Practice Visit Assessment Rubric

Chiropractor Assessed (Practice Permit #)				Clinic Rank					
Click or tap here to enter text.	PP:####			☐	Primary	☐	Satellite	☐	Satellite-II
Clinic Name				**Practice Type**					
Click or tap here to enter text.				☐	Solo	☐	Group		
Clinic Address				**Assessment Conducted By:**					
Click or tap here to enter text.				Click or tap here to enter text.					
Assessment Conducted				**Assessment Date**					
☐	On-site	☐	Remote Access/Virtual	Click or tap to enter a date.					

Confirmation of Review Actions
☐ Assessor and chiropractor discussed the information recorded in this rubric
☐ Assessor advised chiropractor that the Competence Committee will review the Standard of Practice Assessment Rubric and provide a disposition via report.
☐ Assessor interviewed staff members
☐ Assessor observed patient care or interviewed patients

Staff Interviewed		Staff Role
Click or tap here to enter text.		Click or tap here to enter text.
Staff responsibilities		
Click or tap here to enter text.		
Staff Interviewed		**Staff Role**
Click or tap here to enter text.		Click or tap here to enter text.
Staff responsibilities		
Click or tap here to enter text.		
Staff Interviewed		**Staff Role**
Click or tap here to enter text.		Click or tap here to enter text.
Staff responsibilities		
Click or tap here to enter text.		

Guide to Assessment Tool	
Color or Text	**Associated Action**
	These are questions to ask the chiropractor while conducting an assessment
	There are questions to ask the chiropractor's staff while conducting an assessment
	Action items to observe, view or obtain documents/records.
"Click or tap here to enter text."	When you see click or tap here to enter text. Enter notes from your assessment.
	Rubric directions to assist the reviewer
IR	**IR** indicates Improvements Required

Assessment action

Observe the following in the clinic

Observation	N/A	Satisfactory	IR	Reference
A current practice permit is displayed in the clinic		☐	☐	*HPA* 36(5)(a)
The fee schedule is posted in the clinic for the public and payors		☐	☐	SP 2.1(a)
• Products on fee schedule or are clearly priced on the product.		☐	☐	SP 2.1
• Is there an effective date for the fee schedule?		☐	☐	SP 2.1
• Are archived fee schedules available? For 10 years?		☐	☐	SP 2.1, 2.5
The X-ray registration certificate is posted w/Equip.	☐	☐	☐	*OHS* 291.7(6)
The Laser registration certificate is posted w/Equip	☐	☐	☐	*OHS* 291.7(6)
The clinic appears clean and well kept		☐	☐	PHA
There is evidence for a point of care risk assessment		☐	☐	SP 4.3
There is hand hygiene at the entrance		☐	☐	SP 4.3
There is hand hygiene available at the points of care		☐	☐	SP 4.3
There is sufficient and appropriate PPE ☐ Masks ☐ Gloves ☐ Gowns ☐ Disposal		☐	☐	SP 4.3
There is adequate cleaning and disinfecting equipment/supplies.		☐	☐	SP 4.3
Patient health information is securely stored or maintained in a limited access area.		☐	☐	HIA and SP 5.3
There is evidence of infection prevention and control practices.		☐	☐	SP 4.3
Physical safeguards patient information is under lock and key		☐	☐	SP 5.3
Technical safeguards for electronic health information		☐	☐	SP 5.3

Assessment action – inspect the equipment and ask regarding maintenance

Use the information provided on the assessment questionnaire to review this section.

Observation	Yes	No	N/A	Reference
The chiropractic has an equipment maintenance policy?	☐	☐	☐	*HPA* 51(3)(f)
The chiropractor has equipment maintenance records?	☐	☐	☐	*HPA* 51(3)(f)

Equipment Type	Health Canada	Status/condition	Maintenance Record	
			Yes	No
Chiropractic Table(s)	Click or tap here to enter text.	Choose an item.	☐	☐
Decompression Table	Click or tap here to enter text.	Choose an item.	☐	☐
Ultrasound	Click or tap here to enter text.	Choose an item.	☐	☐
Interferential Current (IFC)	Click or tap here to enter text.	Choose an item.	☐	☐
Transcutaneous Electric Nerve Stimulation (TENS):	Click or tap here to enter text.	Choose an item.	☐	☐
Electrical muscle stimulation (EMS)	Click or tap here to enter text.	Choose an item.	☐	☐
Galvanic Stimulation (GS)	Click or tap here to enter text.	Choose an item.	☐	☐
Shockwave therapy	Click or tap here to enter text.	Choose an item.	☐	☐
Microcurrent	Click or tap here to enter text.	Choose an item.	☐	☐
Pulsed electromagnetic fields (PEMF)	Click or tap here to enter text.	Choose an item.	☐	☐
Hydrocollator (? Temperature log)	Click or tap here to enter text.	Choose an item.	☐	☐
Photo-biomodulation (laser)	Click or tap here to enter text.	Choose an item.	☐	☐
Other	Click or tap here to enter text.	Choose an item.	☐	☐
Notes: Click or tap here to enter text.				

SP 1.0 Advertising, Promotions and Presentations

Purpose and Objective	Satisfactory	IR	Reference
To ensure chiropractors, regardless of venue or circumstance, demonstrate professional credibility by ensuring all advertising, promotional, and presentation materials and commentary are:	☐	☐	SP 1.0
Appropriate to the setting, truthful and within the scope of practice for chiropractic	☐	☐	SP 1.0
Of a nature that ensures credibility and engenders public trust	☐	☐	SP 1.0
Considerate of the overall integrity and reputation of the profession	☐	☐	SP 1.0
Compliant with copyright law and all other applicable legislation	☐	☐	SP 1.0
This Standard supports public education and practice-building opportunities within defined parameters of professional communication while upholding public trust.	☐	☐	SP 1.0
Information or direction not specifically identified in this Standard must be approved by the Office of the Registrar prior to use or release.	☐	☐	SP 1.0
Notes: Click or tap here to enter text.			

Digital Platform	N/A	Satisfactory	IR	Reference
Practice Website: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
Professional website: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
Facebook: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
Instagram: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
X (twitter): URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
TikTok: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
YouTube: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				
Other: URL	☐	☐	☐	SP 1.0, 1.1, 1.2, 1.3 & PCD
Notes: Click or tap here to enter text.				

Efficacy Claims	N/A	Satisfactory	IR	Reference
Immunity and immune related conditions Allergies, Asthma, Bacterial or fungal infections, Immunity, Otitis media (ear infection), Viral infections	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Neurodegenerative conditions Alzheimer's disease or dementia, Cognitive impairment, Multiple sclerosis (MS), Parkinson's, Tourette's	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Neurodevelopmental conditions Asperger's syndrome, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), Autism or autism spectrum disorders, Developmental and speech disorders	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Newborn and pediatric health Better baby development, Infantile colic, Fetal alcohol spectrum disorders, Nocturnal enuresis (bedwetting), Treating birth trauma	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Reproductive health conditions Family planning, Fertility or Infertility, Primary dysmenorrhea, Regulating (assisting) in hormonal function	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Systemic health conditions Cancer, Diabetes, Hypertension, Organ health, Psychosocial disorders	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Pregnancy and perinatal health	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**

Efficacy Claims	N/A	Satisfactory	IR	Reference
Assist in baby's growth, Avoiding a caesarean section, Better baby development, Difficult labour or dystocia, Easier labour or birth, Improved birth outcomes, Increasing baby's health and well-being, Shorter birth times, Preventing premature birth, Preventing forceful extraction (forceps or suction), Preventing damage or subluxation to the infant spine in-utero, Preventing birth trauma, Traumatic delivery				
Intrauterine constraint Breech, breech position or breech malposition, Improving comfort of baby in-utero, Improved infant position at birth, Moving or providing optimal position, Optimal uterine environment, Room to develop, in the uterus, Tension, torsion or distortion of the uterus, Turning into head down position	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Miscellaneous Cerebral palsy, Down syndrome	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Notes: Click or tap here to enter text.				

Communication Practice and Performance	N/A	Satisfactory	IR	Reference
Scope of Practice Claims Communications on psychosocial interventions.	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Scope of Practice Claims Communications on vaccination and immunizations.	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Scope of Practice Claims Claims and testimonials within the scope of practice	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Self-Disclosures Weighs impact to public interest, safety, or integrity of profession.	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Service Representation Is representation of self-disclosure within scope of practice?	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Service Representation Weighs dual relationship, conflict of interest, or boundary violation?	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Service Representation Will self-disclosure create real or perceived barriers to care?	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Testimonials The chiropractor does not use balance of power to obtain	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Testimonials The chiropractor ensures all obtained testimonials are published.	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Testimonials Chiropractor publishes testimonials within scope of chiropractic.	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Testimonials Chiropractor publishes testimonials aligned with Standards.	☐	☐	☐	**SP 1.0, 1.1, 1.2, PCD**
Notes: Click or tap here to enter text.				

Communication Practice and Performance	N/A	Satisfactory	IR	Reference
Appropriately uses their protected title.	☐	☐	☐	**SP 1.3**
Does not use the word specialist or specialized unless properly authorized.	☐	☐	☐	**SP 1.3, 4.4**
Demonstrate satisfactory decision-making regarding self-disclosure.	☐	☐	☐	**PCD**
Demonstrates ethical restraint in the solicitation and use of testimonials.	☐	☐	☐	**PCD**
Notes: Click or tap here to enter text.				

