing and advance disclosure of costs;
- clinical and safety requirements during testing;
- communication of MRI, CT, ultrasound and X-ray results in person at the facility within two hours after the service is provided;
- follow-up care, consultations and referrals;
- care pathways for patients without a primary care provider;
- submission of results to the Alberta electronic health record (EHR); and

- use of the applicable Alberta Medical Imaging Exam Code (abMIEC) and examination description.

Services that can be provided as POTs

The GoA's Preventative Health Testing Services Diagnostic Imaging Catalogue specifies the diagnostic imaging services that may be offered as POTs by accredited diagnostic imaging facilities.

The current specified types of examinations are:

- magnetic resonance imaging (MRI);
- computed tomography (CT);
- X-ray, including mammography and bone densitometry; and
- ultrasound.

Not every participating facility is required to offer every examination identified in the catalogue. [v]

Diagnostic imaging services requiring sedation or anesthesia are excluded from this process.

Laboratory services are not included in the current implementation of POT. [ii]

Who can provide POTs

In accordance with the GoA, POTs can only be provided through private diagnostic imaging facilities accredited by CPSA. [vi]

A healthcare professional providing POTs **must**:

- be licensed and regulated under applicable provincial legislation;
- practise within their authorized scope of practice; and
- comply with the standards and guidance of their regulatory college. [iii]

An accredited diagnostic imaging facility providing POTs **must**:

- hold current CPSA Medical Facility Accreditation Committee accreditation and meet applicable facility accreditation requirements;

- meet POT quality, safety and service-delivery requirements;
- ensure pricing and billing practices are transparent and clearly communicated; and
- inform patients of all costs in advance, including limitations related to reimbursement through private insurance. [iii]

POT services **must** be provided in Alberta to a resident to qualify for reimbursement through the Government of Alberta. [vi]

Eligibility for POTs [vii]

In accordance with the PHTSR, before providing a POT, a regulated member **must** assess the individual and determine whether the individual is eligible.

An individual is eligible for self-referral **only** if:

- the individual is 18 years of age or older; or
- if the individual is under 18 years of age, their guardian has consented to the individual obtaining the POT;
- the individual has been assessed by a regulated member;
- the regulated member determines that it is safe and clinically appropriate to provide the POT; and
- the individual, or another person legally authorized to provide consent on their behalf, provides the required written consent to disclose the individual's information.

An individual is **not eligible** if providing the requested POT would contravene a condition, restriction or limitation that applies to that service.

NON-RESIDENTS

GoA guidance states that regulated health professionals **may** provide a POT to non-residents of Alberta, provided the same clinical responsibility, informed consent and follow-up requirements are met. However, non-residents are not eligible for reimbursement by the GoA.

Assessing for POTs [i, vii]

Before providing POT, a regulated member **must** assess the patient and determine that the service is safe and clinically appropriate.

In making that determination, the regulated member **must** consider:

- the patient's health history;
- any risk factors relating to the patient's health;
- contraindications; and
- whether the patient has an informed understanding of the POT they are seeking, including:
  - its limitations;
  - side effects; and
  - risks.

When a POT must be declined

A regulated member **must not** provide POT if they determine that the service is duplicative, clinically inappropriate or if doing so would contravene a condition, restriction or limitation that applies to the provision of the requested POT. [vii]

The AHCIP Bulletin GEN 162 states that a regulated health professional may decline a requested POT where, based on the patient's health history, clinical circumstances or the practitioner's professional expertise, the test is not considered appropriate or safe.

Decision-making and informed consent

Before providing POT, a regulated member **must** inform the patient of:

- the nature of the POT;
- the purpose of the POT;
- whether the requested service will address the patient's reason for self-referral;
- foreseeable limitations, side effects and risks;
- that the POT is not an insured health service;

- that the patient is responsible for paying the costs associated with obtaining the POT; and
- that those costs are not guaranteed to be reimbursed by the GoA. [vii]

Government guidance also states that the patient **must** be informed that requesting a POT does not guarantee that the test will be provided and that the regulated health professional may determine that the test is not clinically appropriate. [iii]

Regulated health professionals are not responsible for determining reimbursement and should direct patients to appropriate GoA resources for reimbursement information. [iii]

Under the PHTSR, regulated health professionals providing POTs **must** obtain informed consent and ensure patients understand:

- the purpose of the test;
- risks;
- limitations;
- that the service is privately paid; and
- that reimbursement is not guaranteed. [vii]

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

Disclosure of patient information [vii]

A regulated member **must not** provide a POT unless the patient agrees, in writing, to their personal and health information being disclosed in accordance with the PHTSR. The regulated member **must** also inform the patient that test results and related reports will become part of their Alberta EHR.

