

Privately Contracted Health Service Providers

Date first created:

No prior policy

Revised:

May, 2018

Approved By:

QSC

1.0 Policy Statement:

Baycrest respects the autonomy of Clients and recognizes that they may wish to obtain supplementary health care services through a Privately Contracted Health Service Provider while a registered inpatient in Baycrest hospital or as a resident of the Apotex (The Jewish Home for the Aged). When a Client initiates a request to hire the services of an external, **privately contracted health service provider** to supplement the standard care and services provided at Baycrest, it is important to explore their wishes and their understanding of the outcomes, and to consider the request within the context of a well-defined process.

All requests for access to service provided by a Privately Contracted **Regulated** Health Service Provider must be reviewed and decided upon by the Most Responsible Physician (MRP). Baycrest reserves the right to deny Privately Contracted Health Service Providers access to Baycrest.

Baycrest does not assume responsibility for oversight of any Privately Contracted Health Service Provider and reserves the right to remove a Privately Contracted Health Service Provider from Baycrest's premises if it is believed that the individual may place Baycrest Clients, Baycrest staff or visitors at risk.

2.0 Scope: This policy applies to all Privately Contracted Health Service Providers (both regulated and unregulated) **excluding physicians**, who have been hired by Baycrest Hospital inpatients and residents of Apotex or substitute decision maker to provide health care services to the Hospital inpatients and residents of Apotex. This policy does not address Privately Contracted Companions. See Privately Contracted Companion Policy.

3.0 Definitions:

Baycrest: means collectively Baycrest Centre for Geriatric Care, Baycrest Hospital and The Jewish Home for the Aged.

Baycrest Staff: means all employees, physicians, medical and clinical staff, contractors, consultants, volunteers and students at Baycrest.

Client: means the In-patient or Resident or Substitute Decision Maker (SDM) who is hiring or requesting (as applicable) the Privately Contracted Health Service Provider.

Privately Contracted Health Service Provider: For the purposes of this policy this includes both Regulated and Unregulated private Health Service Providers that are hired by a Client to provide supplementary health care services. This may include: regulated or unregulated Privately Contracted Health Service Provider that offers health care services and that is involved in the provision of direct care to a Baycrest Hospital inpatient or resident of Apotex. Privately Contracted Companions (Private Companions) are excluded.

Privately Contracted Companions (Private Companions): are hired by Clients to provide companionship and to assist with transportation to activities or programming at Baycrest and to enhance Client quality of life and independence.

In-patient: A registered in-patient at Baycrest Hospital. If the In-patient has a substitute decision-maker (SDM), references to In-patient in this policy shall apply to the SDM where applicable.

Incident: An event or circumstance which could have resulted, or did result, in harm to an In-patient/Resident.

Regulated Care Provider: In Ontario, regulated health professions are governed under the *Regulated Health Professions Act, 1991* (RHPA) and health profession Acts (i.e., *Medicine Act, 1991*). This legislative framework establishes health regulatory colleges, which regulate the professions in the public interest. Health regulatory colleges are responsible for ensuring that regulated health professionals provide health services in a safe, professional and ethical manner. Social workers are not regulated under the RHPA, but under a separate statute as noted in Table 1 below.

Resident: A registered resident of the Apotex (The Jewish Home for the Aged). If the Resident has a substitute decision-maker, references to the Resident in this Policy shall apply to the SDM where applicable.

Substitute Decision Maker (SDM): Per the Health Care Consent Act, if a patient is deemed incapable, the individual(s) acting as proxy decision maker on the patient's behalf for treatment decisions including requests for a Privately Contacted Health Service Provider.

Supplemental Care: Supplemental care is care provided to the Client at Baycrest in addition to the standard care and service provided by Baycrest staff.

Unregulated Care Provider: Unregulated care providers are paid health care workers who are not registered with a regulatory body. They have no legally defined scope of practice, do not have a mandatory education requirement and do not have established standards of practice.