1.1 Advertising, Marketing and Practice Promotion

Advertising, Marketing and Practice Promotion

Example 1) ☐ business cards ☐ exterior office signs ☐ letterhead
Example 2) ☐ flyers ☐ handbills ☐ advertisements ☐ billboards ☐ bus benches ☐ postcards ☐ Yellow Pages ☐ directory listings
Example 3) ☐ chiropractor's personal website ☐ clinic website ☐ social media accounts
Example 4) ☐ internal practice promotion materials
Example 5) ☐ internal materials related to promotional fees
Example 6) ☐ external materials related to promotional fees
Example 7) ☐ television and ☐ radio

Assessment Action: Select the advertisement example that does not meet the Standard of Practice							
Materials, information and presentations designed to reflect or promote a chiropractor's practice to both current and potential patients **are not**: ☒=IR	Example						
	1	2	3	4	5	6	7
a. truthful and factual in all respects;	☐	☐	☐	☐	☐	☐	☐
b. professional in description, content and presentation;	☐	☐	☐	☐	☐	☐	☐
c. respectful in every manner of other health professions and chiropractic colleagues;	☐	☐	☐	☐	☐	☐	☐
d. clearly identifiable as being provided by a Doctor of Chiropractic;	☐	☐	☐	☐	☐	☐	☐
e. inclusive of only matters within the training and scope of practice of chiropractic;	☐	☐	☐	☐	☐	☐	☐
f. of a nature that does not inappropriately evoke concern or fear;	☐	☐	☐	☐	☐	☐	☐
g. exclusive of any claims of guaranteed results, or clinically predictive or specific outcomes;	☐	☐	☐	☐	☐	☐	☐
h. compliant with patient confidentiality requirements;	☐	☐	☐	☐	☐	☐	☐
i. compliant with all CCOA Standards, policies and position statements;	☐	☐	☐	☐	☐	☐	☐
j. reflective of broadly accepted evidence-based research and information;	☐	☐	☐	☐	☐	☐	☐
k. respectful of widely accepted public health doctrine;	☐	☐	☐	☐	☐	☐	☐
l. exclusive of any claims or allusion to professional superiority.	☐	☐	☐	☐	☐	☐	☐
Please make any relevant comments if you have identified performance that does not meet the standard of practice. Click or tap here to enter text.							

1.2 Professional Communication

Assessment Action:

Obtain physical copies of any patient classes, public presentations or other forms of discourse?

Communication with patients, members of the public, other health professions, chiropractic colleagues and any other party that a chiropractor interacts with in the context of their professional capacity must be:

	Satisfactory	IR	Reference
truthful and factual in all respects;	☐	☐	SP 1.2(a), HPA 102
professional in its content and presentation;	☐	☐	SP 1.2(b)
clearly identifiable as being provided by a Doctor of Chiropractic;	☐	☐	SP 1.2(c)
inclusive of only those matters within the training and scope of practice of chiropractic;	☐	☐	SP 1.2(d)
respectful in every manner of other health professions and chiropractic colleagues;	☐	☐	SP 1.2(e)
of a nature that does not inappropriately evoke concern or fear;	☐	☐	SP 1.2(f)
exclusive of any claims of guaranteed results, or clinically predictive or specific outcomes;	☐	☐	SP 1.2(g)
compliant with patient confidentiality requirements;	☐	☐	SP 1.2(h)
compliant with all CCOA Standards, policies and position statements;	☐	☐	SP 1.2(i)
reflective of broadly accepted evidence-based research and information;	☐	☐	SP 1.2(j)
respectful of widely accepted public health doctrines;	☐	☐	SP 1.2(k)
exclusive of any claims or allusion to professional superiority.	☐	☐	SP 1.2(l)
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

1.3 Use of Protected Title

1.3 Use of Protected Title	Satisfactory	IR	Reference
A regulated member on the general register or the courtesy register may use the following protected titles, abbreviations, and initials in connection with providing a health service and within the practice of chiropractic (including for the purpose of advertising service to prospective patients):	☐	☐	SP1.3 (1)
Doctor of Chiropractic;	☐	☐	SP 1.3(1)(a)
Chiropractor;	☐	☐	SP 1.3(1)(b)
Registered Chiropractor;	☐	☐	SP 1.3(1)(c)
D.C.;	☐	☐	SP 1.3(1)(d)

1.3 Use of Protected Title	Satisfactory	IR	Reference
Doctor or Dr., in connection with providing a health service within the practice of chiropractic.	☐	☐	SP 1.3(1)(e)
No regulated member shall use the protected title of Specialist or any abbreviations and initials for a specialty area of practice, unless the regulated member:	☐	☐	SP 1.3(2)
is registered on the general register or courtesy register;	☐	☐	SP 1.3(2)(a)
has successfully completed a Council approved specialty area;	☐	☐	SP 1.3(2)(b)
is authorized by a prescribed specialty college for the specialty area to use the title, abbreviations and initials for the specialty area;	☐	☐	SP 1.3(2)(c)
is authorized by the Registrar to register on a specialty registry for the specialty area.	☐	☐	SP 1.3(2)(d)
For Standard 1.3 (2)(c), the following are prescribed specialty colleges:	☐	☐	SP 1.3(3)
Chiropractic College of Radiologists (CCR);	☐	☐	SP 1.3(3)(a)
College of Chiropractic Sciences (CCS);	☐	☐	SP 1.3(3)(b)
College of Chiropractic Orthopaedic Specialists (Canada) (CCOS(C));	☐	☐	SP 1.3(3)(c)
Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (CCPOR(C));	☐	☐	SP 1.3(3)(d)
Royal College of Chiropractic Sports Sciences (RCCSS(C)).	☐	☐	SP 1.3(3)(e)
Not list or promote acupuncture as a specialty anywhere, as it is not a specialty	☐	☐	SP 4.4(5)
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

Code of Ethics

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.
CoE Article A8: Guarantees and Expectations
CoE Article A12: Product Marketing in the Chiropractic Office
CoE Article B1: Representation of Qualifications, Experience and Registration
CoE Article B5: Advertising and Promotional Activities
CoE Article C1: Support of Self-regulation of the Profession
CoE Article C4: CCOA Official Spokespersons
CoE Article C5: Interprofessional Behaviour
CoE Article C6: Intra-professional Behaviour
CoE Article D1: Recognition of Responsibilities to Society
Determine if you need to comment on the chiropractors conduct relative to the code of ethics.
Click or tap here to enter text.

SP 2.0 Financial Accountability

2.1 Fee Schedule

Assessment actions: Obtain fee schedule prepared by chiropractor – Compare it to in office fee schedule

With respect to fees charged by a chiropractor:	N/A	Satisfactory	IR	Reference
Fee schedule is published and available to patients and payers		☐	☐	SP 2.1 pre
Posted fee schedule must be up-to-date (there is an effective date)		☐	☐	SP 2.1(a)
Archived copies of fee schedule are available		☐	☐	SP 2.1, 2.5
Fee schedule is clear		☐	☐	SP 2.1(a)
Fee schedule includes products in clinic (may also individually price products)		☐	☐	SP 2.1(a)
Fee schedule is readily available to current and potential patients		☐	☐	SP 2.1(a)
Fees for proposed course of treatment must be congruent with clinic fee schedule		☐	☐	SP 2.1(b)
Fees must be reviewed in detail with patient prior to treatment		☐	☐	SP 2.1(b)
Fee schedule is consistently applied (regardless of insurance coverage)		☐	☐	SP 2.1 (c)
Fee stratification if applicable are clearly communicated	☐	☐	☐	SP 2.1 (d)

With respect to fees charged by a chiropractor:	N/A	Satisfactory	IR	Reference
Chiropractor applies discretion in reducing fees	☐	☐	☐	SP 2.1(e)
Fees specific to WCB are referenced (appropriate to reference WCB fees)	☐	☐	☐	SP 2.1(f)
Fees specific to MVA are referenced (appropriate to reference MVA fees)	☐	☐	☐	SP 2.1(f)
Fees specific to HIA are referenced (appropriate to reference HIA fees)	☐	☐	☐	SP 2.1(f)
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.				

2.2 Provider Contractual Agreements

Assessment Actions

A provider contractual agreement is a written agreement between a chiropractor and a specific organization representing a defined patient group and specified fees and services.

Chiropractors may enter into contractual agreements to provide specified services to specified patient groups that are employees or members of an organization, corporation, society, or union.

Does the chiropractor use provider contractual agreements?

Yes	☐	No	☐

If "yes" obtain the agreement and assess per SP.

Such arrangements must:	Satisfactory	IR	Reference
be appropriately documented;	☐	☐	2.2(a)
clearly define the specific services to be provided;	☐	☐	2.2(b)
identify the patient group and fee schedule that will be charged to all patients in the group (or third-party payers on behalf of the patient group);	☐	☐	2.2(c)
have a defined timeline (sunset clause) for review and renewal;	☐	☐	2.2(d)
be agreed to in writing by both parties (authorized and signed by chiropractor and the Corporate Officer representing the patient group who is authorized to enter into such an agreement);	☐	☐	2.2(e)
be available for review by the CCOA upon request or as part of the CCOA Practice Visit process.	☐	☐	2.2(f)
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

2.3 Prepayment of Fees

Assessment Action

Is there evidence of account credits in the system?	Yes:	☐	No:	☐

If Yes: Print the account summary of all prepaid credits.

Prepayment of fees is a financial option that may be available to a patient to allow them, at their discretion, to prepay for chiropractic care not yet received.

