

Remedying a breach of security

Learning from mistakes

The risk of misplacing or leaving behind a client file increases in probability for those occupational therapists who work in the community visiting clients in their homes, workplaces and other facilities.

Part 6, Section 87 of the college bylaws requires that B.C. occupational therapists remedy a breach in security as soon as possible after it is discovered. The breach can be unauthorized access, use, or disclosure of personal information. Remediation involves taking steps to recover the information, notifying anyone affected, the college, and if necessary law enforcement officials. It also requires that the occupational therapist modifies existing practices to prevent a re-occurrence.

Unfortunately, for one therapist, a file was left behind at a site visit. The registrant involved gave us permission to print excerpts of his letter to the college which outlines the processes he took to meet the bylaw requirements. We appreciate the registrant's willingness to share his experience



and hope that others will learn ways to enhance their privacy and security practices based on this case. The occupational therapist and client's names have been deleted and male gender used for both to protect privacy.

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The mission of the COTBC

...is to protect the public by regulating, advocating and advancing safe, ethical and quality occupational therapy practice in British Columbia.

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An overview of the requirements for management of client records under part 6 of the college bylaws

Angela Westmacott

The recent proliferation of privacy legislation governing the protection of “personal information” stems from a growing recognition that privacy is a fundamental value in our democratic society. An important part of that fundamental value is the right to control access to, and the use of, one’s personal information.

In British Columbia, the *Freedom of Information and Protection of Privacy Act* gives individuals the right to access information held by public bodies, for example government ministries, universities, hospitals, and self-regulating professions such as the college. It also regulates how public bodies may collect, use and disclose personal information. The *Personal Information Protection Act* regulates how private organizations may collect, use and disclose personal information. Private organizations include businesses, charities, associations and labour organizations.

These statutes, like most privacy laws, reflect the following four universally accepted principles:

1. Governments and organizations should collect personal information directly from the person to whom it relates and explain why the information is needed;
2. Governments and organizations should only collect the information necessary for the intended purpose;

3. Governments and organizations should use the information only for the purpose for which it was collected unless the person consents to another use; and
4. Governments and organizations should provide an opportunity for the person to see and correct his or her personal information if it is inaccurate.

These guiding principles provide the key to understanding Part 6 of the college bylaws.

Registrants should familiarize themselves with the requirements of Part 6 of the college bylaw and the recently released guideline on *Collecting, Recording and Protecting Client Information* which is available on the college’s website.

Collecting personal information directly from the client

Part 6 provides that registrants must collect personal information about a client “directly from the client” unless one of the exceptions set out in section 72(2) apply. In practice, a “client”

Although clients have the right to request a correction, they do not have the right to demand that the correction be made.

may include individuals, families, groups, agencies or organizations receiving care and/or services from a registered occupational therapist. The term is intended to refer to the patient or recipient of the occupational therapy service. An occupational therapist who is retained by the Work Safe B.C. or an insurance company to conduct an assessment of the individual must ensure that personal information is collected from the individual to be assessed. This is an important safeguard to ensure that individual clients control distribution of, and access to, their own personal information.

Only collect the information necessary to provide the service

Part 6 also provides that registrants cannot collect personal information regarding a client unless the information relates directly to, and is necessary for, providing health care services to the client or for a related administrative purpose. In practice, this means that, while it is necessary to record relevant and complete information, you should only collect the information that is necessary for providing the health care services to the client. Where clients, family members or other health care professionals volunteer information that is not directly relevant to the provision of the occupational therapy services, such information should not be recorded in the chart as this would constitute an improper collection of personal information.

So what should a registrant do when a client volunteers that he smokes marijuana on a regular basis? The registrant should consider whether the information is relevant to the provision of his or her service. If such information is relevant; for example to assess whether the client is able to operate machinery, it must be recorded. If, however, the information is not relevant to the provision of the occupational therapy service, it should not be recorded in the chart.

Use the information only for the purpose for which it was collected

Part 6 requires registrants to ensure that clients are aware that they are collecting personal information, the purpose for which the personal information is being collected, how, where, when and by whom the personal information can be used and the client's right to access that information. This information should be conveyed to the client prior to collecting the personal information unless there are extenuating circumstances which make that impossible.

Registrants must use the personal information for the purposes for which it was collected unless the client has consented to another use. When a registrant collects personal information for the purposes of providing health care services, that information should not be disclosed to another service provider without proper consent.

Although not specifically addressed in Part 6, the college recommends that registrants obtain consent to collection and use of the personal information in writing to prevent any misunderstanding about the potential use or disclosure of that information. The best way to prevent a privacy complaint regarding unauthorized collection or disclosure of personal information is to explain the process carefully to the client prior to collecting the information and to document the consent process.



