

STANDARDS OF PRACTICE

Patient-Ordered Testing

Under Review: Yes

Issued By: Council: TBD

DRAFT FOR REVIEW. CONSULTATION 33

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

The Government of Alberta has established a legislative framework permitting patients to directly access designated diagnostic imaging investigations without first obtaining a referral from a 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 accredited private diagnostic imaging facilities.

For the purpose of this Standard, “patient-ordered testing” (POT) is used to refer to a “preventative health testing service” provided under the [PHTSR](#). Conventional medical standards of care do not promote diagnostic testing without a clinical basis for ordering the testing to guide diagnostic and treatment decision making. This Standard establishes the professional obligations of regulated members who assess requests for or who provide POTs. It does not apply to diagnostic imaging that is performed in a diagnostic imaging facility operated by any provincial health agency.

Participation in POTs is optional for regulated members; however, those who choose to participate must meet all applicable requirements for safe and appropriate care delivery. Diagnostic imaging services requiring sedation or anesthesia are excluded from this process.

Related standards and companion 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.

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- “Patient” includes, where applicable, the patient’s legal guardian or substitute decision maker.

Patient ordered testing (POT): has the same meaning as “preventative health testing services” as defined in the [Alberta Health Care Insurance Act](#) and specified by Ministerial Order.

Patient: means an eligible individual as defined in the [Health Professions Act](#).

STANDARD

Compliance

1. The Medical Director of a private accredited diagnostic imaging facility that provides POTs, in addition to a regulated member who offers POTs at the facility, is responsible for ensuring POTs are provided in accordance with applicable legislation, regulations, and this Standard of Practice.
2. A regulated member who engages with a patient for the provision of a POT is the most responsible physician for the purposes of this Standard, **unless** another regulated member has agreed in advance to assume those responsibilities.
3. A regulated member who offers POTs **must** comply with all [CPSA Standards of Practice](#), the [Code of Ethics & Professionalism](#), applicable legislation, regulations and Ministerial Orders.
4. A regulated member **may only** provide POTs in an accredited diagnostic imaging facility.
5. In the interest of patient safety, a regulated member **must not** provide a POT that requires sedation or anesthesia.

Information for patient decision-making

6. Prior to providing a POT, a regulated member **must** inform the patient of and document:
 - a. the nature and purpose of the POT, including whether it will address the patient’s reason for self-referral;
 - b. any foreseeable limitations, side effects or risks;

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- c. any reasonably foreseeable need for follow-up care, additional clinical assessment, treatment or referral;
- d. that requesting a POT does not guarantee it will be provided;
- e. that the POT is not an insured health service and the patient is responsible for the associated costs; and
- f. that reimbursement by the Government of Alberta is not guaranteed.

Assessment and professional judgement

- 7. A regulated member who assesses a patient requesting a POT **must** practice within their scope of practice and have the knowledge, skill and clinical competence appropriate to the patient's age, clinical circumstances and the requested investigation.
- 8. A regulated member who assesses a patient requesting a POT establishes a physician-patient relationship for that care encounter.
- 9. When a regulated member declines a request to provide a POT, the regulated member **must** explain the reason for the decision to the patient and document the rationale.

Informed consent

- 10. Prior to providing a POT, a regulated member **must** obtain and document the patient's informed consent.
- 11. In accordance with the legislation, prior to providing a POT, a regulated member **must** obtain the patient's written consent to disclose the information required by the [PHTSR](#), including an acknowledgement that test results and related reports will become part of the patient's Alberta EHR.
 - a. If a patient declines to have their information disclosed, a regulated member **must not** provide the POT.

Financial disclosures and agreements

- 12. A regulated member who provides POTs **must** maintain an up-to-date schedule of private fees and charges that is available on request.

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13. Prior to charging a fee for assessing a request or providing a POT, a regulated member **must** inform the patient of any fees that may be charged for the assessment, testing, interpretation or follow-up, including fees that may apply regardless of whether the requested POT is provided.
14. A regulated member **must** obtain and document the patient's agreement to proceed with the assessment or testing and accept responsibility for any fees disclosed under clause (10).
15. A regulated member **must not** submit a claim to the [Alberta Health Care Insurance Plan](#) for the assessment of appropriateness of a POT.