Assess the account credits in the systems account credits section and in the unique patient records for the following:

The financial option of prepayment, if available, must:	Satisfactory	IR	Reference
be at the sole discretion and choice of each patient;	☐	☐	SP 2.3(a)
be clearly presented as one option for payment with all other options for payment also presented to the patient prior to payment of any sort being charged or made;	☐	☐	SP 2.3(b)
be a maximum dollar value of $1,000; but may be less if desired by the patient;	☐	☐	SP 2.3(c)
be considered as a deposit process for pre-booking of services;	☐	☐	SP 2.3(d)
allow an administrative discount of up to 10% of the total prepayment provided it is made clear this is an administrative discount and not a discount for professional services;	☐	☐	SP 2.3(e)
ensure a full refund of any unused portion of the prepaid amount at the request of the patient	☐	☐	SP 2.3(f)
within seven business days; and	☐	☐	SP 2.3(f)(i)
with no processing or administrative fee related to providing the refund.	☐	☐	SP 2.3(f)(ii)
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

2.4 Patient Financial Agreement for Care

When prepayment of fees is offered, then there **must** be a patient financial agreement for care (SP 2.4)				
Does the chiropractor use patient financial agreements for care?	Yes:	☐	No:	☐

Assessment Actions

Review the patient financial agreement for care to ensure that it complies with all the rules for this Standard of Practice.

- Ensure you retain a copy of the patient financial agreement for care template

Financial agreements for care, if available, must:	**Satisfactory**	**IR**	**Reference**
Is the patient financial agreement for care in the patient record?	☐	☐	SP 5.0
be consistent with fees charged on an individual *per session* fee;	☐	☐	SP 2.4(a), 2.5
be offered only as an option to the individual *per session* fee;	☐	☐	SP 2.4(b)
be presented as a financial agreement for care and not a binding contract for a specified treatment regime, period or suggested outcome;	☐	☐	SP 2.4(c)
be offered as a payment option only after the patient has been given the recommendations for care as presented in the Report of Findings;	☐	☐	SP 2.4(d)
only pertain to fees incurred after the initial consultation and examination;	☐	☐	SP 2.4(e)
be based on a unique patient treatment plan and shall not create or reflect a *case fee* or *unlimited care at fixed fee* agreement;	☐	☐	SP 2.4(f)
contain a clause indicating the plan may be terminated by the patient at their sole discretion;	☐	☐	SP 2.4(g)
contain a clause indicating "Upon termination of the agreement, treatments-to-date used under the terms of the financial agreement will be assessed at the lowest fee-per-treatment rate specified in the agreement and not adjusted to a higher rate due to withdrawal from the proposed treatment plan";	☐	☐	SP 2.4(h)
be free from financial penalty to the patient for terminating the agreement;	☐	☐	SP 2.4(i)
contain a clause indicating "The balance of funds remaining in the patient account will be refunded within seven days of the termination of the agreement";	☐	☐	SP 2.4(J)
be consistent with section 2.1 Fee Schedules;	☐	☐	SP 2.4(k)
adhere to the maximum financial incentive/discount of 10% as described in section 2.2 Prepayment of Fees and not contain any addition financial incentives or discounts;	☐	☐	SP 2.4(l)
adhere to the maximum prepayment limit as outlined in section 2.3 Prepayment of Fees regardless of the number of treatments as agreed to in the agreement;	☐	☐	SP 2.4(m)
be consistent with the CCOA Standards related to Patient Files and Records;	☐	☐	SP 2.4(n)
be free from requirements or suggestions that the patient refer others to care.	☐	☐	SP 2.4(o)

Please make any relevant comments if you have identified "IR"

Click or tap here to enter text.

2.5 Billing Practices

Any action involving billing anomalies that result in a chiropractor's receipt of funds under false pretenses is considered fraudulent and constitutes professional misconduct.

Assessment actions: Obtain a minimum of six account summaries at random

- Go to chiropractors' booking schedule and randomly select six account summaries
  - Ensure that there is at least 5 treatments
  - If the chiropractor performs shockwave, laser, decompression, acupuncture, etc., consider selecting account summaries that include these patients.
- For ease of review sorting billings from
  - oldest to newest is chiro uses EHR SOAP notes, or
  - newest to oldest of chiropractor uses paper SOAP notes.
- Print the six account summaries
- You will use these summaries when you complete the patient record review for SP 2.5, 3.2, 5.0, 5.1, 5.2

Assessment actions: After obtaining six account summaries at random

- Have the chiropractor
  - pull the chart for the six account summaries and make a copy of the chart, or

- print the complete patient health record from their EHR sorted from oldest to newest.

- On account summary note if there is a chart entry for every billing.

- If a there are billing or SOAP omissions identified then:
  - randomly select 14 more account summaries with at least 5 treatments
  - obtain the patient health records
  - on the account summary note if there is chart entry for every billing.

Retain printed account summaries and patient health records.

A chiropractor's billing practices must:	Satisfactory	IR	Reference
be made only for services rendered or goods sold unless a financial agreement for services has been agreed to by the patient;	☐	☐	SP 2.5 (a)
be made only for the dates on which services are provided or goods were received unless a financial agreement for services has been agreed to by the patient;	☐	☐	SP 2.5(b)
be made only for the person to whom the services or goods were provided;	☐	☐	SP 2.5 (c)
adhere to the clinic's general fee schedule or the contract within which services or goods are provided and are not inflated beyond these specific fees;	☐	☐	SP 2.5 (d)
be billed only to one patient or that patient's third-party payer(s).	☐	☐	SP 2.5 (e)

Please make any relevant comments if you have identified "IR"
Click or tap here to enter text.

A chiropractor's billing practices must:	Satisfactory	IR	Reference
A regulated chiropractor of the CCOA may only provide professional services on behalf of a corporation only if it is a professional corporation that holds an annual permit under this Act (HPA) and may only provide the professional services of a chiropractor.	☐	☐	HPA 104
No person shall provide the services of a regulated member of the CCOA with Alberta under the words "corporation", "incorporated", "company", "limited" or "Professional Corporation" or the abbreviation "Inc.", "Ltd." or "P.C." unless that person is incorporated or continued as a corporation under the *Business Corporations Act* and the corporation holds an annual permit under this Act, or unless otherwise expressly authorized by statute.	☐	☐	HPA 105

Please make any relevant comments if you have identified "IR"
Any questions on professional corporations will result in the chiropractor receiving directions to resolve the question in collaboration with the Registrar of the CCOA.

Code of Ethics

CoE Article A13: Disclosure of Potential Conflict of Interest

CoE Article B3: Contractual Services/Practice Arrangements

CoE Article B6: Fees and Compensation for Service

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

SP 3.0 Provision of Information

3.1 Informed Consent

This will be assessed in the patient health record review section.

3.2 Treatment Recommendations and Referrals

This will be assessed in the patient health record review section.

3.3 Disclosure of Harm

Disclosure of Harm	N/A	☐	Satisfactory:	☐	IR:	☐

Please make any relevant comments if you have identified "IR"
Click or tap here to enter text.

Code of Ethics

CoE Article A4: Competence, Consultation and Referral

CoE Article A6: Provision of Full and Accurate Information

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

SP 4.0 Provision of Professional Services

Code of Ethics

CoE Article A1: Service

CoE Article A6: Provision of Full and Accurate Information

CoE Article B6: Fees and Compensation for Service

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

4.1 Scope of Practice for Chiropractors

Assessment Action

The scope of practice for chiropractors includes:	**Satisfactory**	**IR**	**Reference**
As outlined in the *Health Professions Act*, Schedule 2.3 chiropractors do one or more of the following in their practice:	☐	☐	SP 4.1(1)
examine, diagnose and treat, through chiropractic adjustment and other means taught in the core curriculum of accredited chiropractic programs, to maintain and promote health and wellness	☐	☐	SP 4.1(1)(a)
teach, manage and conduct research in the science, techniques and practice of chiropractic; and	☐	☐	SP 4.1(a.1)
provide restricted activities authorized by the regulations.	☐	☐	SP 4.1(b)
Therapeutic and diagnostic procedures taught in the core curriculum, postgraduate or continuing education divisions of most programs accredited by the Council on Chiropractic Education.	☐	☐	SP 4.1(2)
Other therapeutic and diagnostic procedures as approved by the Council of the CCOA.	☐	☐	SP 4.1(3)
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

4.2 Clinical Services Provided by Unregulated Healthcare Providers

Assessment action

Staff support clinical care	**Yes**	☐	**No**	☐
In the assignment of any activities to clinical support staff, a chiropractor (under whose authority and supervision these assignments occur) must:		**Satisfactory**	**IR**	**Reference**
The job description identifies duties compliant with the standard of practice		☐	☐	SP 4.2
The training manual identifies staff duties compliant with the standard of practice		☐	☐	SP 4.2
Ensure a record of clinic support staff training is documented and updated as required		☐	☐	SP 4.2
Ensure that for any services provided by clinical support staff, appropriate chart entries have been made by these staff.		☐	☐	SP 4.2
Ensure an appropriate policy and procedure for recording treatment notes by clinical support staff delivering the assigned treatment is in place and that these staff are well trained in recording treatment notes.		☐	☐	SP 4.2, 5.1
Ensure an appropriate policy and procedure for the reporting and recording of adverse events is in place and that clinical support staff are trained in this procedure.		☐	☐	SP 3.3, 4.2, 4.9, 5.1
Ensure clinical support staff are trained in and implement routine public health procedures such as hand hygiene and cleaning of equipment and environment.		☐	☐	SP 4.2, 4.3

Maintain a copy of the job description or procedural manual to the Standards of Practice when completing report.
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.

