



## **Nova Scotia Board of Examiners in Psychology**

Suite 455, 5991 Spring Garden Road  
Halifax, Nova Scotia  
B3H 1Y6  
www.nsbep.org

Telephone: (902) 423-2238  
Fax: (902) 423-0058

### **Circle of Care**

The Board is periodically contacted by some psychologists, and other healthcare professionals about issues that can arise when they are trying to communicate for the purposes of patient care.

Here are some actual examples that have been provided to the Board (although they should not be considered exhaustive).

1. A private practitioner has made a patient referral to a hospital, so that the individual can receive specialized service. The practitioner receiving the referral makes contact with the referring psychologist, in order to obtain some more information about the patient relevant to the patient's care. They are advised that the private practitioner cannot provide any information without a new form evidencing the patient's consent.
2. A private practice psychologist is working with a patient who begins experiencing suicidal ideation and the patient is deemed to be at imminent risk of harm. The psychologist ensures that the patient goes to the nearest hospital. There could be additional and more recent factors that the private psychologist could share, that demonstrate the seriousness of the situation, and this should be conveyed to the assessing professional in the other setting. No exchange of information takes place and the patient is released.
3. Psychologists and other healthcare employees are both providing care to the same patient and both providers are working for the same employer. The other healthcare professional working with the patient makes contact with the psychologist, in order to obtain some more information about the patient relevant to the patient's care. They are advised that the psychologist cannot provide any information without the patient's consent.
4. A referral / recommendation is made to another healthcare professional. One example of this type of scenario could be a psychologist who refers a patient to a psychiatrist. The psychiatrist receiving the referral makes contact with the referring psychologist in order to obtain some more information about the patient relevant to the patient's care. They are advised that the psychologist cannot provide any information without the patient's consent.

Situations such as those described above can be difficult for the psychologists and healthcare providers. Some practitioners have suggested this demonstrates a lack of communication and respect between healthcare professionals working in other settings and disciplines. However, and most importantly, these barriers may disrupt the continuity of care and impact the patient's wellbeing. Obviously the concern, in relation to consent, is that providing any information may violate the patient's confidentiality and professional standards. However, the other psychologist or healthcare providers involved, who are attempting to convey or receive more information, do not see such an exchange of information as problematic, and in fact view it as beneficial and necessary for the provision of quality healthcare.

Pursuant to the NSBEP Standards of Professional Conduct:

*3.4 A registrant is expected to maintain current knowledge of Federal and Provincial statutes, and other agencies and professional regulations relating to the delivery of her/his professional services.*

The Personal Health and Information Act (PHIA) provides the capability for healthcare practitioners to share information relevant for patient care. This exchange of information is related to the concept of the "circle of care". This concept is included in the Government's Toolkit for Custodians in relation to PHIA, and defined in Industry Canada's guidelines for the health sector as the following: *"Individuals and activities related to the care and treatment of a patient. Thus, it covers the health care providers who deliver care and services for the primary therapeutic benefit of the patient and it covers related activities such as laboratory work and professional or case consultation with other health care providers."*

It is true that PHIA legislation also provides the ability for the custodian to decide on a higher standard than "implied consent" within the "circle of care" when being asked to share information with another healthcare professional. And, naturally, psychologists are quite aware of the importance of maintaining confidentiality and the informed consent process. However, there are other relevant ethical standards in the Canadian Code of Ethics for Psychologists, which can apply in the above examples such as (again these are not intended to be an exhaustive list of applicable standards):

### *General Respect*

*I.1 Demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of others.*

### *General Caring*

*II.1 Protect and promote the welfare of clients, research participants, employees, supervisees, students, trainees, colleagues, and others.*

*II.2 Avoid doing harm to clients, research participants, employees, supervisees, students, trainees, colleagues, and others.*

## *Maximize Benefit*

*II.18 Provide services that are coordinated over time and with other service providers, in order to avoid duplication or working at cross purposes.*

*II.19 Create and maintain records relating to their activities that are sufficient to support continuity and appropriate coordination of their activities with the activities of others.*

The NSBEP Standards of Professional Conduct state:

### *Principle 2*

*A registrant shall organize and conduct his/her activities so that users shall receive appropriate and adequate psychological services.*

As with many circumstances, maintaining a clear understanding about what may reasonably be expected by all parties involved in the care of the patient, at each step in the process, may be the best practice, and especially when an individual will be referred to another provider. It's not helpful to refer a patient to another professional and then refuse to provide any relevant information to the new provider. One of the ways to appropriately handle the issue of consent may be for the referring psychologist to generate a specific consent form designed to allow for an exchange of information to support continuity of care, once the receiving institution begins working with the referral. This signed form could be kept on file with the psychologist, with a copy given to the patient to provide to the receiving healthcare professional, and this signed form could even be sent by the psychologist to the receiving healthcare professional.

As the examples mentioned earlier suggest, there can be challenges when providing healthcare across disciplines, settings, and even among psychologists. Registrants are therefore encouraged to discuss with their colleagues the applicable legislation, the concept of the circle of care, and relevant ethical principles, so that they can brainstorm ways of helping to facilitate the appropriate exchange of information in order to provide quality care to patients.

In summary, psychologists who are attempting to facilitate the appropriate sharing of information with other psychologists and healthcare professionals, within the circle of care, are acting in a manner that is consistent with both professional standards and privacy legislation. The Board hopes that the information contained in this document might assist psychologists to ensure they consider all relevant standards in the provision of quality healthcare in such relevant scenarios.

This document was issued by the Nova Scotia Board of Examiners in Psychology in January 2017.