Communicating with a client's other providers

CRPO's Standard 3.3: when to communicate with a client's other health care providers, when not to, what the client decides, documenting refusals and unanswered attempts, and emergencies (PHIPA s. 38 (1) (a)).

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 Standard 3.3

- Make **reasonable attempts** to communicate with a client's other relevant health care providers about their care (3.3.1; failing to is misconduct, O. Reg. 317/12, para. 54).
- Not if the client **refuses to consent**.
- Nor if it would be **counter-therapeutic** or is unnecessary.
- If you deny another provider access to the client's information, record the **decision and reasons**, and discuss it with the client (3.3.2).

2 The client decides

- The client **controls** collaboration and communication, and may direct you not to share.
- Clients are entitled to coordinated care when it is necessary, appropriate and the client **explicitly authorizes** it.
- Explain the **benefits** of collaboration and what refusing to let you share would mean.

3 How, and with whom

- Usually with consent: providers caring for the **same client**, a multidisciplinary team, and those you refer to.
- By letter, conference call, team meeting, meetings the client asks for, or **family meetings**.
- Every such communication is **documented** in the clinical record.

4 When no one answers

- You are **not responsible** when another professional refuses to communicate or does not respond to reasonable efforts.
- Note **unsuccessful attempts** in the clinical record.

5 Emergencies

- When consent cannot be obtained in time, such as when a client is **admitted to hospital**, you may disclose what is reasonably necessary for their health care.
- Not if the client has **expressly instructed** you not to (PHIPA s. 38 (1) (a)).

6 Meeting the standard

- [ ] Decisions to share comply with Standards **3.1 and 3.2**.
- [ ] **Document** discussions with clients about sharing information.
- [ ] Share only when necessary and likely to have a **positive effect** therapeutically.
- [ ] Do not share if the client **asks** you not to.

With consent, reach out; without it, or when it would harm or serve no purpose, do not; record refusals and unanswered attempts.

Official sources: CRPO Standard 3.3, Communicating Client Care and PHIPA, 2004, s. 38 and O. Reg. 317/12. Condensed from Client-Therapist Relationship.
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