Table 1: List of Regulated and Unregulated Privately Contracted Health Service Providers

Regulated Privately Contracted Health Service Providers	Unregulated Privately Contracted Health Service Providers (examples only)
Under the <i>Regulated Health Professions Act, 1991</i>	Personal Support Worker
Audiology/Speech Language Pathology	Therapeutic Touch Practitioner
Acupuncture	Music Therapist
Chiropody and Podiatry	Aromatherapist
Chiropractic	Reiki practitioner
Dental Hygiene and Dentistry	Reflexologist
Dietitian	Occupational Therapy Assistant and Physiotherapy
Homeopathy/Naturopathy	Assistant (Must be under the Supervision of
Kinesiology	Regulated Occupational Therapist or
Massage Therapist	Physiotherapist)

Medical Laboratory Technology
 Music Therapist
 Nursing
 Occupational Therapist
 Optometry
 Physiotherapy
 Psychologist
 Psychotherapists
 Respiratory Therapist
 Social Workers
 Traditional Chinese Medicine

Under the *Social Work and Social Service Work Act, 1998*

Social Workers

4.0 Procedure

4.1 Clients: General Information and Responsibilities:

a) The Client or SDM who establishes a relationship with a Privately Contracted Health Service Provider from an external source is responsible for verifying the credentials of the practitioner/provider, arranging the service, payment of fees, and cancellation within the required period of advance notice. The Client must complete the following requirements prior to the Privately Contracted Health Service Provider providing services on Baycrest's premises:

- (i) Review this Privately Contracted Health Service Providers Policy.
 - Discuss the request with the Clinical Manager (who will involve the Physician, Professional Practice Chief or other delegate as applicable).
 - Review and sign the Privately Contracted Health Service Provider Form (Appendix A), which shall include providing a description of the services to be provided by the Privately Contracted Health Service Provider. If there are any changes to the information about the Client or the Privately Contracted Health Service Provider in the Privately Contracted Health Service Provider Form, the Client is responsible for communicating such information to Clinical Manager.
- (ii) Arrange for the Privately Contracted Health Service Provider to fill out and submit, as applicable, the parts of the Privately Contracted Health Service Provider Form that apply to the Privately Contracted Health Service Provider. As part of this process, the Client must ensure that the Privately Contracted Health Service Provider:
 - provides proof to Client that the Privately Contracted Health Service Provider has completed a satisfactory police reference check, including a Vulnerable Sector Screen (VSS); and
 - provides evidence to Client that the Privately Contracted Health Service Provider has been immunized against measles, rubella/rubeola and chicken pox (Varicella); and has had a documented 2-step

tuberculosis test. Baycrest also recommends that the Privately Contracted Health Service Provider be vaccinated for tetanus/diphtheria and Hepatitis B. The Privately Contracted Health Service Provider Immunization Record (Appendix A) must be completed and submitted to Client prior to the Privately Contracted Health Service Provider providing services on Baycrest's premises. In addition to the immunization requirements listed above, all Privately Contracted Health Service Providers are encouraged to be vaccinated annually against influenza

- provides evidence of applicable credentials and insurance coverage (as such requirements are more fully described in section 4.3 below).

b) The Client is responsible for verifying the credentials of the provider, receiving the proof for the required documents described in section 4.1 above), and arranging for the compensation of the Privately Contracted Health Service Provider (either by paying the External Provider directly or through private insurance coverage). The hiring, selecting, contracting and remuneration of the Privately Contracted Health Service Provider is the sole responsibility of the Client. Baycrest does not recommend or participate in the selection process or the hiring of Privately Contracted Health Service Providers. Baycrest accepts no responsibility for the cost, supervision, quality or liability of the Privately Contracted Health Service Provider throughout the period of service provision.

c) If a Privately Contracted Health Service Provider is not available to provide services, the Client may only substitute a Privately Contracted Health Service Provider if the substitute Privately Contracted Health Service Provider complies with the requirements of this Policy. For clarity, a Client may not substitute a Privately Contracted Health Service Provider on a temporary basis unless the individual complies with the requirements of this Policy.