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In this reflection,
Angela was invited
to offer her legal
perspectives and
interpretations of
the college bylaws
pertaining to
client records.

continued on page 4

Provide an opportunity to see and correct personal information

Part 6 requires registrants to make every reasonable effort to ensure that the information recorded is "current, legible, accurate and complete". This requirement reflects the importance of proper record-keeping or charting to ensure that all relevant information is available to the health care professional to provide the necessary services. The client's file or chart should be a complete record of the information gathered and the services provided to the client particularly when it is a medium of communication between members of a multi-disciplinary team. Courts have emphasized in medical malpractice cases that medical records or charts should be completed in a timely manner which means either at the time or close to the time that the health care services are provided. Medical charts and records are considered to be the best form of evidence of medical care in the event of litigation because: (a) they were prepared contemporaneously or at a time close to the event without the benefit of hindsight; and (b) health care providers often do not have any independent recollection of the specific care provided to an individual patient. For that reason, courts tend to be highly critical of *ex post facto* charting or changes made to charting after the fact. Substandard record-keeping may lead to the inference that there has been substandard care.

Clients who believe that their records or charts contain an error or omission have the right to request a correction of that information. If a registrant does not agree that there is an error or omission, he or she must make a note of the client's request for the correction in the record itself with the details of the correction that was

Consider preparing a checklist to deal with requests for personal information from third parties using the criteria set out in section 79.

requested. Although clients have the right to request a correction, they do not have the right to demand that the correction be made. If, for example, a registrant records that a client is ready to return to modified work but the client disagrees, the registrant must record the request for a change in the chart with a notation as to why he or she agrees or disagrees with the client's

request. When an error in the record is identified, the registrant should make a new entry recording the correction rather than going back and changing the old record.

Part 6 also affords clients the right to access their personal information. Registrants must respond to client requests for access to personal information within 30 days by either

providing access or partial access to the records or by providing written reasons for the refusal to provide access. The grounds for refusing to provide access are set out in section 88(3). Registrants may also charge fees for photocopying costs and staff time for retrieving and reproducing records in accordance with the tariff in Schedule C.

The right to access personal information is of critical importance. The college is aware that, from time to time, organizations such as insurance companies purport to restrict registrants from disclosing information to their individual clients. Registrants should be aware that restrictions of this nature conflict with the individual client's access rights under Part 6. Registrants should not agree to contractual provisions that purport to override the requirements of Part 6 of the bylaws.

Registrants must ensure that personal information is not disclosed to third parties except in limited circumstances. Consider preparing a checklist to deal with requests for personal information from third parties using the criteria set out in section 79. If a registrant does not have written consent from the client and the request does not fall under any of the circumstances set out in section 79, he or she does not have authority to disclose the information. An unauthorized disclosure would constitute a violation of privacy and breach of the bylaws.

In addition to protecting and securing personal information registrants are required to ensure that all client records are safely and securely stored. For example, information contained on computers should be password-protected. Documentation records should be stored in a secure location such as a locked room or cabinet. Registrants should avoid travelling with records containing personal information unless it is absolutely necessary to do so. Original documents should always be stored in a secure place.

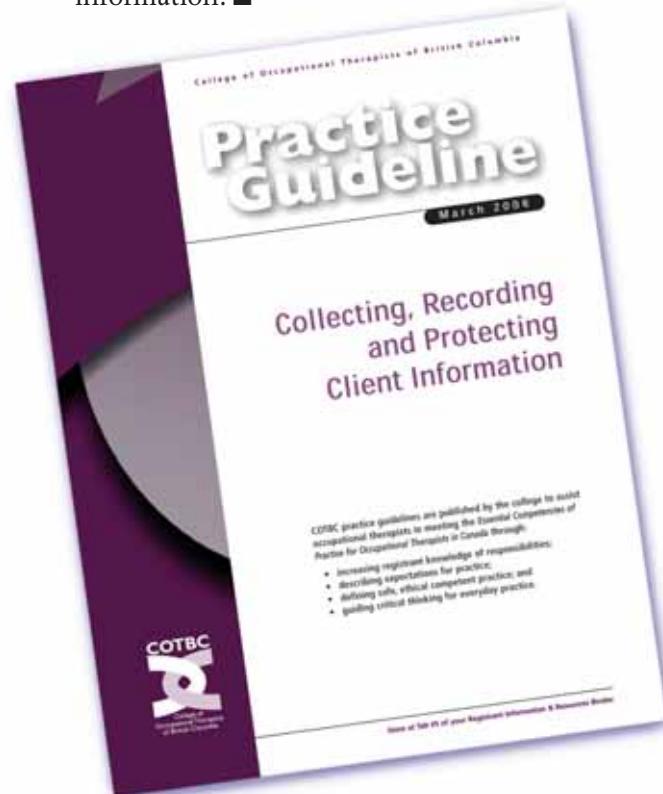
There are various regulatory requirements governing retention of documents. Part 6 provides that personal information must be retained for a minimum period of 10 years. That period should be calculated from the date that the client reaches the age of majority if the client is under 19 years of age.

There are also requirements for the disposal of records where a registrant ceases to practice. Registrants must provide the college with a written summary of the steps that have been

taken to dispose of the records. In the event of their death or incapacity, all registrants must make arrangements to ensure that their clients' personal information will be safely and securely transferred to another registrant.

