

**Guidelines**



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# **Self-Employment for Nurses**

**Position Statement and Guidelines**

**May 2010**

Approved by the College and Association of Registered Nurses of Alberta (CARNA) Provincial Council, May 2010.

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## Table of Contents

<b>SELF-EMPLOYMENT FOR NURSES: POSITION STATEMENT .....</b>	<b>3</b>
<b>DEFINITION.....</b>	<b>3</b>
<b>LEGISLATIVE/REGULATORY ACCOUNTABILITY.....</b>	<b>4</b>
<b>ETHICAL ACCOUNTABILITY .....</b>	<b>5</b>
<b>RESPONSIBILITIES OF SELF-EMPLOYED REGISTERED NURSES.....</b>	<b>6</b>
<b>GUIDELINES FOR SELF-EMPLOYED NURSES .....</b>	<b>6</b>
<b>REGULATORY REQUIREMENTS.....</b>	<b>7</b>
Scope of Practice	7
Approval of Self-Employed Nursing Practice	8
<b>PROFESSIONAL ISSUES .....</b>	<b>9</b>
Implications of Dual Registration	9
Use of the Title 'RN' or 'NP'	9
Conflict of Interest	10
Quality Improvement and Risk Management	10
Managing Information	10
Informed Consent	11
Professional Support	12
<b>BUSINESS CONSIDERATIONS.....</b>	<b>12</b>
Professional and General Liability Issues	12
The Self-Employed Registered Nurse Employer	14
Types of Business Ownership	14
Advertising	14
<b>REFERENCES.....</b>	<b>15</b>
<b>APPENDIX A: GETTING STARTED.....</b>	<b>17</b>

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**APPENDIX B: SELECTED RESOURCES..... 19**

**APPENDIX C: CANADIAN NURSES PROTECTIVE SOCIETY ASSISTANCE..... 22**

## Self-Employment for Nurses: Position Statement

The College and Association of Registered Nurses of Alberta (CARNA) believes that self-employed registered nurses provide a health service that contributes to the health of Albertans. Individuals have the right to make decisions about their own health and to participate in decisions about their health care and choice of caregiver.

Changes to the health-care system and legislation have provided opportunity for expanding the boundaries of nursing practice and for creating new nursing roles. Registered nurses may establish self-employed nursing practice as a response to these developments.

CARNA is the legislated regulatory and professional body in which all registered nurses in the province are members, and therefore has the responsibility to:

- set and maintain professional standards of practice
- communicate those standards to the public and other stakeholders within the health-care system
- appraise the competence, continuing competence and professionalism of its members through registration, disciplinary processes and the continuing competence program

The CARNA document *Self-Employment for Nurses: Position Statement and Guidelines* supports nurses that are self-employed in meeting the standards for practice.

## Definition

Self-employed registered nurses, also referred to as nurses in independent or private practice, apply nursing knowledge, skill and judgment in the provision of health services to clients in a variety of settings in the areas of direct care, education, research, administration or consultation. Examples of roles in which self-employed nurses engage include that of direct care provider, client<sup>1</sup> advocate, educator, researcher, administrator and/or consultant. Clients may be individuals, families, groups, communities, educational institutions, corporations or other health-care agencies. Self-employed registered nurses

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<sup>1</sup> The term 'client' can refer to patients, residents, families, groups, communities and populations.

may provide health services independently, in partnership with other practitioners or employ others to do so.

## Legislative/Regulatory Accountability

The self-employed registered nurse must comply with the *Health Professions Act* (HPA) (2000), the *Nursing Practice Standards* (CARNA, 2005c), the Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* (2008) and CARNA policy and position statements. The nurse must also be knowledgeable and in compliance with other relevant health-care, privacy and business legislation.

The self-employed registered nurse must have appropriate educational preparation, significant and current nursing experience as well as a referral network appropriate to their nursing practice to provide nursing services safely and competently.

CARNA does not recommend self-employed practice by new graduates or graduates with limited or no recent nursing practice experience.

The self-employed registered nurse:

- has responsibility for the financial management of their practice and may be paid by public or private funding sources
- defines and is responsible and accountable for the professional services provided and for maintaining a therapeutic nurse-client relationship
- is directly accountable to the client to whom professional services are provided and to the registered nurses profession for ensuring that their practice and conduct meet the standards established by the College and Association of Registered Nurses of Alberta

The self-employed registered nurse is expected to:

- practise only within their area of competence
- utilize available educational resources to attain and maintain competence
- have the theoretical knowledge, skill and experience to safely and competently provide professional services appropriate to their practice (CARNA, 2005c)

The use of the protected titles of registered nurse or 'RN' and nurse practitioner or 'NP' is authorized in the *Registered Nurses Profession Regulation* (2005). Registered nurses and nurse practitioners may use the title 'RN' or 'NP' with the promotion of their

approved nursing practice. Using the title 'RN' or 'NP' in marketing approved professional services helps the consumer make an informed decision when choosing a health service provider.