4.2 Responsibilities of Clinical Manager (or Clinical Manager delegate):

If indicated, will arrange a family conference to discuss the Client's needs and clarify their request with the physician, Professional Practice Chief of the discipline involved, or with the unit professional of the discipline if there is no Professional Practice Chief for that discipline. Address the following matters with the Client or SDM:

- a) Identify their perception of need and expected outcomes of care.
- b) Investigate whether alternative strategies in care planning could meet the identified needs.
- c) Confirm that the Client or SDM understands they are entering into a fee-for-service contract with the agency or health service provider and is responsible for the full cost of the services provided.
- d) Confirm that Baycrest will not accept responsibility for costs incurred and will not sign insurance claim forms.
- e) Review the Privately Contracted Health Service Provider policy with the Client or SDM and the Privately Contracted Health Service provider and ensure that all the applicable forms under the Appendix A are completed.
- f) Provide access to applicable key Baycrest policies to the Privately Contracted Health Service provider. Any additional unit or program specific policies that are deemed "essential" should also be identified and provided.
- g) Provide the Clinical Manager or delegate contact information for subsequent communication.
- h) Record the outcomes of the discussion in the Client's health record and ensure all the copies of forms and applicable documents are inserted in Client's Health Records.

4.3 Privately Contracted Health Service Provider Requirements and Responsibilities:

- a) Review this Privately Contracted Health Service Providers Policy.
- b) Fill out and sign, as applicable, the Privately Contracted Health Service Provider Form (which shall include complying with the police reference check and immunization requirements outlined in Section 4.1(a) of this Policy). In addition:
 - i) Regulated Privately Contracted Health Service Providers must provide to the Client:
 - 1. current original certificate of registration in good standing with their regulatory college;
 - 2. current and valid general liability insurance and professional liability insurance that covers the Privately Contracted Health Service Provider for his/her work at Baycrest with coverage of at least \$5,000,000 if physical contact with the Client will occur and \$2,000,000 if no physical contact will occur; and
 - 3. personal injury insurance (WSIB coverage from employer, if applicable, or any personal work-related disability insurance if self-employed).
 - ii) Unregulated Privately Contracted Health Service Providers must provide to the Client:
 - 1. appropriate original credentials;
 - 2. proof of external supervision by a regulated health professional if necessary (such as in the case of psychometrists, physiotherapy assistants);
 - 3. current and valid general liability insurance and professional liability insurance with coverage of \$5,000,000 if physical contact with the Client will occur and \$2,000,000 if no physical contact will occur; and
 - 4. personal injury insurance (WSIB from employer, if applicable, or any personal work-related disability insurance if self-employed).
- c) Privately Contracted Health Service Providers who are regulated as noted above who are privately employed are expected to act within their scope of practice and authority under the RHPA or the *Social Work and Social Service Work Act, 1998*.
- d) Unregulated Care Providers who are privately employed are expected to act within their range and competencies and not provide clinical advice outside of their competency. They cannot provide any controlled acts as contemplated under the RHPA.
- e) All Privately Contracted Health Service Providers are expected to comply with the plan of care/treatment established by the Baycrest health care team in collaboration with the Client. Privately Contracted Health Service Providers shall communicate all care they provide and immediately inform the Clinical Manager or delegate of any findings pertinent to the plan of care or any concerns related to the health status of the Client. At the end of each session/visit with a Client, the Privately Contracted Health Service Provider shall provide documentation through an interprofessional progress note in accordance with the requirements of the Privately Contracted Health Service Provider's applicable health regulatory college/association. This progress note shall include the name of the Privately Contracted Health Service Provider; the Privately Contracted Health Service Provider's contact information; and if applicable, the Privately Contracted Health Service Provider's health regulatory college/association registration number.