Finally, Part 6 requires registrants to take appropriate measures to remedy any breach of security as soon as possible after the breach is discovered. A breach will occur where there has been unauthorized disclosure of personal information through loss or theft of records or any other form of unauthorized disclosure. In the event of a breach, registrants must notify the college and anyone affected by the unauthorized access and take whatever steps are necessary to prevent a re-occurrence of the breach.

The requirements of Part 6 of the bylaws reflect the fundamental value of privacy in our society. Registrants have an important responsibility to protect that value by ensuring proper management of client information. ■



competence check

CONFIDENTIAL

Remedying a breach in security, continued from front cover...

Case scenario: A client's occupational therapy file was left in a public location while completing a job site analysis. The client file was eventually discovered some hours later by a co-worker and given back to the client. The client was angry the file was left unprotected and a few days later contacted the occupational therapist who had just discovered the loss when he went to write up the occupational therapy report and could not locate the file.

This is an excerpt from the registrant's letter to the college describing his actions. It begins with contacting the client.

Dear Registrar,

I [the OT] asked the client if I could pick up the file from him, however, the client stated that he did not want to give it to me as he stated he could not trust me not to lose it again, and he therefore wanted to keep the file. I provided him with the name of COTBC as a resource for him to follow-up with in regards to his complaint. I stated that I would also follow-up with COTBC to ensure that I have not mishandled his complaint.

I left a message with COTBC in regards to any resources that I could be provided with in terms of following up correctly with this complaint.

I also forwarded a copy of the job site visit report which documented this incident to the referral agency.

I spoke to the referral agent who was informed of the above details. He confirmed the contents of the file with [the client]. He stated that [the client] confirmed there were two consent forms, a referral confirmation, and my handwritten notes regarding setting up the date/time of the job site visit. There were no medical reports in the file, or any other notes regarding the outcome of the job site visit. The client agreed to have his file picked up via courier on [date]. This was setup by our office. I confirmed the above contents of the file upon its return. The client agreed to continue working with [the company] and was followed up by my colleague, [another] occupational therapist.

Reflections on Practice

I must admit I have always been fearful of losing a client file, or of leaving one behind: either in a coffee shop, a community centre, or work site. Despite having this concern, I also must admit that I have not thought about what I would do should this type of incident occur, or even on how to prevent it from occurring. This incident has given me reason to pause and reflect on how to add improvements to my practice so that an incident such as this can be avoided, or at least the likelihood of re-occurrence be reduced. With these thoughts in mind, I have made the following recommendations to improve my practice.

Recommendations

- Review procedures for client confidentiality and storage of client records.
- Review incident with colleagues in order to use as a discussion and learning experiences.
- When taking a file out of the office, pause to reflect on what information really needs to be taken. Does the entire file need to be taken? Or, can a 'shell' file be taken with only the relevant/current information for the meeting/visit required?
- Develop a 'double check' system to complete prior to leaving the job site for ensuring that all records that have been taken to the job site have been taken away.
- Develop another 'double check' system for ensuring [that] all client records that have been removed from the office have been returned, so that if a file has been misplaced, action can be taken in a timely manner to recover the file and notify all stakeholders involved that it has been misplaced (as I noted in this incident, I was not aware that I had misplaced the file until 6 days after I had done so.)

In the past four weeks of my practice, I have found that the above last three points have been working well for me. No matter how busy I may be in a day, it only takes a few moments to 'double check' that I have all of my files.

Please do not hesitate to contact me should you have any questions and/or concerns regarding this incident.

Best Regards
Consultant Occupational Therapist

College action

After receiving and reviewing the occupational therapist's account outlined in his letter, the college registrar sent a letter confirming that the registrant had satisfied his professional obligation under section 87 of the COTBC bylaws. The matter was not referred on to the Inquiry Committee.

Turn the page for resources to help you protect your clients' records and privacy.

Resources for checking your security and privacy practices

The college encourages registrants to regularly review their privacy and security practices. Along with seeking advice from privacy experts or legal counsel, there are several web-based resources of which registrants should take advantage. Direct links are also available on the college website under Resources and Links (<http://www.cotbc.org/resources.php>)

Office of the Information and Privacy Commissioner of B.C. www.oipcbc.org

This website provides information related to both public and private sector legislation and practical tools for implementation of privacy legislation. It is also organized for easy access for the general public to inform them of their rights under privacy legislation.

The following resources can be downloaded from this website for your review:

Protecting Personal Information Outside The Office (February 2005) provides common sense measures to reduce risks to clients' personal information when traveling or working from another location.

Faxing and emailing personal information (February 2005) outlines steps to take to reduce risks associated with faxing or emailing personal information.

Use of Social Insurance Numbers by Private Sector Organizations (April 2005), released jointly with the Office of the Information & Privacy Commissioner of Alberta details the sensitive nature of this personal information and obligations for its protection under legislation.

Other health professionals' websites www.bcma.org and www.cptbc.org

Both of these sites provide tools and supports for practitioners to assist with compliance of private practices under the *Personal Information Protection Act*, privacy legislation for the private sector.