4.3 Infection Prevention and Control

Assessment Action

Infection Prevention and Control Policies and Practices	Satisfactory	IR	Reference
Point of care risk assessment: (PCRA) is the consideration of the risk factors associated with patient interaction and implementation of measures to mitigate the risk.	☐	☐	**SP 4.3 (5, 7, 9)**
Cleaning and Disinfection Establish a regular cleaning and disinfection schedule for all surfaces and equipment in the clinic including:	☐	☐	**SP 4.3 (2, 3, 4)**
Hand Hygiene 1. Perform hand hygiene before and after each patient interaction. a. Wash hands thoroughly with soap and water. b. Use Health Canada authorized hand sanitizer. 2. Provide hand hygiene for patients and staff that enter or leave your facility and in care rooms within the facility.	☐	☐	**SP 4.3 (3a)**
Personal Protective Equipment Acquire and maintain necessary and appropriate PPE at your facility. Reviewing the correct way to don, doff and dispose of PPE is essential to the effectively use PPE. 1. A PCRA will inform the necessary level of PPE based on the type of patient interaction and the potential for exposure. a. Use PPE such as gloves, masks, gowns and eye protection as appropriate.	☐	☐	**SP 4.3 (3b)**
Respiratory Hygiene and Cough Etiquette 1. Consider in-facility signage to encourage patients and staff to cover their mouth and nose with a tissue or elbow when coughing or sneezing. 2. Provide single-use tissues and no-touch disposal receptacles in the clinic.	☐	☐	**SP 4.3 (3&5)**
Physical Distancing 1. Arrange waiting areas and treatment spaces to allow for appropriate physical distancing. 2. When necessary minimize the number of individuals in the clinic at any given time.	☐	☐	**SP 4.3 (7&9)**
Facility Ventilation 1. Ensure proper ventilation in treatment rooms and waiting areas to reduce the concentration of airborne pathogens. 2. Consider using HEPA filters and opening windows whenever possible.	☐	☐	**SP 4.3 (7&9)**
Practice Education and Communication 1. Regularly discuss appropriate IPC measures with other practitioners and staff in your clinic. 2. Provide clear and accessible information on facility/practice IPC policies and expectations	☐	☐	**SP 4.3 (6):**
Monitoring and Adaptation 1. Maintain awareness of evidence-based IPC practices. a. Alberta Health and Health Canada maintain current and updated IPC resources. 2. Evaluate and adapt IPC practices as needed.	☐	☐	**SP 4.3 (7):**
Emergency Preparedness 1. Develop and action a plan to: a. provide support for staff and practitioners to avoid using the facility when there is a suspicion or confirmation of a communicable disease. b. Report communicable diseases or infections that may occur in your practice or facility	☐	☐	**SP 4.3 (6&7)**
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

4.4 Acupuncture

Note to auditor: This section should be completed if the chiropractor indicates that they perform needle acupuncture.

Question for chiropractor

Does the chiropractor perform acupuncture?	**Yes**	☐	**No**	☐
If chiropractor performs acupuncture, determine the following:	**N/A**	**Satisfactory**	**IR**	**Reference**
Practice permit includes acupuncture authorization*	☐	☐	☐	SP 4.4, 4.9(1)
Use of only single-use, disposable needles.	☐	☐	☐	SP 4.3, **4.4**
Evidence of appropriate contaminant management (sharps container)	☐	☐	☐	SP 4.3, 4.4
Restrict acupuncture to in-scope NMSK conditions	☐	☐	☐	SP 4.1, 4.4

Please make any relevant comments if you have identified "IR"
Click or tap here to enter text.

4.5 Chiropractic Treatment of Animals

Assessment Action

Does the chiropractor treat animals	**Yes**	☐	**No**	☐
A written directive from a veterinarian registered with the Alberta Veterinary Medical Association	**N/A**	**Satisfactory**	**IR**	**Reference**
	☐	☐	☐	SP 4.5

Please make any relevant comments if you have identified "IR"
Click or tap here to enter text.

4.6 Setting a Fracture

This assessment will include a review of SP 4.6 and SP 4.9(8)

Assessment Action

If "yes" the chiropractor sets fracturs then obtain a patient health record demonstrating the procedure.

Does chiropractor set/reset fractures?	**Yes**	☐	**No**	☐
If chiropractor sets/resets fractures, determine the following:		**Satisfactory**	**IR**	**Reference**
Is the chiropractor a specialist?		☐	☐	SP 1.3, 4.6(1)
Does the practice permit include authorization?		☐	☐	SP 4.6(1), 4.9(1)
In the setting of a fracture, the chiropractor is restricted to setting simple fractures.		☐	☐	SP 4.6
A chiropractor must only ever perform a restricted activity to the level they are competent and that is appropriate to the area of practice and procedure being performed.		☐	☐	SP 4.6

Notes:
Click or tap here to enter text.

4.7 Sacro-coccygeal Adjustments

Assessment Action

Does chiropractor perform internal sacro-coccygeal adjustments?	**Yes**	☐	**No**	☐

If "yes" the chiropractor performs procedure obtain a copy of the patient health record for a patient who received procedure.

If a chiropractor performs sacro-coccygeal adjustments	**N/A**	**Satisfactory**	**IR**	**Reference**
The chiropractor uses the required informed consent				SP 4.7

Notes:
Click or tap here to enter text.

4.8 Gynecological and Urological Examinations

4.9 Performance, Authorization, Competency and Supervision of Restricted Activities

General Rules for Restricted Activities	**N/A**	**Satisfactory**	**IR**	**Reference**

Chiropractor is competent and authorized to perform restricted activity	☐	☐	☐	SP 4.9(1a)
Chiropractor is complying with provincial legislation	☐	☐	☐	SP 4.9(1b)
Critical Event Management Plans	**N/A**	**Satisfactory**	**IR**	**Reference**
Chiropractor has established a critical event management plan for potential adverse events (associated with restricted activities).	☐	☐	☐	SP 4.9(2b)
There is a thorough identification of potential critical events.	☐	☐	☐	SP 4.9(2)
There is a well-defined communication plan.	☐	☐	☐	SP 4.9(2)
There is a well-defined chain of command.	☐	☐	☐	SP 4.9(2)
There are well-defined roles and responsibilities assigned to:	☐	☐	☐	SP 4.9(2)
The chiropractor	☐	☐	☐	SP 4.9(2)
The staff	☐	☐	☐	SP 4.9(2)
There is a well-defined step-by-step procedure for responding to critical events, including escalation and de-escalation depending on the critical event.	☐	☐	☐	SP 4.9(2)
There is evidence that of training for the chain of command, the chiropractor and staff.	☐	☐	☐	SP 4.9(2)
There is evidence for procedures and resources to minimize the impact of a critical event.	☐	☐	☐	SP 4.9(2)
There is evidence for a recovery plan post critical event.	☐	☐	☐	SP 4.9(2)
There is evidence for a post incident response evaluation system.	☐	☐	☐	SP 4.9(2)
There is evidence for preventive measures to minimize the likelihood of future critical events.	☐	☐	☐	SP 4.9(2)
There is clear communication rules for communications associated with critical events, including;	☐	☐	☐	SP 4.9(2)
Engagement of emergency response	☐	☐	☐	SP 4.9(2)
Notification of individuals involved.	☐	☐	☐	SP 4.9(2)
Notifications to third-parties.	☐	☐	☐	SP 4.9(2)
Notifications to CCOA.	☐	☐	☐	SP 4.9(2)
Notes: Click or tap here to enter text.				

Assessment action – Performance of Restricted Activities

Restricted Activity	**Performs**		**Observed**		**Reference**
	Yes	**No**	**Yes**	**No**	
To use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;	☐	☐	☐	☐	SP 6(a)(i)
Notes:					
To insert or remove instruments, devices or fingers	☐	☐	☐	☐	SP 6(a)(ii)
Beyond the cartilaginous portion of the ear canal;	☐	☐	☐	☐	SP 6(a)(ii)(A)
Beyond the point in the nasal passages where they normally narrow;	☐	☐	☐	☐	SP 6(a)(ii)(B)
Beyond the anal verge;	☐	☐	☐	☐	SP 6(a)(ii)(C)
Notes:					
To reduce a dislocation of a joint;	☐	☐	☐	☐	SP 6(a)(iii)
Notes:					
To order any form of ionizing radiation in	☐	☐	☐	☐	SP 6(a)(iv)
medical radiography; and	☐	☐	☐	☐	SP 6(a)(iv)(A)
nuclear medicine;	☐	☐	☐	☐	SP 6(a)(iv)(B)
Request that the chiropractor provide a completed copy of a requisition and report for each study type.	☐	☐	☐	☐	SP 6(a)(iv), 8.1, 8.2, 8.3
Notes:					

Restricted Activity	Performs		Observed		Reference
	Yes	No	Yes	No	
To apply any form of ionizing radiation in medical radiography; and	☐	☐	☐	☐	SP 6(a)(v)
Ensure that you view patient files that include X-ray, and that there is a written report (see below for rubric)					
The chiropractor has written reasons for imaging.	☐	☐	☐	☐	SP 8.1, 8.3
Request that the chiropractor provide a completed copy of a requisition and report.					
X-rays must include appropriate views	☐	☐	☐	☐	SP 8.4
Written reports must be written and in the patient health record for each film study taken by the chiropractor	☐	☐	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3
Notes:					
To order non-ionizing radiation in	☐	☐	☐	☐	SP 6(a)(vi)
magnetic resonance imaging; and	☐	☐	☐	☐	SP 6(a)(vi)(A)
ultrasound imaging;	☐	☐	☐	☐	SP 6(a)(vi)(B)
Request that the chiropractor provide a completed copy of a requisition and report for each study type.	☐	☐	☐	☐	SP 6(a)(iv), 8.1, 8.2, 8.3
Notes:					

Assessment Action

Select files at **random** from the chiropractor's schedule in the last year.