- f) Privately Contracted Health Service Providers must provide their own photo identification badge and wear the photo identification badge while on Baycrest's premises.
- g) Privately Contracted Health Service Providers must follow all visitor procedures as established by Baycrest.
- h) Privately Contracted Health Service Providers must be aware of Baycrest's Emergency Codes, including Code Red and Code Green. In all cases of emergency, the Privately Contracted Health Service Provider shall follow the instructions of the responsible party designated by Baycrest who is responding to the emergency and has authority to direct activities during that period.
- i) Privately Contracted Health Service Providers must immediately communicate all Incidents involving a Client or property damage to the Baycrest healthcare team.
- j) Privately Contracted Health Service Providers must comply with Baycrest's policies and procedures, including those in respect of privacy and confidentiality; safety and security; and zero tolerance of abuse.
- k) Baycrest does not grant permission nor authorize a Privately Contracted Health Service Provider to advertise any affiliation with Baycrest. Privately Contracted Health Service Providers are not allowed to solicit or approach other In-patients/Residents for work. Privately Contracted Health Service Providers may not sell any product or other service while on Baycrest's premises. If a Privately Contracted Health Service Provider does not comply with the prohibition on advertising and solicitation on Baycrest's premises, Baycrest's actions may include but are not limited to immediate suspension of services, removal from Baycrest's premises or permanent ban from the Baycrest premises, as more fully described in section 4.3 of this Policy.
- l) Privately Contracted Health Service Providers must provide to Baycrest's Physical Plant any devices or equipment that they propose to use in the Client's care or services, for the purpose of verifying that said devices or equipment meet the requirements of the Canadian Standards Association. Baycrest is not responsible for any property of a Privately Contracted Health Service Provider which may be damaged, stolen or destroyed while the Privately Contracted Health Service Provider is at Baycrest.

4.4 Baycrest Staff Responsibilities:

- a) The Baycrest healthcare team will immediately bring concerns about either the Privately Contracted Health Service Provider's practice or involvement that have the potential to compromise Resident/In-patient health, safety or security or violates any Baycrest policies to the attention of the Clinical Manager or delegate and can have the Privately Contracted Health Service Provider removed from Baycrest's premises in situations deemed unsafe to the Resident/In-patient, visitors or to Baycrest Staff. The Clinical Manager (or delegate, e.g. Professional Practice Chief or Charge Nurse) will immediately upon removal of Privately Contracted Health Service Provider contact the Client and inform them of the situation and reason for removal of Privately Contracted Health Service Provider.
- b) Baycrest's actions may include but are not limited to immediate suspension of services, removal from Baycrest's premises or permanent ban from the Baycrest premises if the following circumstances occur:

- (i) Privately Contracted Health Service Provider does not follow the Privately Contracted Health Service Provider Policy or other policies established by Baycrest relating to safety, security, private and respect for Jewish customs;
- (ii) behaves in a disruptive or otherwise inappropriate manner including jeopardizing the health, safety and security of Residents, In-patients, Baycrest Staff or visitors and their property; or
- (iii) negatively impacts or interferes with care provided by Baycrest staff.

The Clinical Manager will ensure that a review is conducted and documented in the Safety Event Reporting System as per Baycrest Safety Event Reporting Event Policy. Services may be reinstated after a review by the healthcare team.

- c) The primary obligation of Baycrest is the care and treatment of In-patients/Residents. In addition to the rights outlined above, Baycrest has the right in the event of circumstances beyond its control (such as a community disaster, a strike, a disease outbreak, a fire or other situation in which the safety or security of In-patients/Residents is at risk) to suspend an Privately Contracted Health Service Provider's access to Baycrest's premises.
- d) Baycrest Staff are prohibited from signing off or otherwise verifying hours of work for Privately Contracted Health Service Providers as this arrangement is between the In-patient/Resident and the Privately Contracted Health Service Provider.
- e) Baycrest Staff may not act as Privately Contracted Health Service Providers for In-patients/Residents. Baycrest Staff may not accept outside employment from a former In-patient/Resident if the acceptance of such employment would constitute a conflict of interest under Baycrest's Conflict of Interest (Employees) Policy.
- f) Baycrest Staff may not solicit or approach an In-patient/Resident or family member for a job on behalf of an Privately Contracted Health Service Provider. For clarity, Baycrest Staff may not recommend or suggest any Privately Contracted Health Service Providers to In-patients/Residents.