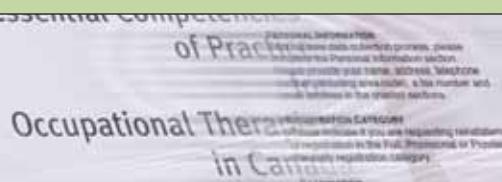
The BCMA site includes documents developed jointly with the Office of the Information & Privacy Commissioner of B.C. and the College of Physicians and Surgeons of B.C. One of these documents is titled: *Physicians & Security of Personal Information* (June 2006) and was released as "*a reminder that private sector organizations, including physicians in private practice are required to take reasonable security measures to protect personal information from risks such as unauthorized collection, use or disclosure.*" This brief addresses safeguards to consider to prevent risk of theft of computers and other media, security of on-site client records, transporting records by courier, and faxing and emailing personal information.

Technical security branch of the RCMP www.rcmp-grc.gc.ca

This website includes information on Information Technology (IT) security and publications on security guides and reports such as *Guide to Minimizing Computer Theft* (June 1997) and other security bulletins.



committee news



Standards Committee seeking feedback on latest guideline

B.C. occupational therapists will have a chance to evaluate the *Collecting, Recording and Protecting Client Information Guideline* which they received in April with their Spring newsletter. If you are interested in participating in the review, please complete the online review form which will be posted on the college website in October and/or contact the college for a hard copy of the review form. Your feedback is an essential component to the ongoing development and evaluation of college guidelines.

Quality Assurance Committee – Code of Ethics review complete

The Code of Ethics Review Panel finalized the college's revised Code of Ethics for the board, and pending approval anticipates launch of the new code at the COTBC's Annual General Meeting on November 4. The panel is pleased to announce that Dr. Jan Storch, Professor Emeritus at the University of Victoria will be the keynote speaker at the AGM. Dr. Storch has been a scholar in ethics since the mid-1970s and is the expert advisor to the college's review panel.

Client Relations Committee releases new guideline

With this newsletter, registrants received the client relations guidelines titled: *Drawing the Line: Establishing Professional Boundaries to Prevent Sexual Misconduct*. The committee wishes to thank the occupational therapists throughout B.C. who participated in the review. A report on the review begins on page 10.

Continuing competency package mailed

In August, registrants should have received their packages which include the first component of the college's continuing competency program: *The Guide to Completing a Self-Assessment and Professional Development Plan*, the self-assessment tool, the professional development plan, and the declaration form. We encourage you to work through the self-assessment over the next few months so that your plan can be completed early in the new year and you can submit your Continuing Competency Declaration Form to the college by February 15, 2007. Please note only the declaration form must be submitted but the college requires you to complete and/or revise your professional development plan annually and complete a self-assessment biannually or more frequently if your practice changes. All documents should be kept for five years. All the documents and other supports will be available on the college website later this fall.

Inquiry Committee

Investigations are an important element in the committee's consideration of complaints about registrant's practice. College appointed inspectors receive training and orientation through sessions with the COTBC legal counsel and registrar. One of the college inspectors recently completed formal inspector certification (Basic and Advanced Level) provided through the Council on Licensure, Enforcement and Regulation (CLEAR). The CLEAR inspector training is an internationally recognized training and certification program, with each level requiring three days of training/testing. While the college covered all registration and travel expenses, the college appreciates the volunteer time (six days) the inspector donated to complete the course. ■

Interested in serving on a college committee?

Vacancies are pending in several college committees – Continuing Competence, Standards, Quality Assurance, Registration and Discipline. Refer to the information you received with your registration receipt or download a 'committee expression of interest form' from the college website at <http://www.cotbc.org/committees.php>

Review confirms usefulness of guidelines to prevent sexual misconduct

With this newsletter, registrants received *Drawing the Line: Establishing Professional Boundaries to Prevent Sexual Misconduct*. The publishing of guidelines was the first priority within the college's client relations program that is required by the *Health Professions Act* to prevent sexual misconduct.



To help focus the content of the guidelines, a survey of registrants was conducted to provide an initial measure of the occupational therapists' knowledge about misconduct issues. These survey results indicated that the registrants were confident in their knowledge of the behaviours that constitute misconduct of a sexual nature between an occupational therapist and a client but were less confident in their abilities to recognize the behaviours that might lead to misconduct. At the 2004 COTBC Annual General Meeting a seminar was held to further focus the content and develop scenarios grounded in practice that could be used in the guidelines. Participants from this seminar were invited to participate in the final validation review of the document.

Review process

In June 2006, the Client Relations Committee conducted a validation review of the document. The aims were to confirm that the contents of the guidelines:

1. Clearly describe the occupational therapist's responsibility to maintain professional boundaries and practice expectations to prevent sexual misconduct; and
2. Support sound decision making when the occupational therapist is faced with a potential and/or real boundary violation.

The reviewers were solicited from those who participated in the 2004 AGM seminar and other registrants to create a representative sample of

occupational therapists from all parts of B.C. Survey questions were mailed the first week of May and participants had until June 1 to return their responses. Participants rated questions from 1–5 (1=strongly disagree to 5=strongly agree) that addressed the draft guideline's usefulness, clarity and comprehensiveness. Qualitative feedback was gathered through open-ended questions and an additional comment area.

