



College of  
Chiropractors  
of Ontario

# Patient Relations

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### Introduction

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This Practice Standard sets out the College’s expectations for registrants when interacting with **patients**. Registrants must treat patients with **respect**, dignity, fairness, and safety at all times, and must provide **patient-centered care**.

The Standard applies in all practice settings and throughout the practitioner-patient relationship, including in-person, online, and virtual interactions.

Registrants are expected to:

- Communicate clearly and respectfully.
- Protect patient privacy and confidentiality.
- Act professionally, ethically, and in accordance with the law.
- Maintain appropriate professional **boundaries**; and
- Protect patients from abuse.

**Bolded** terms are defined in the definition section at the end of this document.

### Therapeutic Communication

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Registrants must communicate respectfully and effectively to establish, maintain, and appropriately end professional relationships with patients.

**Registrants meet the standard by:**

1. Introducing themselves by name and professional designation.
2. Addressing patients using their preferred name, title and pronouns.
3. Communicating professionally in all formats, including in person, electronically, and on **social media**.
4. Giving patients enough time to explain their concerns and listening attentively, without minimizing their feelings or prematurely offering advice.
5. Being aware of how verbal and non-verbal communication may be perceived by patients.

6. Adjusting communication to meet patient needs, including language, literacy level, development stage, or cognitive ability.
  - If a registrant cannot communicate in a language the patient understands, reasonable efforts must be made to arrange for interpretation at future visits.
7. Providing clear and accurate information to support informed decision-making.
8. Avoiding personal self-disclosure unless it clearly serves a specific therapeutic purpose.
9. Reflecting on patient interactions and taking steps to continually improve communication.
10. Taking reasonable steps to ensure patients understand:
  - Assessment findings,
  - Clinical impressions,
  - Diagnoses (where authorized within the scope of practice),
  - Treatment options and plans, and
  - Expected outcomes.
11. Ending the therapeutic relationship appropriately by discontinuing services or transferring care in accordance with the [Discontinuation of Services Guideline](#).

## Confidentiality

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Registrants must protect patient confidentiality at all times.

### Registrants meet the standard by:

1. Not disclosing patient information unless directly related to care, with consent of the patient or the patient's authorized representative, or as required by law.
2. Conducting case discussions, consultations, examinations, and treatment occur in private settings.
3. Obtaining patient consent before allowing anyone not directly involved in care (including students) to be present during assessment or treatment.
4. Sharing only necessary information when consulting with colleagues.
5. Keeping patient records secure and confidential when in use and when stored.
6. Allowing access to patient health records only as authorized by law.
7. Maintaining private assessment and treatment areas, including:
  - Doors that separate treatment areas from public spaces.
  - Appropriate privacy for removing clothing.
8. Discussing patient information by phone or virtually in private locations.
9. Sharing patient information with other healthcare providers only in appropriate professional contexts.

## Professional Conduct and Accountability

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Registrants must meet all ethical and legal requirements of professional practice.

### Registrants meet the standard by:

1. Practising in accordance with applicable legislation, regulations, and College's standards, guidelines and policies.

2. Being accountable for their actions and decisions.
3. Practising within the limits of their education, experience and scope of practice.
4. Not providing treatment that they know, or should know, is harmful, inappropriate or not clinically indicated.
5. Discontinuing treatment when it is no longer clinically indicated or effective.
6. Informing the College if a physical or mental condition or disorder has affected, or is likely to affect, their ability to practise safely or competently.
7. Acting in accordance with the [Human Rights Code](#).
8. Avoiding unfair or unsubstantiated criticism of another registrant's qualification or care, except where required to protect patient safety.
9. Charging reasonable fees that reflect the service or devices provided.
10. Not charging for services that were not performed.
11. Not selling or transferring a professional account to a third party.
12. Fully cooperating with any investigation and respecting the confidentiality of the investigation.
13. Recognizing their position of influence in complaint, discipline or fitness to practise matters and not interfering with complainants or witnesses.
14. Complying with the mandatory reporting obligations under the Health Professions Procedural Code.<sup>1</sup> Additional guidance is available in the College's [Mandatory Reporting Guide](#).
15. Understanding and meeting all [self-reporting](#) requirements.
16. Notifying the College of any changes to practice location, contact information, registration or licenses in another jurisdiction, or any other required information, by updating the online portal within 30 days.