5.0 Privacy and Confidentiality

- a) With the consent of the In-patient/Resident (i.e. the Client), Baycrest may disclose personal health information and any other relevant information pertinent to the health and well-being of the In-patient/Resident to the Privately Contracted Health Service Provider. The Privately Contracted Health Service Provider must hold this information in strict confidence and shall not disclose this information to anyone other than the In-patient/Resident.
- b) With the consent of the In-patient/Resident, the Privately Contracted Health Service Provider shall provide any new information regarding the In-patient's/Resident's condition with the appropriate Baycrest Staff. The Privately Contracted Health Service Provider must hold this information in strict confidence and shall not disclose this information to anyone other than the appropriate Baycrest Staff and the Resident/In-patient.
- c) The Privately Contracted Health Service Provider shall comply with Baycrest's Privacy Code and all Baycrest policies and procedures regarding privacy.

6.0 Reference Policies/Documents

- a) Privately Contracted Companions Policy
- b) Elder/Client Abuse: Zero Tolerance Policy

- c) Apotex Client's Rights at: <http://www.baycrest.org/care/families-and-visitors/patient-and-resident-rights-and-responsibilities/apotex-residents-bill-of-rights-and-responsibilities/>
- d) Hospital Patient's Rights at: <http://www.baycrest.org/care/families-and-visitors/patient-and-resident-rights-and-responsibilities/hospital-patients-bill-of-rights-and-responsibilities/>
- e) Conflict of Interest (Employees) Policy
- f) Healthcare Worker Influenza Vaccination Policy
- g) Privacy Code
- h) Safety Event Reporting System Policy
- i) Scent Free Guidelines
- j) Code Red, Emergency Disaster Manual
- k) Health Care Consent Act, 1996, SO 1996, c. 2, Sch A.
- l) HIROC Risk Notes – "Hiring Privately Contracted Health Service Providers", 2014

7.0 Appendices/Links

Appendix A – Privately Contracted Health Service Provider Form (including the Privately Contracted Health Service Provider Immunization Record)

Appendix B – Algorithm for Requests for Additional Health Service Provider(s)

Appendix A

PRIVATELY CONTRACTED HEALTH SERVICE PROVIDER FORM

INSTRUCTIONS TO CLINICAL MANAGER OR DELEGATE: After reviewing the Privately Contracted Health Service Provider Policy with Client and Privately Contracted Health Service provider, please have these forms completed. The form should be signed by the Client (the person who is requesting the Privately Contracted Health Service Provider) and the Privately Contracted Health Service Provider (page 3 to be signed by Regulated Contracted Health Service Providers and page 4 to be signed by Unregulated Contracted Health Service Providers).

By signing this form, the Client and the Privately Contracted Health Service Providers each agree to permit Baycrest to collect the personal information below for the purpose of (1) Baycrest protecting the health, well-being and security of the Client and others; (2) enforcing the Contracted Health Service Providers Policy; and (3) for the distribution of notices related to Contracted Health Service Providers. Baycrest will disclose this information to others only for the purposes for which it was collected, in the event of an emergency, and otherwise as permitted or required by law.

Name of In-patient/Resident (“Client”)

Apotex [] Floor & Room No. _____ Hospital [] Floor & Room No. _____

Name of the Privately Contracted Health Service Provider

Business Phone number

Address

Description of the services to be provided by the Contracted Health Service Providers (the “Services”):

Name of health regulatory college or association, as applicable

Insurance Details: Attach proof of coverage.

Insuring Agent

Policy Number

Date of Issue

Date of Expiry

This Application is signed on the understanding that Baycrest shall continue to remain responsible for the acts and omissions of Baycrest and its employees and agents. In this Acknowledgment, “Baycrest” collectively refers to Baycrest Centre for Geriatric Care, Baycrest Hospital and The Jewish Home for the Aged.