Results

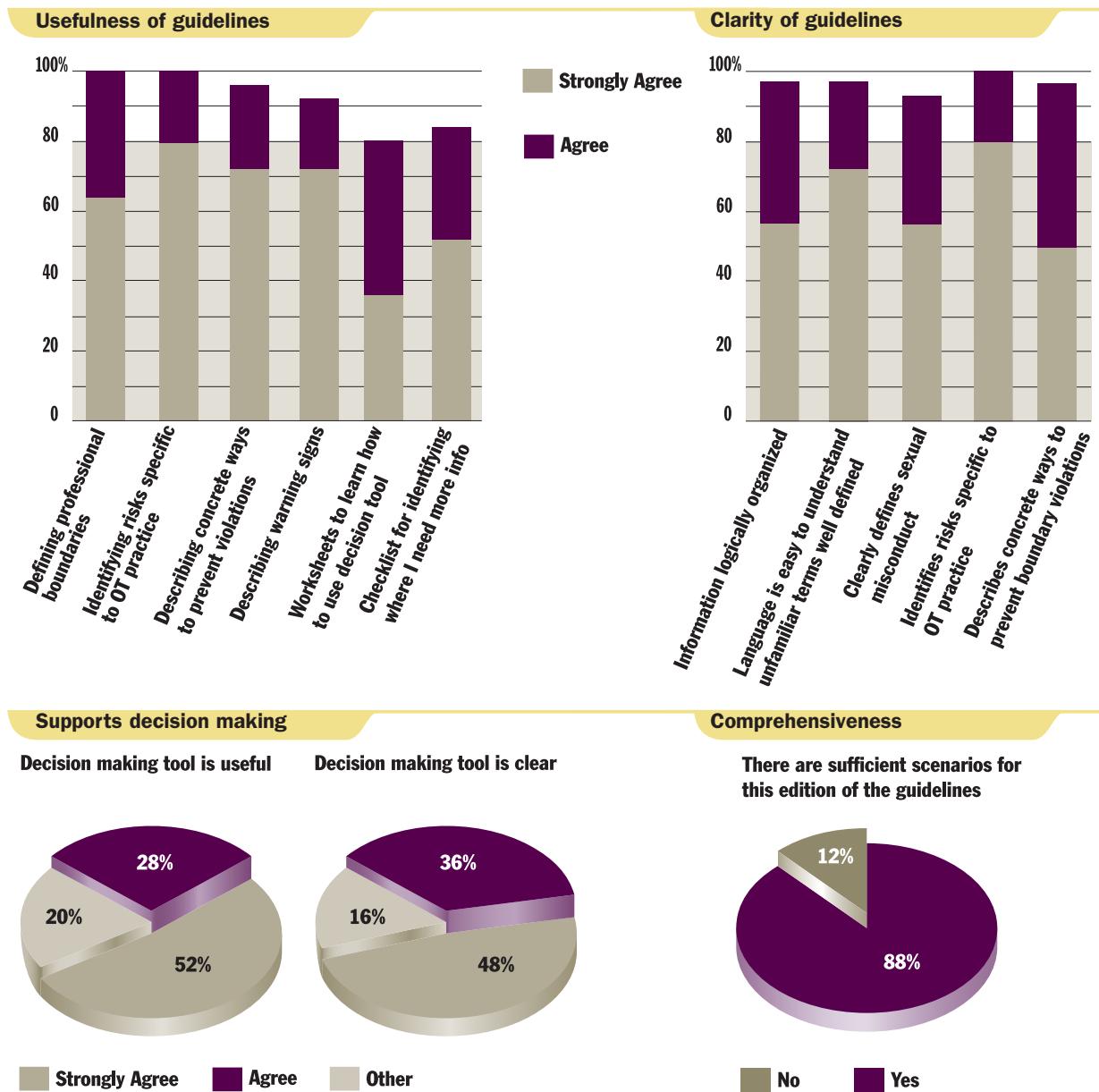
Of the 31 volunteers who submitted an expression of interest, 25 surveys were returned by June 19 indicating a response rate of 81%. Respondents represented most areas of practice and a range of experience. Distribution in

terms of geographical region, age of clients served and practice setting were similar to overall college spread with male representation slightly higher.

The majority of respondents either agreed or strongly agreed to questions pertaining to usefulness. Percentage ranged from 84% to 100% depending on the section of the document reviewed. Qualitative responses to questions regarding the worksheets and the checklists suggested minor editorial adjustments and graphic design considerations.

For the most part, respondents agreed that the document was clear. Questions pertaining to comprehensiveness also scored over 80% (range 80-100%) in registrant agreement. Again, the

Participants rated questions from 1–5 (1=strongly disagree to 5=strongly agree) that addressed the draft guideline's usefulness, clarity and comprehensiveness.



qualitative remarks contained suggestions that would help improve clarity.

For 80% or more of the respondents, the guidelines were found to support their decision making and increased their confidence in both recognizing behaviours that may lead to sexual misconduct and dealing with an actual violation.

