

monitoring (SBGM) is not a controlled act and is within the dietetic scope of practice. There is no need to develop a medical directive.

As with any other activity, the dietitian must first ensure that they have the appropriate knowledge, skills and judgment to proceed. Additionally, it is important to verify that the

treatment plan includes the goal of self-management of insulin intake. This approach may not be appropriate for every client. All members of the health care team need to know who will be doing the teaching and that the client will be coached on how to adjust their insulin for diet and other factors.

Professional Practice Scenario

Soliciting Clients

Jill was a dietitian in private practice. When she decided to retire, she arranged for her colleague, Sharon, to assume her office location and custody of her client files. When Sharon assumed the practice, she decided to contact each one of the clients personally to let them know that she has taken over Jill's practice and to suggest that they consider making an appointment to see her. Are there any concerns with this plan?

This may be a fast way for Sharon to build a client base, but there are three issues to consider with this approach:

1. As the Health Information Custodian for her own practice, Jill had a responsibility to ensure that her clients were aware of what would happen to their health records and how they could access them after she retired. Jill's clients, then, should already be aware that Sharon has assumed Jill's office and taken custody of their health records. They should also know when this took place. **Unless Jill failed to fulfill her duty as a custodian, there should be no need for Sharon to contact Jill's clients to let them know that she has assumed custody of their client files.**
2. Consent, privacy of personal health information and transparency are the fundamental principles informing the collection and use of client information. When the clients received services from Jill, they may not have consented to "marketing" communications. The information was collected by Jill for reasons related to their care and for

usual dietetic client contact. **Unless clients expressly consented to receiving marketing communications, Sharon should only be contacting clients who are in the midst of a treatment program about coming in for treatment.**

3. The third issue is with Sharon asking clients personally to consider making an appointment. This amounts to personal solicitation of business. The College's proposed advertising regulation is clear that members may not, "contact or communicate with, or cause or allow any person to contact or communicate with potential patients, either in person or by telephone, in an attempt to solicit business" (www.cdo.on.ca > Resources > Regulations). Again, this is different from personal contact with a client in the midst of a treatment program.

We have all received a knock at the door or a telephone call from someone who is trying to sell a product or service. It is hard to say "No" to someone who is standing in front of you or speaking to you directly. **While the purpose of advertising is to disseminate information about the services that you provide, direct, personal contact is prohibited because there is a risk that a person may feel pressured to accept a service that they do not want or need.**

There are still many ways for Sharon to advertise her private practice, such as yellow pages ads, flyers, direct mail of an informational nature or website. As long as she avoids direct, personal contact with the clients, she can be creative.