STATEMENT OF CLIENT

I, _____ wish to have _____ to be provided by _____
(Name of Client) (Type of Health Service) (Name of the Provider)

I acknowledge that the Provider is not an employee, a physician or other healthcare practitioner at Baycrest and does not act on Baycrest's behalf. The decision to request the Services is solely my own and not a recommendation of anyone at Baycrest. I have read, understand and had the opportunity to ask questions about the Privately Contracted Health Service Providers Policy.

I have been informed by the Provider of the degree and nature of the risks, benefits and side effects of the proposed Services, and have consented and assume full responsibility for any and all risks related to the provision of the Services by the Provider. I accept full responsibility for the payment of the Provider's fees.

I give my permission to Baycrest staff to disclose my personal health information (including my health record) to the Provider and give my permission to the Provider to disclose information about my condition to appropriate Baycrest staff.

I acknowledge that Baycrest staff have the right to interrupt or terminate the Services, and consult with the Provider and myself, if Baycrest's staff determines, in its sole discretion, that continuation of the Services would result in violation of Baycrest policies, rules and regulations or cause me or others harm.

In consideration for Baycrest permitting the Provider to provide the Services, I hereby release Baycrest, its employees, officers and directors, agents, medical staff and volunteers from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to my person or property, arising from the acts or omissions of the Provider.

I further agree to indemnify and save harmless Baycrest, its employees, officers and directors, agents, medical staff and volunteers from all liability, claims, demands, costs, expenses, actions and causes of action, in respect to death, injury, loss or damage to my person or property, arising from the acts or omissions of the Provider.



Date: _____

[The Client (or the Client's substitute decision-maker) signs here. If you are signing on behalf of the Client, then please clearly indicate this, e.g., "Jane Doe by her substitute decision-maker John Smith".]

**STATEMENT OF PRIVATELY CONTRACTED HEALTH SERVICE
(TO BE SIGNED BY REGULATED PRIVATELY CONTRACTED HEALTH SERVICE):**

I, _____ agree to assume sole responsibility for providing the
(Name of Privately Contracted Health Service Provider)
Client with full disclosure regarding the proposed Services and for obtaining the Client’s informed consent for any proposed treatment in accordance with the *Health Care Consent Act*.

I have read, understand and had the opportunity to ask questions about the Privately Contracted Health Service Provider Policy. I confirm that I will at all times maintain general liability insurance and professional liability insurance with coverage of at least \$5,000,000 if I will have physical contact with a Client and \$2,000,000 if no physical contact will occur, as required by the Privately Contracted Health Service Providers Policy. I will provide proof of such insurance prior to providing any Services at Baycrest.

I confirm that I have provided proof of registration and membership with the health professional college governing or concerning the type of therapy I provide, as applicable.

I agree to abide by the policies and procedures of Baycrest as they affect the Services I provide. I understand that in the course of providing Services to the Client at Baycrest, Baycrest staff may disclose to me personal health information about the Client if the Client has consented to the disclosure of this information. I also understand that I am required to disclose any new information about the Client’s condition to the appropriate Baycrest staff. I agree to hold all personal health information about the Client in strict confidence and not to disclose this information to anyone other than the appropriate Baycrest staff and the Client. I agree to follow Baycrest’s policies and procedures regarding privacy and acknowledge that I have read and understood Baycrest’s Privacy Code.

I acknowledge that Baycrest staff have the right to intervene to suspend or terminate my provision of Services, after consulting with the Client and myself, if Baycrest’s staff, in their sole discretion, determines that continuation of the Services would result in violations of Baycrest’s policies, rules, or regulations, or would cause the Client harm.

I agree to provide to Baycrest’s Physical Plant any devices or equipment that I propose to use in the Client’s care or services, for the purpose of verifying that said devices or equipment meet the requirements of the Canadian Standards Association.

(For physiotherapists only:) I agree to communicate regularly with the OHIP-funded (Schedule 5) therapist arranged by Baycrest to provide physiotherapy care in the Apotex (The Jewish Home for the Aged), to ensure that consistent treatment is provided to our mutual clients.