	Patient Names (full first and last)	Presenting Complaint(s)	Diagnosis (Dx)	NP EX date	IC Date	1st TX Date
1				Date	Date	Date
2				Date	Date	Date
3				Date	Date	Date
4				Date	Date	Date
5				Date	Date	Date
6				Date	Date	Date

SP 5.0 Patient Health Records

Assessment Action

Use the matrix to determine if essential components are in the patient record, and if the chiropractor has established clinical relevance of care. If an item is missing, then identify improvements required when completing the report.

SP 5.0 Patient Health Records

Does **Not** Include: (**Bolded** items below are expected)	1	2	3	4	5	6	Standard of Practice
Notes (Intake, HX, EX, DX, WTP, IC, SOAP, Financial info)	☐	☐	☐	☐	☐	☐	SP 5.0, SP 5.1
Images (Photos, etc.)	☐	☐	☐	☐	☐	☐	SP 5.0
Audiovisual recordings	☐	☐	☐	☐	☐	☐	SP 5.0
X-rays (requisitions/orders, reports)	☐	☐	☐	☐	☐	☐	SP 5.0, 8.1, 8.2, 8.3
Books	☐	☐	☐	☐	☐	☐	SP 5.0
Documents	☐	☐	☐	☐	☐	☐	SP 5.0
Maps	☐	☐	☐	☐	☐	☐	SP 5.0
Drawings (symptom maps, etc.)	☐	☐	☐	☐	☐	☐	SP 5.0, 5.1
Photographs	☐	☐	☐	☐	☐	☐	SP 5.0
Letters (consult letters sent and received)	☐	☐	☐	☐	☐	☐	SP 5.0
Vouchers and papers (RX, Insurance information for third-party billings)	☐	☐	☐	☐	☐	☐	SP 5.0

Record relevant notes when performance does **not** include expected items	
Pt 1	Click or tap here to enter text.
Pt 2	Click or tap here to enter text.
Pt 3	Click or tap here to enter text.
Pt 4	Click or tap here to enter text.

Does **Not** Include: (**Bolded** items below are expected)	1	2	3	4	5	6	**Standard of Practice**
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						

Patient File Review (select ☒ if improvements required)	**#1**	**#2**	**#3**	**#4**	**#5**	**#6**	**SP**
Record Keeping performance requirements							
Dated: (EHR – locked or signed – close to service date)	☐	☐	☐	☐	☐	☐	5.1
Dated: (The billing record must match the service dates for services)	☐	☐	☐	☐	☐	☐	2.5, 5.0. 5.1
Accurate: (EHR – locked or signed - close to service date)	☐	☐	☐	☐	☐	☐	5.1
Accurate: (The billing record must match the service dates for services)	☐	☐	☐	☐	☐	☐	2.5, 5.0. 5.1
Legible:	☐	☐	☐	☐	☐	☐	5.1
Comprehensive:	☐	☐	☐	☐	☐	☐	SP 5.1
Documented by the chiropractor:	☐	☐	☐	☐	☐	☐	5.1
Identifiable as being made by chiropractor (did chiropractor sign the chart?)	☐	☐	☐	☐	☐	☐	4.2 & 5.1
Identifiable non-chiropractor entries in chart (if applicable)	☐	☐	☐	☐	☐	☐	4.2 & 5.1
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes:							
Patients' Personal information: (select ☐ if improvements required)	**#1**	**#2**	**#3**	**#4**	**#5**	**#6**	**SP**
Patient's name	☐	☐	☐	☐	☐	☐	5.1
Patient's Address	☐	☐	☐	☐	☐	☐	5.1
Patient's phone numbers	☐	☐	☐	☐	☐	☐	5.1
Patient's date of birth	☐	☐	☐	☐	☐	☐	5.1
Patient's gender of patient and or biological sex	☐	☐	☐	☐	☐	☐	5.1
Patient's personal healthcare number	☐	☐	☐	☐	☐	☐	5.1
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							
History: (**Bolded** items below are expected as part of the history)							
History: (select ☐ if improvements required)	**#1**	**#2**	**#3**	**#4**	**#5**	**#6**	**SP**
Presenting complaint	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Mode of onset	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Frequency	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Intensity	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Pain radiations	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Duration	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Aggravating factors	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Relieving factors	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Character	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Associated symptoms	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Previous incidence	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2

Patient File Review (select ☒ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Previous treatment	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Secondary complaints	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Medical history	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Medications	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Related family history	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Psychosocial history	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
History of injuries	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
A systems review	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Previous treatment	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							
Physical Exam Findings: (select ☐ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Note in the patient record of verbal consent to exam.	☒	☒	☒	☒	☒	☒	3.1(2)
Note in the patient record of verbal consent to touch.	☒	☒	☒	☒	☒	☒	3.1(2)
Observation (posture, GAIT, etc.)	☐	☐	☐	☐	☐	☐	5.1
Tests range of motion (measured or observed)	☐	☐	☐	☐	☐	☐	5.1
PNS – Sensory Exam (as indicated)	☐	☐	☐	☐	☐	☐	5.1
PNS – Motor Exam (as indicated)	☐	☐	☐	☐	☐	☐	5.1
PNS – DTR Exam (as indicated)	☐	☐	☐	☐	☐	☐	5.1
CNS – Cranial Nerve Exam (as indicated)	☐	☐	☐	☐	☐	☐	5.1
CNS – UMN (as indicated)	☐	☐	☐	☐	☐	☐	5.1
CNS – LMN (as indicated)	☐	☐	☐	☐	☐	☐	5.1
Special/orthopedic tests (as indicated)	☐	☐	☐	☐	☐	☐	5.1
Vital signs (Blood pressure, HR, RR, etc.)	☐	☐	☐	☐	☐	☐	
Exam is appropriate to address complaint(s)	☐	☐	☐	☐	☐	☐	5.2
Exam is appropriate to rule out contraindications	☐	☐	☐	☐	☐	☐	3.1, 3.2, 5.1, 5.2
Exam is appropriate for the diagnosis that the chiropractor makes	☐	☐	☐	☐	☐	☐	3.1, 3.2, 5.1, 5.2
Chiropractor reports on the side tested (both sides must be tested)	☐	☐	☐	☐	☐	☐	5.1
Chiropractor reports (+)ive and (-)ive (standardized results reporting for all professionals)	☐	☐	☐	☐	☐	☐	5.1
Chiropractor reports clarifying observations/notes	☐	☐	☐	☐	☐	☐	5.1
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							
Written diagnosis (select ☐ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Written diagnosis is based on	☐	☐	☐	☐	☐	☐	3.2, 5.2
Presenting complaint(s)	☐	☐	☐	☐	☐	☐	3.2, 5.2
Case History	☐	☐	☐	☐	☐	☐	3.2, 5.2
Physical examinations	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Corresponding investigations	☐	☐	☐	☐	☐	☐	3.2, 5.2

Patient File Review (select ☒ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Working diagnosis, and/or **index of suspicion (DDX)**	☐	☐	☐	☐	☐	☐	5.1
Dx of VSC includes (only if VSC used)	☐ Applicable			☐ Not Applicable			5.1
Segmental levels	☐	☐	☐	☐	☐	☐	5.1
Components of VSC (only if VSC used)	☐	☐	☐	☐	☐	☐	5.1
Spinal Kinesio-pathology	☐	☐	☐	☐	☐	☐	5.1
Neuropathology	☐	☐	☐	☐	☐	☐	5.1
Myo-pathology	☐	☐	☐	☐	☐	☐	5.1
Histopathology	☐	☐	☐	☐	☐	☐	5.1
Biomechanical changes	☐	☐	☐	☐	☐	☐	5.1
ICD-9 (must have two-digit identifier) is used as DX	☐	☐	☐	☐	☐	☐	5.1
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							
Written treatment plan: (select ☐ if improvements required)	#1	#2	#3	#4	#5	#6	
WTP is present	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
WTP is based on:	☐	☐	☐	☐	☐	☐	3.2, 5.1, 5.2
Presenting complaint	☐	☐	☐	☐	☐	☐	3.2, 5.2
Case History	☐	☐	☐	☐	☐	☐	3.2, 5.2
Physical examinations	☐	☐	☐	☐	☐	☐	3.2, 5.2
Corresponding investigations	☐	☐	☐	☐	☐	☐	3.2, 5.2
WTP communicates the:	☐	☐	☐	☐	☐	☐	3.2, 5.2
Exam findings	☐	☐	☐	☐	☐	☐	3.2
Specific diagnosis	☐	☐	☐	☐	☐	☐	3.1, 3.2
Treatment recommendations	☐	☐	☐	☐	☐	☐	3.1, 3.2
purpose,	☐	☐	☐	☐	☐	☐	5.2
expected health benefit and	☐	☐	☐	☐	☐	☐	3.2, 5.2
any fees (fee schedule)	☐	☐	☐	☐	☐	☐	2.1, 2.3, 2.5, 3.2, 5.2
modality of care (nature of proposed procedure)	☐	☐	☐	☐	☐	☐	3.1, 3.2, 5.2
frequency of care	☐	☐	☐	☐	☐	☐	3.2, 5.2
duration of care	☐	☐	☐	☐	☐	☐	3.2, 5.2
WTP identifies:	☐	☐	☐	☐	☐	☐	
Who (name and occupation) provides care	☐	☐	☐	☐	☐	☐	3.2
Regulated healthcare provider	☐	☐	☐	☐	☐	☐	3.2
Unregulated healthcare provider	☐	☐	☐	☐	☐	☐	3.2
Chiropractor's support staff	☐	☐	☐	☐	☐	☐	3.2
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							
Informed Consent (select ☐ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Disclosure of diagnosis and purpose of treatment	☐	☐	☐	☐	☐	☐	3.1
Disclosure of potential risks	☐	☐	☐	☐	☐	☐	3.1
Patient could ask questions	☐	☐	☐	☐	☐	☐	3.1