Future plans

The Client Relations Committee will continue to monitor the use and effectiveness of the guidelines and begin to develop an educational program to support registrants' use of the guidelines and to inform the public of conduct expectations and the measures for addressing professional misconduct of a sexual nature.

Committee Members: Jan Gauthier (chair), Linda Casey (public board member), Erwin Fung, Allyson Muir and Tannis Romer. ■



Quality self-regulation more than ever requires attention to the changing environment and context within which we do our work. College participation in local, provincial, national, and international activities is one way our context remains current and relevant. Here are some highlights of recent activities.

Association of Canadian Occupational Therapy Regulatory Organizations (ACOTRO)

ACOTRO sponsored its first session at the CAOT Conference 2006 in Montreal. The session was titled *Understanding the Essential Competencies: Relevance and Application to Practice*. Three panel members applied the competencies and provided their perspective on relevance from a clinician role, an administrator role and a regulatory role. Participants also had the opportunity to apply the essential competencies in a group exercise and discuss these with panel members. ACOTRO would like to build on this success and to continue sponsoring a session at future conferences on topics such as continuing competence and others relevant to advancing the professions' self-regulation responsibility.

ACOTRO would like to thank the following occupational therapists who participated as panel members:

Clinician: Robin Jewers, OT (Reg.) MB, an occupational therapist at St Boniface General Hospital, Winnipeg, Manitoba.

Administrator/Manager: Anne Chapman Heinemeyer, BScOT, from the Calgary Health Region, Alberta.

Regulator: Barb Worth, registrar with the Ontario College of Occupational Therapists is acknowledged for the preparation of the presentation delivered by Kathy Corbett on her behalf.

ACOTRO planning team for the session included: Cathy Pente, the New Brunswick Association of Occupational Therapists' Registrar, Heather Cutcliffe, ACOTRO Representative for the Prince Edward Island Occupational Therapy Board and Coralie Lennae, Executive Director with the Saskatchewan Society of Occupational Therapists.

BC regulators meet to improve access to licensure for internationally trained professionals

In April 2006, the BC Ministry of Economic Development sponsored a forum for B.C. regulators titled *Solutions for Access – Improving Access to Licensure for Internationally Trained Professionals*. As hosts, MOSAIC and the Regulator's Advisory Committee facilitated discussion regarding the *Solutions for Access* research report prepared in 2005. The report reviewed legislation, policies and practices governing select regulated professions and identified influences on access to licensure for internationally educated professionals. COTBC is a member of the advisory committee and participated in the forum. Jillian Rihela, board member and member of the registration committee attended along with Registrar Kathy Corbett who was one of three panel members for one of the forum sessions. The provincial government is keenly interested in action on this topic and senior officials from the Ministry of Economic Development, Ministry of Advanced Education and Ministry of Health participated in the session. Follow-up on the actions identified at the meeting is planned through a working group of regulators, including COTBC. *The Solutions for Access* report is available online at:

[www.mosaicbc.com/ImprovingAccess
ToLicensure.pdf](http://www.mosaicbc.com/ImprovingAccessToLicensure.pdf)

Developing an OT and PT recruitment strategy for Vancouver Coastal Health Authority (VCHA)

COTBC along with BCSOT, the physical therapy college and professional association met with professional practice leaders, human resources

advisors at VCHA and other representatives to explore the issues of recruitment and licensure/registration for internationally educated occupational therapists and physical therapists. Discussion generated some strategies for the organization. Participation in such local activities is an important contribution the college can make to ensure access to OT services by helping to minimize barriers to employment for occupational therapists who meet entry-level qualifications or supporting re-entry to the profession.

U.S. certification board clarifies eligibility criteria

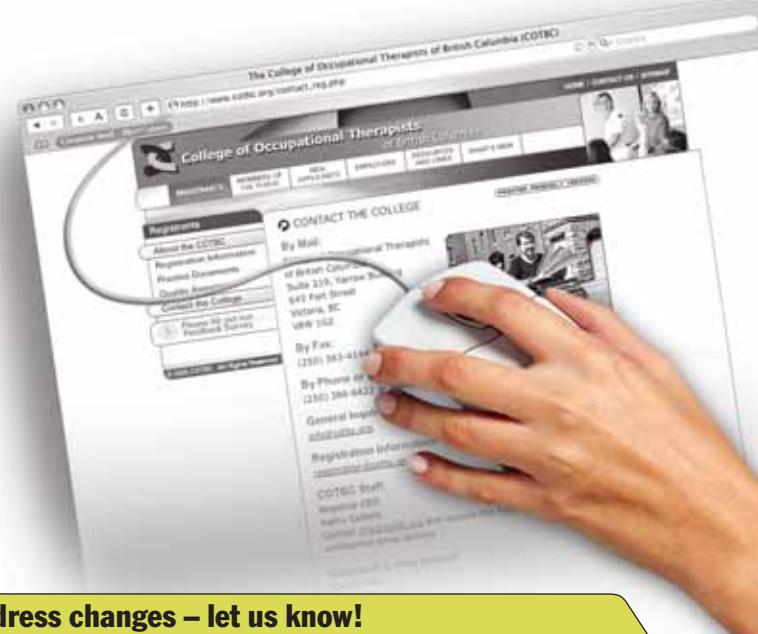
Occupational therapists wishing to work in the U.S. are required to meet the criteria established by the U.S. National Board for Certification in Occupational Therapy (NBCOT). As of January 1, 2007, the criteria will change to be consistent with the entry-level requirements for occupational therapists in the U.S. and the U.S. Department of Homeland Security for foreign-educated occupational therapists.