In consideration for being permitted to provide the Services, I agree to indemnify and save harmless Baycrest, its employees, officers and directors, agents, medical staff and volunteers from all liability, claims, demands, costs, expenses, actions and causes of action, in respect of death, injury, loss or damage to a person or property, arising from my acts or omissions in providing the Services at Baycrest.



Privately Contracted Health Service Provider: _____ **Date:** _____

[The Privately Contracted Health Service Provider signs here.]

STATEMENT OF PRIVATELY CONTRACTED HEALTH SERVICE (TO BE SIGNED BY UNREGULATED PRIVATELY CONTRACTED HEALTH SERVICE PROVIDERS):

I, _____ agree to assume sole responsibility for providing the
(Name of Privately Contracted Health Service Provider)

Client with full disclosure regarding the proposed Services and for obtaining the Client’s informed consent in accordance with the *Health Care Consent Act*.

I have read, understand and had the opportunity to ask questions about the Privately Contracted Health Service Providers Policy. I confirm that I will at all times maintain general liability insurance and professional liability insurance with coverage of at least \$5,000,000 if I will have physical contact with a Client and \$2,000,000 if no physical contact will occur, as required by the Privately Contracted Health Service Providers Policy. I will provide proof of such insurance prior to providing any services at Baycrest.

I confirm that I will provide proof of registration and membership with the association governing or concerning the type of therapy I provide, as applicable.

I agree to abide by the policies and procedures of Baycrest as they affect the Services I provide. I understand that in the course of providing Services to the Client at Baycrest, Baycrest staff may disclose to me personal health information about the Client if the Client has consented to the disclosure of this information. I also understand that I am required to disclose any new information about the Client’s condition to the appropriate Baycrest staff. I agree to hold all personal health information about the Client in strict confidence and not to disclose this information to anyone other than the appropriate Baycrest staff and the Client. I agree to follow Baycrest’s policies and procedures regarding privacy and acknowledge that I have read and understood Baycrest’s Privacy Code.

I acknowledge that Baycrest staff have the right to intervene to suspend or terminate my provision of Services, after consulting with the Client and myself, if Baycrest’s staff, in their sole discretion, determines that continuation of the Services would result in violations of Baycrest’s policies, rules, or regulations, or would cause the Client harm.

I agree to provide to Baycrest’s Physical Plant any devices or equipment that I propose to use in the Client’s care or services, for the purpose of verifying that said devices or equipment meet the requirements of the Canadian Standards Association. (For acupuncturists only): I will conduct a needle count at the beginning and end of a therapy session with my Client.

In consideration for being permitted to provide the Services, I agree to indemnify and save harmless Baycrest, its employees, officers and directors, agents, medical staff and volunteers from all liability, claims, demands, costs, expenses, actions and causes of action, in respect of death, injury, loss or damage to a person or property, arising from my acts or omissions in providing the Services at Baycrest.



Privately Contracted Health Service Provider: _____ **Date:** _____

[The Privately Contracted Health Service Provider signs here.]

The personal information requested on this form is necessary to the proper administration of a lawfully authorized activity and, as applicable, is collected in accordance with subsection 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will be used for protecting the health, wellbeing, and security of the Client and others, enforcing the Privately Contracted Health Service provider Policy, and distributing notices related to Privately Contracted Health Service Providers. Questions about this collection may be directed to Baycrest Health Records Department.

Privately Contracted Health Service Provider Immunization Record

Baycrest is committed to protecting your privacy. The Communicable Disease Protocols have been developed jointly by the Ontario Hospital Association (OHA) and the Ontario Medical Association (OMA) and approved by the Minister of Health and Long-Term Care (MOHLTC). They were developed in compliance with Regulation 965, Section 4, under the *Public Hospitals Act*. This regulation requires each hospital to have by-laws that establish and provide for the operation of a health surveillance program including a communicable disease surveillance program in respect of all persons carrying on activities in the hospital.