Patient File Review (select ☒ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Chiropractor responded to patient questions	☐	☐	☐	☐	☐	☐	3.1
Written informed consent for treatment	☐	☐	☐	☐	☐	☐	3.1
Signed by patient	☐	☐	☐	☐	☐	☐	3.1
Signed by chiropractor	☐	☐	☐	☐	☐	☐	3.1
Dated	☐	☐	☐	☐	☐	☐	3.1
Indicates consent to treatment	☐	☐	☐	☐	☐	☐	3.1
Doctor's obligation to inform patient of changes in risks or treatment approach	☐	☐	☐	☐	☐	☐	3.1
Present in health record	☐	☐	☐	☐	☐	☐	3.1
Current CCPA document	☐	☐	☐	☐	☐	☐	3.1
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							

Progress (SOAP) notes (select ☐ if improvements required)	#1	#2	#3	#4	#5	#6	SP
Dates	☐	☐	☐	☐	☐	☐	5.1
Provider is identifiable	☐	☐	☐	☐	☐	☐	5.1
Subjective information: Complaint status, symptoms and sensations, general feelings and wellbeing	☐	☐	☐	☐	☐	☐	5.1
Objective Information: Physical measurements, vital signs, observations, exams performed, image and lab reports, or other diagnostic data.	☐	☐	☐	☐	☐	☐	5.1
Assessment (Diagnosis or DDx**):**	☐	☐	☐	☐	☐	☐	5.1
Plan (treatment proposed and provided)	☐	☐	☐	☐	☐	☐	5.1
IC: Record of verbal consent to treatment.	☐	☐	☐	☐	☐	☐	3.1(2)
IC: Record of verbal consent to touch.	☐	☐	☐	☐	☐	☐	3.1(2)
Pt 1	Click or tap here to enter text.						
Pt 2	Click or tap here to enter text.						
Pt 3	Click or tap here to enter text.						
Pt 4	Click or tap here to enter text.						
Pt 5	Click or tap here to enter text.						
Pt 6	Click or tap here to enter text.						
Notes: Click or tap here to enter text.							

USE THE PATIENT RECORD REVIEW MATRIX FOR EACH PATIENT

SP 3.1 Informed Consent

	Satisfactory	IR
Using the patient record review matrix determines if performance is:	☐	☐
Please make any relevant comments if you have identified "IR" indexed to the specific issue. Click or tap here to enter text.		

SP 3.2 Treatment Recommendations and Referrals

	Satisfactory	IR
Using the patient record review matrix determines if performance is:	☐	☐
Please make any relevant comments if you have identified "IR" indexed to the specific issue. Click or tap here to enter text.		

SP 5.0 Patient Health Records

	Satisfactory	IR
Using the patient record review matrix determines if performance is:	☐	☐
Please make any relevant comments if you have identified "IR" indexed to the specific issue. Click or tap here to enter text.		

5.1 Record Keeping Requirements

	Satisfactory	IR
Using the patient record review matrix determines if performance is:	☐	☐
Please make any relevant comments if you have identified "IR" indexed to the specific issue. Click or tap here to enter text.		

5.2 Clinical Relevance of Treatment Recommendations

	Satisfactory	IR
Using the patient record review matrix determines if performance is:	☐	☐
Please make any relevant comments if you have identified "IR" indexed to the specific issue. Click or tap here to enter text.		

Health Records – SP 5.3, 5.4, 5.4, 5.5, 5.6 & 5.7

Assessment Action

Use the matrix that follows to determine if essential components are in the patient record, and if the chiropractor has established clinical relevance of care. If an item is missing, then identify improvements required when completing the report.

Health Information and Privacy Practices Review Matrix	**Satisfactory**	**IR**	**Reference**
Observe how records are stored in the facility			
Observe how records are secured in the facility			
Observe how records are accessed in the facility.			
Privacy Impact Assessment	**Satisfactory**	**IR**	**Reference**
The chiropractor has prepared a privacy impact assessment (PIA).	☐	☐	HIA 64, SP 5.3
The chiropractor has established custodianship via contract	☐	☐	SP 5.3
The chiropractor has submitted PIA to the commissioner.	☐	☐	HIA 64(2)
The commissioner has accepted the PIA	☐	☐	HIA 64(2)
The chiropractor has an information manager agreement	☐	☐	HIA 66, SP 5.5
The chiropractors' fees for chart copies are compliant with HIA	☐	☐	HIA 67, SP 2.1
You can confirm PIA Acceptance on the OIPC website. (https://oipc.ab.ca/privacy-impact-assessments/)			
Custodial Requirements	**Satisfactory**	**IR**	**Reference**
if a chiropractor leaves the practice, custodianship of patient records will be clear to all parties and to the patients of the departing and remaining chiropractors, and	☐	☐	SP 5.3(a)
the departing chiropractor and their patients have reasonable access to the relevant patient records.	☐	☐	SP 5.3(b)
The custodian is not a corporate (or business) entity.	☐	☐	SP 5.3
The custodian is not a professional corporation.	☐	☐	SP 5.3
The custodian is a chiropractor (This would be the owner or primary custodian).	☐	☐	SP 5.3
General Privacy Policies	**Satisfactory**	**IR**	**Reference**
Organizational privacy structure	☐	☐	SP 5.3
Who is responsible for privacy?	☐	☐	SP 5.3
Who is responsible for responding to privacy complaints?	☐	☐	SP 5.3
Who is responsible for information security?	☐	☐	SP 5.3
Commitment to protect confidentiality?	☐	☐	SP 5.3
Commitment to use and collect health information in limited manner	☐	☐	SP 5.7
Commitment to maintain accuracy of health information.	☐	☐	SP 5.1
Commitment to provide privacy training to employees.	☐	☐	SP 5.5
Commitment to technical and administrative safeguards.	☐	☐	SP 5.5 & 5.6
Right to access information and request corrections.	☐	☐	SP 5.7

Health Information and Privacy Practices Review Matrix	Satisfactory	IR	Reference
Schedule of periodic review of privacy policies.	☐	☐	SP 5.5
Access to Health Information	**Satisfactory**	**IR**	**Reference**
Process and timeframes to respond to formal requests to access information.	☐	☐	SP 5.7
Correction requests - Process and timeframes to correct health information.	☐	☐	SP 5.7
Training, awareness and sanctions – Privacy training program for employees.	☐	☐	SP 5.7
Use of health information – acceptable uses of health information in the organization.	☐	☐	SP 5.7
Disclosure of health information	**Satisfactory**	**IR**	**Reference**
Disclosure with consent	☐	☐	SP 5.5, 5.6 & 5.7
Disclosures without consent	☐	☐	SP 5.5, 5.6 & 5.7
Disclosure of non-identifying information	☐	☐	SP 5.5, 5.6 & 5.7
Keeping a record of disclosure	☐	☐	SP 5.5, 5.6 & 5.7
Disclosure notice	☐	☐	SP 5.5, 5.6 & 5.7
Research - How organization handles research and request for researchers	☐	☐	SP 5.5, 5.6 & 5.7
Third-Parties – how your organization assures that third-parties protect health information	☐	☐	SP 5.5 & 5.7
PIA – Circumstances that trigger organization to conduct a privacy impact assessment	☐	☐	SP 5.5 & 5.7
Record retention and disposition	☐	☐	SP 5.4
Information classification	☐	☐	SP 5.4, 5.5 & 5.6
Risk assessment	☐	☐	SP 5.5 & 5.6
Physical security of data and equipment	☐	☐	SP 5.4 & 5.5
Network and communications security	☐	☐	SP 5.4 & 5.5
Access controls	☐	☐	SP 5.4 & 5.5
Monitoring and auditing	☐	☐	SP 5.4 & 5.5
Incident response	☐	☐	SP 5.4 & 5.5
Business continuity	☐	☐	SP 5.4, 5.5
Change control	☐	☐	SP 5.4
Please make any relevant comments if you have identified "IR" Click or tap here to enter text.			

Assessment Action – Observation

SP 5.3 Custodianship of Health Records

Using the Health Information and Privacy Practices Review Matrix to determine performance relative to the SPs

Please make any relevant comments if you have identified "IR" indexed to the specific issue.
Click or tap here to enter text.

SP 5.4 Health Records Retention

Using the Health Information and Privacy Practices Review Matrix to determine performance relative to the SPs

Please make any relevant comments if you have identified "IR" indexed to the specific issue.
Click or tap here to enter text.

SP 5.5 Electronic Health Records

Using the Health Information and Privacy Practices Review Matrix to determine performance relative to the SPs

Please make any relevant comments if you have identified "IR" indexed to the specific issue.
Click or tap here to enter text.

5.6 Electronically Communicated Health Record Information

Using the Health Information and Privacy Practices Review Matrix to determine performance relative to the SPs

Please make any relevant comments if you have identified "IR" indexed to the specific issue.
Click or tap here to enter text.