The entry-level requirement is now at the post-baccalaureate degree level so occupational therapists wishing to be eligible for registration to work as an OT in the U.S. must have either:

1. Graduated from an accredited occupational therapy educational program recognized by NBCOT at the post-baccalaureate degree level; or
2. Graduated from an accredited occupational therapy education program recognized by NBCOT and present evidence of educational preparation that is determined to be equivalent to American occupational therapy educational standards.

Other criteria include completing fieldwork requirements, abiding by the NBCOT Candidate/Certificant Code of Conduct, and submission and approval of a completed NBCOT examination application.

B.C. occupational therapists contemplating working in the U.S. are advised to contact the NBCOT. Further information will be available on their web-site at www.nbcot.org after September 1, 2006. ■



Address changes – let us know!

Keeping all your contact information up to date is a critical component of registration.

It is your responsibility to ensure your contact information is accurate and current. Up-to-date contact information ensures college mailings are received in a timely manner. Also, COTBC is required under the *Health Professions Act* to maintain a public register. Information on the status of your registration is accessible to the public by contacting the college. The *Act* mandates that the register include the registrant's name, business address and business telephone number.

The college provides members of the public with your registration status, business address and business telephone number when requests for information are received. If you are self-employed, be advised that business contact information (even if it is the same as your personal contact information) is disclosed on the public register.

To update your registrant file, please provide the information in writing via mail, fax or email message to registration@cotbc.org.

Cancellations of registration

Annual registration was completed by the end of July and the college would like to thank all registrants for facilitating a smooth registration process.

The college is legally required to maintain a current public register which provides for specific information about a registrant to be available to the public. This includes registration status,

registration number, name and business contact information. Each year, the college responds to an increasing number of requests from employers, clients and other organizations to verify a person is registered and is in good standing with the college. The public has the right to know that their occupational therapist is registered and legally able to provide occupational therapy services and use title. Public notification of cancellations of registration is provided as a public service.

Please contact the college to confirm a person has been reinstated and is a registrant in good standing with the college. Status may have changed following the date of this publication.

Failure to renew

In accordance with the HPA [s.21 (3)-b] the following individuals were cancelled from the register as of September 1, 2006 for non-payment of dues.

France Gervais
Amanda Ho
Erin Hornick
Natasha Kerr
Charla Kinasewich
Camille Lindstrom
Karim Merali
Cynthia Morin
Lori Sinclair
Tanya Stewart
Chung Wong

Cancelled in good standing (by request)

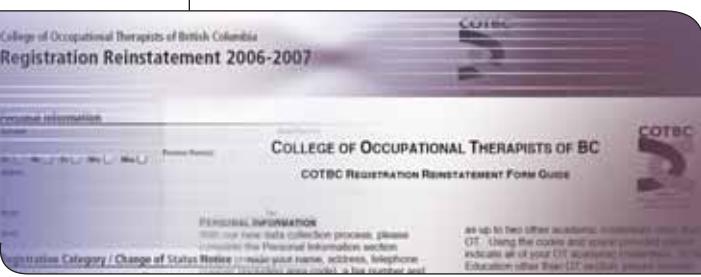
In accordance with the HPA [s. 21 (3)-a] the following individuals were cancelled as of September 1, 2006 by request of the registrant to be cancelled from the register:

Sara Blake
Melissa Bock
Marla Booth

Alison Bowden
Rosemary Buchanan
Lynne Burrows
Mia Chin
Ann Craig
Sylvie Dumouchel
Samara Francia
Juliette Freybe
Charlene Fung
Laura Garcelon
Sally Hacking
Rachel Hammett
Vanessa Hanberg
Linda Ho
Hannah Kovacs
Nancy Lewthwaite
Benjamin Low
Jennifer Lum
Sarah MacKenzie
Christina Maggiora
Pauline Mahoney
Dave Marmen
Kimberly Marshall
Jacqueline McGarry
Lauren McGregor
Erin Morrison
Robyn Nielsen
Jacklyn Pearce

Chikako Poffenberger
Meriel Randerson
Kimberley Rau
Tamara Rogers
Meghan Rozema
Juditka Scott
Lorraine Semenjuk
Corina Stainsby
Sandy Steinwender
Kathy Stephenson
Gunda Stewart
Kathleen Stewart
Dorothy Strachan
Nils Thompson
Kendra Thorne
Karen Towne
Cindy Ursulak
Carola Wiehr
Carol Wilcox
Lois Woo

All individuals named including non-practising must apply and have their registration reinstated by the college before resuming use of title *occupational therapist* and resuming practice.