INSTRUCTIONS FOR PRIVATELY CONTRACTED HEALTH CARE PROVIDER: Once completed, submit this form in person to Client who will then submit a copy to Clinical Manager. If you have questions concerning the completion of this form, please call Baycrest Occupational Health & Safety Department. Any costs associated with the completion of this form are the responsibility of the Privately Contracted Health Service Provider. **Retain a copy for your records.**

A. Identification

Name (First/Last): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (Home): _____ (Cell): _____

Date of Birth: _____ Male Female

B. Required Immunizations and TB Skin Testing

This section must be completed by a medical practitioner. Alternatively, laboratory evidence of immunity or immunization records may be submitted to confirm immunization status.

Tuberculosis Skin Test

In order to comply with the Tuberculosis Surveillance Protocol for Ontario Hospitals, (developed by OHA/OMA) Privately Contracted Health Service Providers are required to have a 2 step Mantoux test if he/she has:

- | | |
|---|--|
| a) Not had a positive TB skin Test result | c) Unknown TB status |
| b) Not had a TB Skin test within the past twelve months | d) Had a BCG vaccine and remains TB negative |

Step 1: Date given _____	Step 2: Date given _____	OR
Date read _____	Date read _____	Chest X-Ray Date: _____
mm Induration _____	mm Induration _____	Result: _____
Result _____	Result _____	

Measles

Laboratory evidence of immunity. Date: _____

Not Immune/Indeterminate/ Unknown **or**

1. MMR Vaccine Date: _____

2. MMR Vaccine Date: _____

Mumps

Laboratory evidence of immunity. Date: _____

Not Immune/Indeterminate/ Unknown **or**

1. MMR Vaccine Date: _____

2. MMR Vaccine Date: _____

Rubella

Laboratory evidence of immunity. Date: _____

Not Immune/Indeterminate/ Unknown **or**

1. MMR Vaccine Date: _____

2. MMR Vaccine Date: _____

Varicella/Zoster (chickenpox)

History of illness. Date: _____

Not Immune/Indeterminate/ Unknown **or**

Vaccine Date: _____

<p>Hepatitis B</p> <p><input type="checkbox"/> Laboratory evidence of immunity. Date: _____</p> <p><input type="checkbox"/> Not Immune/Indeterminate/ Unknown or</p> <p>1. Hep B Vaccine date: _____</p> <p>2. Hep B Vaccine Date: _____</p> <p>3. Hep B Vaccine date: _____</p>	<p>Tetanus/Diphtheria /Pertussis</p> <p>Pertussis vaccination (dTap) once as an adult, Td every 10 years recommended</p> <p><input type="checkbox"/> dTap (Adacel) Date: _____</p> <p><input type="checkbox"/> Td Date: _____</p>
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Section C completed by:

Health Care Professional: Nurse Practitioner/Physician _____ Date: _____

Signature Stamp (required):

C. Authorization

I hereby declare that this information is true and complete. I understand that all personal and medical information provided by me will be kept confidential as per the Baycrest Confidentiality of Health Information Policy.

Privately Contracted Health Service Provider Signature: _____ Date: _____

The personal information requested on this form is necessary to the proper administration of a lawfully authorized activity and, as applicable, is collected in accordance with subsection 38(2) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F. 31 as amended. The information provided will be used to protect the health, wellbeing and security of the Client and others. *Questions about this collection may be directed to Baycrest Health Records Department.*

FOR ADMINISTRATIVE USE ONLY

Privately Contracted Health Service Providers Form received and signed by:

Privately Contracted Health Service Provider

Client

Credentials:

Regulated Privately Contracted Health Service Providers: Current certificate of registration in good standing from regulatory college

Unregulated Privately Contracted Health Service Providers: Information about association membership and appropriate original credentials, as applicable.

Evidence of professional liability insurance coverage in the amount specified by the Policy.

Immunization Record completed and submitted.

Police reference (including vulnerable sector screen) check completed and submitted.