The written consent **must** authorize the regulated member or operator to disclose:

- the patient's name;
- date of birth;
- contact information, including:
    - phone number;

  - mailing address; and
  - email address, if any;
- valid personal health number;
- the type of POT provided;
- diagnostic testing results identified as a result of the POT;
- any clinical finding of cancer;
- the date the POT was provided;
- the patient's insurer, if any; and
- the patient's invoice or record of payment.

The written consent **must** identify:

- the purpose for which the information may be disclosed; and
- the persons to whom the information may be disclosed, including:
  - the patient;
  - the person providing consent on the patient's behalf, where applicable;
  - any regulated member responsible for the patient's follow-up care; and
  - the Minister.

The written consent **must** acknowledge that the person providing consent has been made aware of:

- the reasons for collecting the information; and
- the risks and benefits if consent is provided or refused.

It **must** also include:

- the effective date;
- an expiry date, if applicable; and
- a statement that consent may be revoked at any time.

A regulated member **may only** disclose information in accordance with the terms of the consent provided.

Providing a POT [i, viii]

During the provision of POT, a regulated healthcare professional **must**:

- follow established clinical and safety standards;
- ensure the service is performed within their level of competence and training; and
- adhere to applicable quality assurance and operational requirements.

Restricted activities that are provided as POTs remain restricted activities. Self-referral does not remove the restrictions that otherwise apply to those activities.

COMMUNICATING RESULTS [ix]

Where a regulated member provides MRI, CT, ultrasound or X-ray as POT, the regulated member **must** communicate the diagnostic testing results to the patient:

- in person;
- at the testing facility; and
- within two (2) hours after the POT is provided.

FOLLOW-UP CARE AND ADDITIONAL CLINICAL ASSESSMENT

If POT results contain clinically significant information and the regulated member determines that follow-up care or additional clinical assessments are required, the regulated member (or an authorized person) **must**:

- provide the patient with information respecting their follow-up care;
- facilitate consultations with other regulated members related to the patient's follow-up care; and
- facilitate referrals for health services with other regulated members related to the patient's follow-up care and continuity of care.

For this purpose, an "authorized person" means a person authorized under applicable standards of practice to act on behalf of a regulated member at the testing facility. [vii]

GoA guidance describes the intended approach as a "warm handoff" and states that providers are expected to have follow-up pathways in place before offering POTs. [iii]

GoA guidance also states that regulated health professionals are responsible for ensuring resources are available to interpret POT results and provide follow-up care for patients without a primary care provider or other regulated health professional. [ii, iii, vii]

For more information, please refer to the *Continuity of Care*, *Episodic Care*, *Responsibility for a Medical Practice* and *Transfer of Care* standards of practice.

Fees and payment

POTs are privately paid, and the patient is responsible for the costs associated with obtaining the service. [i, iii, vii] POT providers **must** ensure transparent and clearly communicated pricing and billing practices and **must** inform patients of all costs in advance. [i, ii] Patients are required to pay for POT at the time the service is provided. [iii, vi]

GoA does not regulate the fees providers may charge for POT. Providers may establish their own prices, but GoA reimbursement is limited to the applicable benefit rate. [iii]

Fees and payments of this nature fall outside of CPSA's regulatory mandate and are matters for the GoA.