5.7 Disclosure of Health Record Information

Using the Health Information and Privacy Practices Review Matrix to determine performance relative to the SPs

Please make any relevant comments if you have identified "IR" indexed to the specific issue.

Click or tap here to enter text.

SP 6.0 Professional Boundaries with Patients, Including Dating and/or Sexual Relationships

Code of Ethics

CoE Article A11: Business Relationships

CoE Article A14: Doctor-patient Boundaries

CoE Article B2: Reporting Suspected Child Abuse

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

SP 7.0 Fitness to Practice

7.1 Incapacity

Code of Ethics

CoE Article A3: Fitness to Practice/Incapacity

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

SP 8.0 Diagnostic Imaging

X-ray Report Requirements – If chiropractors apply any form of ionizing radiation

Radiographic Studies	Satisfactory	IR	Reference
Patient identification: Each film **must** include patient name or ID	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3 & **X-ray requirement guide**
Patient identification: Each film **must** include patient date of birth	☐	☐	
Patient identification: Each film **must** include date of study	☐	☐	
Patient identification: Each film **must** facility identification	☐	☐	
Patient identification: Each film **should** include upright or recumbent markers	☐	☐	
Notes:			
Film Size and Number: Each study **must** include at least 2 films at right angles	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3 & **X-ray requirement guide**
Film Size and Number: Each study **must** expose the same area	☐	☐	
Film Size and Number: Each film **must** be of appropriate film size	☐	☐	
Cervical Spine (Trauma): AP, Lateral, and Open Mouth (Odontoid) view.	☐	☐	
Thoracic Spine: AP and Lateral.	☐	☐	
Lumbar Spine: AP, Lateral, and L5/S1 Spot.	☐	☐	
Skull Series: PA or AP, Towne's view, and Left/Right Lateral	☐	☐	
Notes:			
Film Quality: Each film **must** be of general diagnostic quality	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3 & **X-ray requirement guide**
Film Quality: Each film **must** evidence right or left markers	☐	☐	
Film Quality: Each film **should** evidence suitable contrast	☐	☐	
Film Quality: Each film **should** evidence clarity/sharpness	☐	☐	
Notes:			
Screen review: Each film **should** evidence:	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3 & **X-ray**
• crisp imagery (no blurring)	☐	☐	
• correct film/screen combinations	☐	☐	

Radiographic Studies	Satisfactory	IR	Reference
• no patient artifacts that interfere with the diagnosis	☐	☐	**requirement guide**
Notes:			
Patient exposure **must** evidence:	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3 & **X-ray requirement guide**
• collimation – four collimation lines should be visible on all films	☐	☐	
• patient positioning/area exposed is appropriate to the study being performed	☐	☐	
Notes:			

X-ray Reports: It is the responsibility of chiropractors generating diagnostic images to provide written reports relating their findings.	Satisfactory	IR	Reference
X-ray reports **must** be present and should include the following:	☐	☐	SP 3.2, 5.0, 5.2, 8.1, 8.3 & X-ray requirement guide
Name of doctor	☐	☐	
Clinic name and address	☐	☐	
Full name of patient	☐	☐	
Patient file number	☐	☐	
Date of films taken	☐	☐	
Report findings reference the reason that the study was taken	☐	☐	
A - Anatomy/Alignment: Check if the bones align normally, joint spaces are maintained, and for any dislocation.	☐	☐	
B - Bone: Look for disruptions in the cortex, fractures, or changes in density.	☐	☐	
C - Cartilage/Joints: Assess joint spaces and cartilage abnormalities.	☐	☐	
D - Density/Deformity: Look for abnormal density (osteopenia) or deformities.	☐	☐	
E - Everything Else/Soft Tissue: Look for swelling, fat pad signs, or joint effusions.	☐	☐	
Studies engaged for the purposes of metrics determinations should have those metrics recorded in the report.	☐	☐	
Notes:			

8.1 Diagnostic Imaging Studies for Adults

Notes:
Click or tap here to enter text.

Assessment Action:	N/A	Satisfactory	IR	Reference
Is there a copy of a requisition or order for diagnostic imaging in the health record?	☐	☐	☐	SP 5.0, 8.1, 8.2, 8.3
Is there a copy of the diagnostic imaging report in the health record?	☐	☐	☐	SP 3.2, 5.0, 5.1 8.1, 8.2, 8.3
Notes: Click or tap here to enter text.				

Chiropractors may order conventional investigative diagnostic imaging in support of differential diagnosis for adults, 18 years and older:	N/A	Satisfactory	IR	Reference
To preclude potential treatment contraindications	☐	☐	☐	SP 8.1
For the investigation of trauma, significant biomechanical abnormality or instability	☐	☐	☐	SP 8.1
Or, in the absence of a manifest structural and/or developmental indicator or disease, where such condition is suspected	☐	☐	☐	SP 8.1
Upon receipt of clinically significant diagnostic imaging findings, the chiropractor who requisitions the study is responsible for reporting the results to the patient, as well as referring the patient to another health care practitioner, if indicated.	☐	☐	☐	SP 3.2, 5.0, 5.1, 5.2, 8.1
Notes: Click or tap here to enter text.				

8.2 Advanced Diagnostic Imaging Studies for Adults

Assessment Action:	N/A	Satisfactory	IR	Reference
Is there a copy of a requisition or order for diagnostic imaging in the health record?	☐	☐	☐	SP 5.0, 8.1, 8.2, 8.3
Is there a copy of the diagnostic imaging report in the health record?	☐	☐	☐	SP 3.2, 5.0, 5.1 8.1, 8.2, 8.3
Notes: Click or tap here to enter text.				

Assessment Action:	N/A	Satisfactory	IR	Reference
Chiropractors must consider advanced imaging when documented patient history, examination or prior tests indicate the presence of a clinically significant condition including, but not limited to:				
Progressive neurologic deficit	☐	☐	☐	SP 8.2
Infection or neoplasm	☐	☐	☐	SP 8.2
Suspected occult fracture	☐	☐	☐	SP 8.2
Chiropractors must be able to demonstrate through documented patient history, examination notes or prior tests the clinical relevance and indications for advanced imaging.	☐	☐	☐	SP 8.2
Upon receipt of clinically significant advanced diagnostic imaging findings, the chiropractor who requisitions the study is responsible for reporting the results to the patient, as well as referring the patient to another health care practitioner, as indicated.	☐	☐	☐	SP 3.2, 5.0, 5.1, 5.2, 8.2
Chiropractors must give due consideration to females with reproductive capacity.	☐	☐	☐	SP 8.2
Notes: Click or tap here to enter text.				

8.3 Diagnostic Imaging for Children

Assessment Action:	N/A	Satisfactory	IR	Reference
Is there a copy of a requisition or order for diagnostic imaging in the health record?	☐	☐	☐	SP 5.0, 8.1, 8.2, 8.3
Is there a copy of the diagnostic imaging report in the health record?	☐	☐	☐	SP 3.2, 5.0, 5.1 8.1, 8.2, 8.3
Notes: Click or tap here to enter text.				

Children are particularly sensitive to the untoward effects of ionizing radiation; therefore, chiropractors must always have a clear clinical indication of the need for diagnostic imaging of children (birth to 18 years).	N/A	Satisfactory	IR	Reference
Indications that radiography in children in this age group is appropriate include:				
The presence of developing or idiopathic scoliosis	☐	☐	☐	SP 8.3
Developmental or congenital defects producing aberrant spinal curvatures	☐	☐	☐	SP 8.3
Marked locomotor disturbances of the spine and pelvis	☐	☐	☐	SP 8.3
Suspicion of pathology	☐	☐	☐	SP 8.3
Significant trauma including suspected fracture or abuse	☐	☐	☐	SP 8.3
Routine screening examinations or re-examinations are contraindicated without positive clinical indications.	☐	☐	☐	SP 8.3
Is there evidence for the following indications in the health record?				
Marked spinal pelvic locomotor defects	☐	☐	☐	SP 8.3
Idiopathic or developmental scoliosis	☐	☐	☐	SP 8.3
Marked inter-related spinal lesions or development defects	☐	☐	☐	SP 8.3
Congenital abnormalities	☐	☐	☐	SP 8.3
Suspicion of pathology including the epiphyseal or growth centre diseases	☐	☐	☐	SP 8.3

Children are particularly sensitive to the untoward effects of ionizing radiation; therefore, chiropractors must always have a clear clinical indication of the need for diagnostic imaging of children (birth to 18 years).	N/A	Satisfactory	IR	Reference
Significant trauma including suspected fracture	☐	☐	☐	SP 8.3
Multiple symptom complexes	☐	☐	☐	SP 8.3
Altered spinal curvatures	☐	☐	☐	SP 8.3
Suspicion of pathology	☐	☐	☐	SP 8.3
Routine screening examinations or re-examinations are contraindicated without positive clinical indications.	☐	☐	☐	SP 8.3
Notes: Click or tap here to enter text.				

8.4 CCOA Radiation Health and Safety Program

SP 9.0 Patient Based Clinical Research

SP 10.0 Continuing Competence Program Requirements

Code of Ethics

CoE Article A2: Current/Continued Competence

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

SP 11.0 Concluding a Patient Relationship

Please make any relevant comments if you have identified "IR"
Click or tap here to enter text.

Code of Ethics

CoE Article A9: Non-discrimination

CoE Article A10: Arrangements for Continuity of Chiropractic Care

Determine if you need to comment on the chiropractors conduct relative to the code of ethics.

Click or tap here to enter text.

SP 12.0 Prohibition, Prevention, and Reporting of Female Genital Mutilation

Please make any relevant comments if you have identified "IR"
Click or tap here to enter text.