Interpretation, communication and follow-up

16. A regulated member who interprets the results of a POT is the most responsible physician (MRP) for the purposes of clauses (17)–(20), **unless** another regulated member has agreed in advance to assume those responsibilities.
17. An MRP who provides a POT **must**:
 - a. ensure the results are appropriately interpreted and communicated to the patient;
 - b. where required by the [PHITSR](#), communicate the results to the patient:
 - i. in person;
 - ii. at the testing facility; and
 - iii. within two (2) hours after the POT is provided;
 - c. explain the results and any recommended next steps to the patient;
 - d. ensure clinically significant or abnormal findings are appropriately assessed, investigated, managed or referred, including by facilitating consultation or referral to an appropriate regulated health professional; and
 - e. remain responsible for ensuring appropriate follow-up until it has been arranged **or** responsibility for ongoing care has been appropriately transferred, in accordance with the [Transfer of Care](#) Standard of Practice.

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18. Where responsibility for ongoing care is transferred to another regulated health professional, the MRP **must** ensure the transfer is:
 - a. communicated to and accepted by the receiving regulated health professional; and
 - b. documented in the patient's record.
19. The MRP **must** ensure the patient understands who is responsible for any recommended follow-up.
20. The MRP **must not** assume another regulated health professional will review or act on the results of a POT solely because the results have been copied or forwarded to that regulated health professional.

Documentation

21. A regulated member who assesses a request for or provides a POT **must** maintain all records in accordance with applicable legislation and CPSA Standards of Practice.
22. A regulated member who provides a POT **must** ensure the diagnostic testing results, and any other information required by legislation, are made accessible via the Alberta Electronic Health Record.
23. A regulated member **must** document, at a minimum:
 - a. the patient's request;
 - b. the assessment performed, including eligibility and clinical appropriateness determination;
 - c. the rationale for providing or declining the POT;
 - d. the information provided to the patient;
 - e. informed consent and any written consent to disclose required by the [PHTSR](#);
 - f. the POT provided, where applicable;
 - g. communication of the results to the patient; and

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- h. any follow-up recommendations, referrals, transfers of care or actions taken in response to clinically significant or abnormal findings.

RELATED STANDARDS OF PRACTICE

- [Advertising](#)
- [Charging Fees](#)
- [Code of Ethics & Professionalism](#)
- [Conflict of Interest](#)
- [Continuity of Care](#)
- [Episodic Care](#)
- [Informed Consent](#)
- [Patient Record Content](#)
- [Patient Record Management](#)
- [Responsibility for a Medical Practice](#)
- [Transfer of Care](#)

COMPANION RESOURCES

- Advice to the Profession:
 - Patient-Ordered Testing [in development]
 - [Advertising](#)
 - [Charging for Uninsured Professional Services](#)
 - [Conflict of Interest](#)
 - [Continuity of Care](#)
 - [Episodic Care](#)
 - [Informed Consent for Adults](#)
 - [Informed Consent for Minors](#)
 - [Responsibility for a Medical Practice](#)
- Advice to Albertans: Patient-Ordered Testing [in development]
- Government of Alberta:
 - [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](#)

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- [Fact Sheet: Patient Choice and Self-Referral for Preventative Health Testing](#) (for patients)

REFERENCES

- Bill 29: [Health Statutes Amendment Act, 2026](#) (May 14, 2026)
- Ministerial Order 21/2026: [Appendix – Alberta Health Care Insurance Act: Medical Benefits Amendment Act](#) (July 27, 2026)
- Ministerial Order 22/2026: [Appendix – Alberta Health Care Insurance Act: Claims for Benefits Amendment Regulation](#) (July 31, 2026)
- Ministerial Order 23/2026: [Appendix – Health Professions Act: Preventative Health Testing Services Regulation](#) (July 27, 2026)
- Ministerial Order 24/2026: [Appendix – Alberta Health Care Insurance Act: Preventative Health Testing Services Benefits Regulation](#) (July 27, 2026)
- Ministerial Order 621/2026: [Appendix – Schedule of Preventative Health Testing Services](#) (July 31, 2026)
- Order in Council 268/2026: [Appendix – Alberta Health Care Insurance Act: Alberta Health Care Insurance Amendment Regulation](#) (July 22, 2026)
- Order in Council 269/2026: [Appendix – Health Professions Act: Health Professions Restricted Activity Amendment Regulation](#) (July 22, 2026)

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