PATIENT REIMBURSEMENT BY GOA

A regulated member **must** inform the patient that reimbursement by the GoA is not guaranteed. [vii]

Providers are not responsible for determining or guaranteeing reimbursement and should direct patients to GoA resources for information about reimbursement eligibility, rates and application requirements. [ii]

For GoA reimbursement to be payable, the POT **must** meet specified requirements, including that:

- the service was performed in Alberta;
- the service was performed by a regulated health provider authorized by their college to provide it;
- the service was included in the Schedule of Preventative Health Testing Services when performed;

- the diagnostic testing results were made accessible by the regulated health professional through the Alberta EHR;
- applicable age or guardian-consent requirements were met; and
- a new clinical finding of cancer was established in relation to the patient (who is a resident of Alberta). [ix]

Where a patient is entitled to claim reimbursement from an insurer, the patient must first submit the claim to that insurer. GoA is the payor of last resort. [vii, vi]

A claim for benefits must be received within 365 days after the patient receives the clinical finding of cancer. [ix, ix, x]

Documentation and reporting requirements

Regulated health professionals **must** ensure accurate and timely documentation following a POT. [i, ii] They **may** use their existing documentation processes provided those processes meet applicable accreditation, privacy and professional requirements. [iii] As mentioned above, consent, attestation and clinical documentation **must** be appropriately captured [ii] in accordance with the *Patient Record Content* and *Patient Record Retention* standards of practice.

Diagnostic testing results from POT **must** be made accessible through the Alberta EHR for the patient to qualify for GoA reimbursement. [i, ii, iii] GoA practitioner guidance states that regulated healthcare professionals must upload POT results to the EHR and that, once uploaded, the results and related reports become part of the individual's Alberta EHR.

Resources

For questions about the reimbursement process, email PPHS.PHTreimb@gov.ab.ca. For information regarding CPSA requirements, please contact 1-800-561-3899 or support@cpsa.ab.ca.

RELATED STANDARDS OF PRACTICE

- *Advertising*
- *Charging for Uninsured Professional Services*
- *Code of Ethics and Professionalism*
- *Conflict of Interest*
- *Continuity of Care*
- *Episodic Care*

- *Informed Consent*
- *Patient Record Content*
- *Patient Record Retention*
- *Responsibility for a Medical Practice*
- *Transfer of Care*

COMPANION RESOURCES

- CPSA Advice to the Profession documents:
  - Advertising
  - Charging for Uninsured Professional Services
  - Conflict of Interest
  - Continuity of Care
  - Episodic Care
  - Informed Consent for Adults
  - Informed Consent for Minors
  - Physicians as Custodians of Patient Records
  - Responsibility for a Medical Practice

- Government of Alberta resources:
  - Preventative health testing
  - Preventative Health Testing Service Guidance for Healthcare Professionals
  - Patient Choice and Self-Referral for Preventative Health Testing Services – Frequently Asked Questions – For Regulated Health Practitioners
  - Alberta Health Care Insurance Plan Bulletin: Patient Choice and Self-Referral for Preventative Health Testing
  - Fact Sheet: Patient Choice and Self-Referral for Preventative Health Testing (for patients)

REFERENCES

[i] From the GoA's "Preventative Health Testing Service Guidance for Healthcare Professionals" (July 31, 2026).
[ii] From the GoA's Bulletin – Alberta Health Care Insurance Plan: GEN 162 – Patient Choice and Self-Referral for Preventative Health Testing (July 31, 2026).
[iii] From the GoA's "Patient Choice and Self-Referral for Preventative Health Testing Services – Frequently Asked Questions – For Regulated Health Practitioners" (July 30, 2026).
[iv] From the GoA's *Alberta Health Care Insurance Act* (July 31, 2026).

[v] From the GoA's "Preventative Health Testing Services Diagnostic Imaging Exam Catalogue" (July 2026).
[vi] From the GoA's Fact Sheet (for patients): "Patient Choice and Self-Referral for Preventative Health Testing" (July 17, 2026).
[vii] From the GoA's *Preventative Health Testing Services Regulation* (July 14, 2026).
[viii] From the GoA's *Health Professions Restricted Activity Amendment Regulation* (July 22, 2026)
[ix] From the GoA's *Claims for Benefits Amendment Regulation* (July 27, 2026).
[x] From the GoA's "Reimbursement Patient Pathway for Preventative Health Testing (PHT) Service" (July 31, 2026).