Accurately make a record of the questions for chiropractor record (with verbal consent obtained) and generate an accurate summary.

- **The following questions are prompts that can be used if you observe concerns during your assessment.**
- **Provide that summary in the practice visit report.**

Potential Question for chiropractor?
When was the last time you read the CCOA Standards of Practice?
When was the last time you read the CCOA Code of Ethics?

SP 1.0 Advertising, Promotions and Presentations	Standard
When was the last time you read the professional communication directive?	*HPA (102),* PCD, SP 1.0, 1.1
How does your clinic advertise?	
Have you reviewed the web content that represents you and your professional services? • Have you had to correct digital content, such as on the website or social media accounts? • How do you ensure that the advertising conducted on your behalf is compliant with the standards of practice? • How do you confirm advertising content with your ☐ associates or the ☐ clinic owner?	*HPA (102),* PCD, SP 1.0, 1.1, 1.2, 1.3
What is the role of staff or contractors in supporting your advertising, promotions and presentations?	*HPA (102),* PCD, SP 1.1
Do you provide patient classes, public presentations or other forms of discourse?	PCD, SP 1.2
What is your understanding of how chiropractors can use the term specialist, specialize in practice	SP 1.3

SP 2.0 Financial Accountability	Standard
What does a fee schedule that is consistent with ethical, professional billing practices mean?	SP 2.1
Where do you publish your fee schedule to ensure that it is available to patients and payers?	SP 2.1
Do you or the clinic have provider contractual agreements?	SP 2.2
Do you accept prepayment of fees?	SP 2.3
Do you use a patient financial agreement to care?	SP 2.4
How do you ensure that billing practices under your practice permit number and practitioner identification to patients and third parties meet the standards of practice?	SP 2.5
How are clinic staff audited to ensure that billings are accurate?	SP 2.5

SP 4.0 Provision of Professional Services	Standard
What role do staff have in patient care?	SP 4.2
Have you read the CCOA Infection Prevention and Control Guidelines?	SP 4.3
How do you train your staff to complete appropriate infection prevention and control screening and implementation?	SP 4.3
Do you provide needle acupuncture?	SP 4.4
Do you provide treatment to animals?	SP 4.5
Are you registered as a specialist with the CCOA?	
Does the chiropractor set or reset simple fractures?	SP 4.6 & 4.9(8)
Do you perform internal sacrococcygeal adjustments?	SP 4.7
Do you perform gynecological or urological examinations?	SP 4.8
Do you have a critical event management plan? SP 4.9(2)	SP 4.9(2)
Are you performing any restricted activities under supervision?	SP 4.9
Are you supervising any restricted activities?	SP 4.9

SP 5.0 Patient Health Records	Standard
What does "Chiropractors must be certain all Electronic Medical Records (EMR) systems are compliant with the requirements for the protection, privacy, and security of the electronic records as set out in the *Health Information Act.*" mean to you?	SP 5.0
How are you meeting the requirement that Chiropractors should also have policies and procedures in place to administer the requirements of the *Health Information Act*.	SP 5.0
Do you have a custodial agreement?	SP 5.3
What is your access to patient information plan?	SP 5.3
Have you completed a privacy impact assessment?	SP 5.3, 5.6
What is your plan for patient information to stay with a qualified custodian in the event of the sale/transfer/closure of the practice? Or the event of major illness or death?	SP 5.4
When did you last review and update your privacy policies?	SP 5.5
Who is the privacy officer?	SP 5.5
Please explain what your reporting requirements are when you identify a loss of personal information.	*HIA*
Explain your health record retention policy and how you maintain your health records.	*HIA,* SP 5.6

To accurately make a record of the questions for clinical staff, record (with verbal consent obtained) and generate an accurate summary. Provide that summary in the practice visit report.

Potential Question for clinic staff?

SP 1.0 Advertising, Promotions and Presentations	Standard
• What is your role in supporting advertising, promotions and presentations?	*HPA (102),* PCD, SP 1.0, 1.1
• What direction have you been provided by the chiropractor in performing your duties with regards to advertising, promotion and presentations?	*HPA (102),* PCD, SP 1.0, 1.1
• What advertising responsibilities have been assigned to you, such as website maintenance or posting on social media?	SP 1.0, 1.1
• How have you been trained to perform to the level of conduct in the Standards of Practice while supporting the clinics' advertising, promotion and presentations?	SP 1.0, 1.1
• Have you been provided with or trained on the chiropractor's responsibilities under the professional communication directive?	PCD, SP 1.1
• What role do you fulfill in obtaining patient testimonials?	PCD, SP 1.1
• Does the chiropractor provide patient classes, public presentations or other forms of discourse?	SP 1.2

SP 2.0 Financial Accountability	
• How often do you receive questions for patients or payors regarding the clinic fee schedule?	SP 2.0, 2.1
• What are some examples of questions that you are asked by patients are payors regarding the clinic fee schedule?	SP 2.0, 2.1
• How do you resolve disputes regarding the fee schedule?	SP 2.1, 2.5
• Does the chiropractor use provider contractual agreements?	SP 2.2
• Does your office offer prepayment of fees?	SP 2.3
• How do you support payment plans? Or What is your role when prepayment of fees is offered to patients?	SP 2.3
• How often do you receive requests for refunds?	SP 2.3
• How do you handle requests for refunds?	SP 2.3
• Please walk me through the account credits in your system.	SP 2.3, 2.4, 2.5

• Does the chiropractor use patient financial agreements to care?	SP 2.3, 2.4
• Who is responsible for billing patients and third parties.	SP 2.5
• How are you audited by the chiropractor to ensure that billings are accurate?	SP 2.5
• How do you resolve billing disputes?	SP 2.5
• How do you resolve billing errors?	SP 2.5
• If you bill third parties, how do you confirm that the person you are billing for is the policy holder?	SP 2.5
• Has the clinic had a billing audit by a third-party biller such as an insurance company?	SP 2.5
• What learnings and changes have been made from billing audits?	SP 2.5
• How are corrections made if a practitioner identifies billing errors?	SP 2.5
• What learnings and changes have been made from billing errors?	SP 2.5

SP 4.0 Provision of Professional Services

4.2 Clinical Services Provided by Unregulated Healthcare Providers

Questions for staff	
• Is the chiropractor present and available to provide direction and supervision to you?	SP 4.2
• Were you trained in and maintain the necessary competencies to perform the assigned activities.	SP 4.2
• Is there a record of your training? Is that record updated as required?	SP 4.2
• Are you trained in each piece of equipment that you operate?	SP 4.2
• Do you ensure that for any services you provide that appropriate chart entries have been made?	SP 4.2
• Were you trained to ensure you follow the use and disclosure of any health information within the context of the *Health Information Act?*	SP 4.2
• Are you fully aware of and compliant with all other requirements of the *Health Information Act.*	SP 4.2
• Have you been provided an appropriate policy and procedure for recording treatment notes?	SP 4.2
• Have you been audited for your performance in recording treatment notes.	SP 4.2
• Have you been trained in reporting and recording of adverse events for care that you are supporting?	SP 4.2
• Have you been trained in routine public health procedures such as hand hygiene and cleaning of equipment and environment.	SP 4.2
• Do you facilitate the completion of general intake forms and documents.	SP 4.2
• Do you assist the chiropractor during diagnostic or treatment activities?	SP 4.2
• Do you carrying out basic diagnostic data gathering activities, such as ○ ☐ vital signs, ○ ☐ ranges of motion with instrumentation, ○ ☐ SEMG scans and ○ ☐ thermographic scans.	SP 4.2
Do you carry out planned chiropractic treatment activities?	SP 4.2
• Do you perform activities related to patient care but not part of the chiropractic treatment, for example, • accompanying patients, • preparing patients for treatment and • preparing patient files.	SP 4.2
• Do you provide follow-up explanation or clarification regarding home/self-care programs or exercise programs that were initially provided to the patient by the chiropractor.	SP 4.2
• Do you complete individual and specific case history elicitation	SP 4.2
• Do you provide physical examination procedures	SP 4.2
• Do you perform Imaging production/application of ionizing radiation?	SP 4.2
• Do you perform assessment and interpretation of findings	SP 4.2
• Do you provide a diagnosis	SP 4.2
• Do you initiate or chang a treatment plan	SP 4.2
• Do you determine or change any therapeutic modality application parameters	SP 4.2

• Do you provide discharge planning	SP 4.2
• How often are you trained to complete appropriate infection prevention and control screening and implementation?	SP 4.3
• What are your duties related to Infection Prevention and Control procedures in the office?	SP 4.3
• How does the clinic keep track of training?	SP 4.3
• Does the chiropractor provide needle acupuncture	SP 4.4
• Does the chiropractor provide chiropractic treatment to animals?	SP 4.5
• Does the chiropractor set or reset fractures?	SP 4.6
• Does the chiropractor perform internal sacro-coccygeal adjustments?	SP 4.7
• Does the chiropractor perform gynecological or urological examinations?	SP 4.8
• Do you have a critical event management plan?	SP 4.9(2)

SP 5.0 Patient Health Records

Assessment questions for staff:	
What is your role in maintaining patient health records	**HIA, SP 5.3, 5.4, 5.5**
How are practitioner departures are handled?	**SP 5.3**
How are practitioner departures communicated to staff?	**SP 5.3**
How are practitioner departures communicated to patients?	**SP 5.3**
What have you been instructed if a patient calls looking for a departed or previous practitioner?	**SP 5.4**
Please explain the health record retention policy and how you maintain your health records.	**SP 5.4**