## Professional Boundaries

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Registrants must establish and maintain professional **boundaries** to protect patients.

### Registrants meet the standard by:

1. Setting clear boundaries and helping patients understand when requests and conduct fall outside the therapeutic or professional relationship.
2. Taking additional precautions in practice settings that create higher **boundary** risks, such as home visits.
3. Explaining procedures in advance and obtaining informed consent, especially when examinations extend beyond the foot. For example, biomechanical or dermatological assessments.
4. Not interfering with a patient's personal relationships.
5. Avoiding personal self-disclosure unless it meets a clear therapeutic purpose.
6. Managing **dual relationships** to avoid conflicts of interest or compromised judgment.
7. Never using patient information for personal, financial, or material gain.
8. Never engaging in financial transactions with patients or their families that are unrelated to care.

### Gifts

Registrants must:

1. Not solicit gifts or donations or offer gifts to patients.
2. Not accept gifts of more than **nominal** value.

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<sup>1</sup> [Health Professions Procedural Code \(HPPC\)](#), Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA).

3. Use professional judgment to assess whether accepting a gift has the potential to blur boundaries.
4. Ensure that any accepted gift does not create expectations or alter the therapeutic relationship by influencing clinical decision-making or the standard of care.
5. Be aware that in some situations, refusing to accept a gift could offend the patient (for example, an expected practice in some cultures to offer a small gift as a gesture of appreciation) and harm the patient-practitioner relationship.
6. Decline a gift respectfully when appropriate.
7. Never offer or accept incentives or other benefits in exchange for referrals.
8. Consider developing a clear office policy on gift-giving and receiving.

## Managing Dual Relationships with Patients

Registrants must:

1. Maintain professional boundaries and avoid friendships or social relationships with patients.
2. Carefully assess the risks of treating friends or family when no alternatives exist (for example, in small or remote communities)
3. Acknowledge dual roles when treating friends or family and transfer care to another health care provider when possible.
4. Manage the risks of creating a **dual relationship** with a patient and re-establish boundaries as necessary. For example, if a patient asks for treatment advice in a social or public setting, the conversation should be deferred to a scheduled clinic visit.
5. Avoid personal use of electronic communication and **social media** with patients. For example, registrants must refrain from connecting with patients, following patients, privately messaging patients, or accepting friend requests from patients on their personal **social media** accounts.
6. Consult colleagues when unsure about **boundary** issues.
7. Document any concerns about **boundary violations** in the patient record.
8. Avoid situations that may reasonably put patients at risk and act in the best interests of patients.

## Protecting Patients from Abuse

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Registrants must prevent, stop and report any form of discrimination and abuse.

**Registrants meet the standard by:** Recognizing their position of trust and responsibility and ensuring that power is never abused.

Registrants must **never**:

1. Engage in physical, verbal, emotional, or non-verbal abuse towards a patient.
2. Communicate, verbally or non-verbally, with or about a patient in ways that may be perceived as disrespectful, discriminatory, insulting or humiliating.
3. Engage in behaviour or make comments towards a patient that may be perceived as violent, threatening or intended to cause physical, psychological, spiritual or emotional harm.
4. Fail to treat patients with **respect** in all interactions, including online and through **social media**.
5. Engage in activities that could result in an improper personal, financial, or material gain at the patient's expense.

6. Accept power of attorney for personal care or property for a patient or former patient, unless the patient is an immediate family member.
7. Influence, or attempt to influence, a patient's will or estate.

## Intervention and Reporting

Registrants must:

1. Intervene and report abusive, threatening, or violent behaviour to the appropriate authorities, employers, the College and other regulatory authorities, when required.
2. Intervene and report behaviour or remarks that may be perceived as romantic, sexually suggestive, exploitative or sexually abusive.
3. Comply with the mandatory reporting obligations under the Health Professions Procedural Code.<sup>2</sup> Additional guidance is available in the College's [Mandatory Reporting Guide](#).