Non-practising registrants

The following individuals currently hold non-practising status for 2005-2006:

Hans Adomeit
Charmain Aikema
Lesley Alguire
Susanne Andersen
Kelly Bethune
Holly Blackwell
Donna Bramston
Suzanne Bruton-Toombs
Heather Burgess
Patricia Bustamante
Keith Canlapan
Subodh Chandra
Teresa Colby
Vikki Davies
Linda Del Fabro Smith
Kelly Dumont
Peter Fumringer
Monica Gemmell

Ian Handy
Julia Henderson
Anne Hogya
Kimberly Hsu
Cathrine Husken
Marion Hutton
Mary Kalbun
Staci Kalmek
Maureen Karagianis
Cindy Kung
Farah Lalani
Gregg Landry
Tanya Lasell
Christine Lefaivre
Lisa Ludwig
Patricia MacLeod
Allison Malcolm
Misty McAlear-Judson
Martha McHardy
Marketa Mellows
Joanna Newton

Susan Pedersen
Anchala Prasad
Nicola Rademaker
Anne Reinders
Laurie Richardson
Alison Roberts
Nancy Robinson
Elizabeth Sherwood
Sharon Smith
Lisa Stewart
Joanna Thackwray
Caroline Tourigny
Dorothy Tupper
Jean Turner
Michaela Van Vugt
Uta Vaneijnsbergen
Maradith Veer
Pamela Walker
Rosalie Wang
Joyce Watts
Katalin Williams
Titia Woudstra

Smile for the college camera

In early July, occupational therapists volunteered their time to participate in photo shoots with their clients. These photos will be used in both registrant communications and general public information. Many thanks to the occupational therapists listed below.

From Vancouver Children's Hospital:

- Kim Durlacher
- Susan Garret
- Margot MacKay
- Meghan Steward

From Orion Health:

- Linda Waithman

We are building our photo bank. If you would like to participate in future photo shoots, please email Mary Clark: mclark@cotbc.org.



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2006 Board Members

Occupational therapists

Caroline Ehmann, *Chair*
Jeff Boniface
Jennifer Dickson, *Vice-chair*
Jan Gauthier
Angenita Gerbracht
Jillian Rihela

Public members

Lynda Casey
Duncan Little
Nancy Sheehan

Staff

Kathy Corbett
Registrar
Mary Clark
Director of Program Development and Communications
Jill Langridge
Executive Assistant
Darlene Hay
Receptionist and Office Assistant



college calendar

September 27, 2006, 4:00 p.m.

Nominations for COTBC Board due at COTBC office

November 3, 2006, 1:00 – 6:00 p.m.

COTBC Board Meeting
Richmond, B.C.

November 4, 2006

Annual General Meeting

9:00 – 10:00 a.m. Keynote Address
10:30 – 11:20 a.m. AGM
Best Western Vancouver Airport Hotel
Richmond, B.C.

November 25, 2006, 4:00 p.m.

Board Election Ballots due at COTBC office

January 27, 2007

COTBC Board Meeting

Vancouver, B.C.

February 15, 2007

Continuing Competency Declaration Forms due at COTBC office

Notice of COTBC Annual General Meeting

COTBC is pleased to provide notice, to both registrants and the general public, of the college's 6th Annual General Meeting. Our keynote speaker, Dr. Jan Storch RN, BScN, MHSA, PhD, a scholar in ethics will open the day. The annual general meeting will follow the keynote address. The agenda includes a report from the chair, statutory committee reports and the auditor's report. Registrants will receive the Annual Report in late September along with more information about the details of the day.

Ethics expert to open college AGM

Dr. Storch has been assisting the Quality Assurance Committee's Code of Ethics Review Panel. Her wise and insightful guidance is helping the panel to draft a code that is relevant and meaningful to everyday practice.



Dr. Storch, RN, BScN, MHSA, PhD is Professor Emeritus in the School of Nursing at the University of Victoria (UVIC). She is the former Chair of the UVIC's Human Research Ethics Committee and taught courses in nursing ethics for graduate students and in nursing management for post diploma students. She continues to be involved in research and numerous federal, provincial and local committees. Her research interests include nursing ethics, organizational ethics, health ethics (end of life care, new reproductive technology), research ethics, and health policy. She published a book on *Patients' Rights: Ethical and Legal Issues in Health Care and Nursing*, co-edited an anthology on *Perspectives of Canadian Health and Social Services Policy*, and is joint editor (with P. Rodney and R. Starzomski) of the book *Toward a Moral Horizon: Nursing Ethics for Leadership and Practice*. Jan was formerly Dean of Nursing at the University of Calgary. Prior to that she was Professor (then Director) of the Masters' in Health Services Administration Program at the University of Alberta in the Faculty of Medicine.

(adapted from the University of Victoria's School of Nursing website at:
<http://nursing.uvic.ca/people/storch.php>)

Please plan to attend this year's AGM and hear Dr. Storch's perspectives on maintaining ethics in today's health care environment.