Disclosure of COVID-19 Vaccination Status by Physicians

https://policybase.cma.ca/link/policy14457

POLICY TYPE: Policy document
DATE: 2021-10-22
TOPICS: Physician practice, compensation, forms

Disclosure of COVID-19 Vaccination Status by Physicians

In the context of the COVID-19 pandemic, there is a need for all health care providers to consider disclosing their COVID-19 vaccination status to their patients. This is to ensure transparency and trust in the health care system. The disclosure of vaccination status can serve as a signal to patients, suggesting that the health care provider is taking personal health and safety seriously.

The Canadian Medical Association (CMA) supports the principle that health care providers should disclose their vaccination status to their patients. This is an important aspect of patient-centred care and trust. Disclosure of vaccination status can help to address concerns and build confidence in the health care system.

However, there are considerations that need to be taken into account in the disclosure of vaccination status. These include patient privacy, confidentiality, and the need to balance individual rights with the common good.

Disclosure of vaccination status should be done in a way that respects patient privacy and confidentiality. Health care providers should have a clear policy in place that outlines how and when vaccination status will be disclosed. This policy should be communicated to patients, and there should be a mechanism in place for patients who wish to not receive information about the health care provider's vaccination status.

In summary, the disclosure of COVID-19 vaccination status by physicians is an important aspect of patient-centred care. It is essential to balance individual rights with the common good, and to do so in a way that respects patient privacy and confidentiality.

CMA Policybase - Canadian Medical Association
COVID-19 Vaccine Global Intellectual Property Policy

POLICY TYPE  Policy document
DATE        2021-10-22
TOPICS      Physician practice, compensation, forms

Documents
Rural and remote practice issues
https://policybase.cma.ca/link/policy211

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2000-05-09
REPLACES  Promoting medicine as a career for rural high school students (Resolution BD88-03-78)
TOPICS  Physician practice, compensation, forms

Documents
The treating physician’s role in helping patients return to work after an illness or injury (Update 2013)
https://policybase.cma.ca/link/policy10754

POLICY TYPE  Policy document
LAST REVIEWED  2020-02-29
DATE  2013-05-25
REPLACES  The physician’s role in helping patients return to work after an illness or injury (Update 2010)
TOPICS  Physician practice, compensation, forms

Documents
Auditing Physician Billings

POLICY TYPE  Policy document
LAST REVIEWED  2019-03-03
DATE  2004-12-04
TOPICS  Physician practice, compensation, forms

Documents
Physician compensation (Update 2013)
https://policybase.cma.ca/link/policy11060

POLICY TYPE  Policy document
LAST REVIEWED  2018-03-03
DATE  2013-12-07
REPLACES  Physician Compensation (Update 2001)
TOPICS  Physician practice, compensation, forms

Documents
Third-party forms (Update 2017)
https://policybase.cma.ca/link/policy13643

POLICY TYPE  Policy document
DATE  2017-05-27
REPLACES  Third-party Forms: The Physician’s Role (Update 2010)
Short-Term Illness Certificate
TOPICS  Physician practice, compensation, forms

Third-party forms (Update 2017)

RATIONAL

In Canada's universal health care system, physicians provide patient care under conditions that may or may not allow them to be rewarded for their efforts. The physician appointment and reappointment process 2016 identifies the need for physicians to be compensated for services related to third-party forms.

SCOPE OF POLICY

This policy deals with the need for a uniform and comprehensive set of guidelines for the use of third-party forms.

GENERAL PRINCIPLES

In principle, the physician should not bill a third party for services related to third-party forms except for those circumstances outlined below.

1. The physician should actively seek a direct compensatory arrangement with the third party on an individual basis.
2. The physician should be paid directly by the third party for the use of a third-party form.
3. The physician should not bill a third party for services related to third-party forms, except in the following situations:
   a. Where the third party has a written agreement with the physician to provide compensation for the use of third-party forms.
   b. Where the third party has a written agreement with the physician to provide compensation for the use of third-party forms that is consistent with the Provincial Health Insurance Act.
   c. Where the third party has a written agreement with the physician to provide compensation for the use of third-party forms that is consistent with the Federal Health Insurance Act.

The physician should actively seek a direct compensatory arrangement with the third party on an individual basis.

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a. Where the third party has a written agreement with the physician to provide compensation for the use of third-party forms.

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b. Where the third party has a written agreement with the physician to provide compensation for the use of third-party forms that is consistent with the Federal Health Insurance Act.
The physician appointment and reappointment process 2016
https://policybase.cma.ca/link/policy13564

POLICY TYPE
Policy document

DATE
2016-12-03

TOPICS
Health human resources
Physician practice, compensation, forms

Documents
Guiding principles for physicians recommending mobile health applications to patients

https://policybase.cma.ca/link/policy11521

POLICY TYPE  Policy document
DATE  2015-05-30
TOPICS  Health information and e-health
Physician practice, compensation, forms

Documents