## Sexual Abuse

Registrants must **never**:

1. Engage in sexual intercourse or touching of a sexual nature<sup>3</sup> with a **patient**, even if it is consensual.<sup>4</sup>
2. Make sexual remarks and engage in sexualized behaviour toward a **patient**. Sexual behaviour and remarks include, but are not limited to:
  - disrobing or draping practices that reflect a lack of respect for the **patient's** privacy or bodily autonomy.
  - deliberately watching a **patient** dress or undress.
  - sexual comments about a **patient's** underclothing.
  - criticism of the **patient's** sexual orientation.
  - discussion of the **patient's** sexual performance.
  - conversations regarding the sexual preferences or fantasies of the registrant or **patient**.
  - kissing.

## Relationships with Former Patients

Registrants must:

1. Wait at least **one year** after the professional relationship has ended before entering any personal, romantic, or sexual relationship with a former **patient**.
2. If a non-professional relationship begins after at least one year has passed, be able to demonstrate that the former **patient** was not exploited, pressured, or influenced in any way, whether intentionally or unintentionally.
3. Be cautious about relationships (friendship, romantic or sexual) with former **patients** or their significant other where power imbalance or dependency may continue well after the professional relationship has ended.

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<sup>2</sup> [Health Professions Procedural Code \(HPPC\)](#), Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA).

<sup>3</sup> 'Sexual nature' does not include touching, behaviour or remarks of a clinical nature appropriate to the care provided.

<sup>4</sup> [Subsection 1\(3\) of the HPPC, Schedule 2 to the RHPA](#).

## References

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- [Assessment and Management](#)
- [Chiropractic Act, 1991](#)
- [Code of Ethics](#)
- [Competence](#)
- [Consent](#)
- [Fee, Billing and Accounts Guideline](#)
- [Health Care Consent Act, 1996, S.O. 1996, c 2.](#)
- [Human Rights Code, RSO 1990, c H.19.](#)
- [Personal Health Information Protection Act, 2004, SO 2004, c 3.](#)
- [Records](#)
- [Regulated Health Professions Act, 1991, SO 1991, c 18.](#)

## Definitions

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**Boundary:** Boundaries define the limit of a safe and effective professional relationship between a registrant and a patient. Boundaries are based on trust, respect, and the appropriate use of power, recognizing that patients are vulnerable and registrants have a duty to act in the best interest of patients.

**Boundary Violations:** Boundary violations occur when a registrant does not establish and/or maintain the boundaries of a professional relationship with their patient and/or abuses their power. A boundary violation is the point at which a relationship changes from professional and clinical to unprofessional and inappropriate. Boundary violations exploit the power imbalance inherent in the registrant-patient relationship and may be sexual or non-sexual in nature.

**Dual Relationship:** Dual relationships occur when a registrant has a secondary personal or professional relationship with a patient in addition to the treating relationship. Dual relationships can complicate the treating relationship, risk undermining the provision of safe and effective care, and increase the risk of boundary violations.

**Nominal:** A nominal gift is a gift of very low monetary value that is modest, infrequent, and unlikely to influence professional judgment, decision-making, or behaviour.

A nominal gift:

- has minimal financial value,
- is given as a gesture of courtesy or appreciation, and
- does not create a sense of obligation, expectation, or preferential treatment.

**Patient-centered care:** In this approach, a patient is viewed as a whole person. Patient-centered care involves advocacy, empowerment and respect for the patient's autonomy, voice, self-determination and participation in decision-making.

**Patient:** Although the RHPA’s definition of “patient” is not exhaustive,<sup>5</sup> it makes it clear that, at a minimum, a person is considered a registrant’s patient for the purpose of the sexual abuse provisions if there is direct interaction and any of the following has happened:

- The registrant has, in respect of a health care service provided by the registrant to the person, charged or received payment from the person or a third party on behalf of the individual;
- The registrant has contributed to a health record or file for the person;
- The person has consented to a health care service recommended by the registrant;<sup>6</sup> or
- The registrant has prescribed a drug to the person for which a prescription is needed.<sup>7</sup>

The only situation in which a person who falls within the definition above may not be classified as a patient is if **all** the following conditions are met:

- There is an existing sexual relationship between the person and the registrant at the time the health care service is provided;
- The health care service provided to the person by the registrant was minor in nature or was provided in an emergency; and
- The registrant has taken reasonable steps to transfer the person’s care, or there is no reasonable opportunity to transfer care.<sup>8</sup>

The Code also establishes a minimum period of **one year** after a person ceases to be a health care professional’s patient, during which time a sexual relationship between registrants and former patients is prohibited. The one-year period runs from the date the registrant-patient relationship is formally terminated, which does not necessarily coincide with the date the patient last received health care services from the registrant. Termination often requires the registrant to take active steps to end the professional-patient relationship and to make reasonable efforts to arrange alternative or replacement services.

Engaging in a sexual relationship with a patient before waiting the full year after terminating the registrant-patient relationship can lead to a finding by the Ontario Chiropractors and Podiatrists Discipline Tribunal (Discipline Committee) of professional misconduct for sexual abuse of a patient. A finding may require a mandatory penalty of revocation of the registrant’s certificate of registration.

Registrants are permitted to treat their **spouses** without it constituting sexual abuse of a patient, provided the registrant’s spouse meets the statutory definition of “spouse”<sup>9</sup> (see below). The registrant must keep the sexual relationship entirely out of the office setting. While treating a spouse, registrants must follow professional standards and maintain the same professional distance they would for any other patient.

**Respect:** Treating someone positively through actions and words that show esteem for the individual. Respect in a diversity, equity and inclusion context involves understanding and valuing differences.

**Sexual Abuse:** Sexual abuse of a patient by a registrant is defined as:<sup>10</sup>

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<sup>5</sup> [Subsection 1\(6\) of the HPPC, Schedule 2 to the RHPA](#)

<sup>6</sup> [Health Care Consent Act, 1996](#)

<sup>7</sup> [Subsection 1.1 of O. Reg. 260/18 under the RHPA](#)

<sup>8</sup> [Subsection 1.2 of O. Reg. 260/18 under the RHPA](#)

<sup>9</sup> [Subsection 1\(6\) of the HPPC, Schedule 2 to the RHPA](#)

<sup>10</sup> [Subsection 1\(3\) of the HPPC, Schedule 2 to the RHPA](#)

- Sexual intercourse or other forms of sexual relations between the member (registrant) and the patient;
- Touching of a sexual nature, of the patient by the member (registrant); or
- Behaviour or remarks of a sexual nature, by the member (registrant) towards the patient.

Sexual abuse does not include touching, behaviour, or remarks that are clinically appropriate to the service being provided.

**Social Media:** Community-based online communication tools (websites and applications) used for interaction, consent sharing and collaboration. Types of social media include blogs (personal, professional or anonymous), discussion forums, message boards, social networking sites (for example, Facebook, Instagram, TikTok) and content-sharing websites.

**Spouse:** An individual that is married to the registrant or has lived with the registrant in a common-law relationship outside of marriage continuously for at least three years.<sup>11</sup>

## Appendix A: Abusive behaviours

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Abuse can be verbal, emotional, physical, sexual, neglectful, or financial. Examples include:

### Verbal and emotional abuse:

- Sarcasm, intimidation, threats
- Teasing, taunting, or swearing;
- Insensitivity to the patient's preferences
- Racism, discrimination, harassment and exclusion
- Dismissive or impatient tone.

### Physical abuse

- Hitting, pushing, slapping, shaking
- Using unnecessary touching, force and handling a patient in a rough manner

### Neglect

- Denying or delaying care
- Ignoring the patient
- Withholding communication

### Sexual abuse (consensual and non-consensual)

- Sexually demeaning, seductive, suggestive, exploitative, derogatory or humiliating behaviour or comments
- Sexual touching or touching that may be perceived by the patient or others to be sexual;
- Sexual intercourse or other forms of sexual contact with a patient
- Non-physical sexual activity such as sexting, sharing photos, or viewing pornographic websites with a patient.

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<sup>11</sup> [Subsection 1\(6\) of the HPPC, Schedule 2 to the RHPA](#)

An individual is a **patient** for the purposes of sexual abuse when there is an interaction between the individual and the registrants, and:

- the registrant has issued billings or received payment in connection with a health care service provided, or
- the registrant has contributed to the individual's record or file, or
- the individual has consented to receive a health care service recommended by the registrant, or
- the registrant prescribed a drug to the individual.

An individual is a patient while receiving care and for a period of **one year** after the professional relationship ends.

#### **Financial abuse**

- Borrowing money or property, withholding finances, using influence, pressure or coercion to obtain the patient's money or property
- Soliciting gifts
- Having financial trusteeship, power of attorney or guardianship
- Abusing a patient's bank accounts and credit cards
- Assisting with the patient's financial affairs