Registered nurses cannot use the title 'RN' or 'NP' in association with the endorsement or promotion of products or services. Endorsement of a product or service occurs when a nurse uses their credentials to lend credibility to a commercial product or service (CNO, 2009). The endorsement of a product or service without providing information about other options could mislead the public and may be considered a conflict of interest.

When a client is making decisions regarding particular products or services, the self-employed nurse must provide information on a range of options to support the client in making informed choices. The client should be informed of the potential benefits and risks, intended effects and possible adverse effects of the products and available options.

## Ethical Accountability

Self-employed registered nurses must comply with the CNA *Code of Ethics for Registered Nurses*. Registered nurses will not exploit any relationship they have established as nurses to further their own physical, emotional, financial, political or business interests at the expense of the best interest of clients. Self-employed registered nurses must not use coercion or take advantage of trust or dependency to initiate or continue treatment of a client where it is ineffective, unnecessary or no longer indicated; breach an agreement with a client regarding the use of resources for provision of services; or prejudice others against a colleague for reasons of personal gain. The CARNA document *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship* (2005d) outlines expectations for appropriate professional relationships with clients. In addition, information, resources and approaches which may assist self-employed registered nurses to determine and achieve ethical nursing practice within their own practice settings are described in the CARNA document *Ethical Decision-Making for Registered Nurses in Alberta: Guidelines and Recommendations* (2010).

## Responsibilities of Self-Employed Registered Nurses

The self-employed registered nurse must:

- hold an active practice permit with CARNA
- practise within the boundaries established by legislative, regulatory, business, ethical and professional standards
- have a written description of their nursing practice which is congruent with the nurse's knowledge, skills and experience
- have written policy statements appropriate for their practice
- maintain competence to practise through participation in ongoing continuing education/professional development and utilize a process to systematically evaluate their practice

Because a self-employed registered nurse owns a business does not mean that the business is necessarily a nursing practice. Regulatory processes require the registered nurse who wishes to engage in self-employed nursing practice to provide documentation about their practice to the Registration Committee to confirm it falls within the scope of registered nursing practice for the purposes of designating oneself as a 'RN' or registered nurse or as a 'NP' or nurse practitioner while engaging in the practice and reporting practice hours to meet the minimum hour requirement to obtain renewal of a RN or NP practice permit. The practice statement in Schedule 24 of the HPA and the CARNA document *Scope of Practice for Registered Nurses (2005e)* describe the scope of practice of registered nurses.

## Guidelines for Self-Employed Nurses

These guidelines are specific to the regulatory requirements, professional issues and business considerations for registered nurses in self-employed nursing practices.

## Regulatory Requirements

### Scope of Practice

Registered nurses are legally permitted to offer any health service that falls within the practice of nursing. Schedule 24 of the *Health Professions Act* (HPA) (2000) provides the following practice statement for the profession of registered nurses:

- 3 In their practice, registered nurses do one or more of the following:
  - (a) based on an ethic of caring and the goals and circumstances of those receiving nursing services, registered nurses apply nursing knowledge, skill and judgment to
    - (i) assist individuals, families, groups and communities to achieve their optimal physical, emotional, mental and spiritual health and well-being,
    - (ii) assess, diagnose and provide treatment and interventions and make referrals,
    - (iii) prevent or treat injury and illness,
    - (iv) teach, counsel and advocate to enhance health and well-being,
    - (v) coordinate, supervise, monitor and evaluate the provision of health services,
    - (vi) teach nursing theory and practice,
    - (vii) manage, administer and allocate resources related to health services, and
    - (viii) engage in research related to health and the practice of nursing,
  - and
  - (b) provide restricted activities authorized by the regulations.

This legislated practice statement encompasses all the activities in which registered nurses engage, although each individual registered nurse provides services based on the needs of the clients in the setting and within the scope of that individual nurse's knowledge, skills and judgment. Registered nursing activities are performed through the continuous, ongoing application of the nursing process: assessment, diagnosis and planning, implementation and evaluation.

Self-employed registered nurses are proprietors of businesses offering nursing services to clients in a variety of practice settings in the areas of direct care, education, research, administration or consultation. See **Appendix A** for more information on issues to explore when considering self-employed nursing practice.

All registered nurses must maintain their knowledge and skills to engage in safe, competent and ethical nursing practice. Registered nurses value professional development activities and participate in continuing education to support their practice.

Maintaining quality is the responsibility of the self-employed registered nurse, and a reflective practice approach enables the nurse to systematically review their nursing practice to determine learning needs and incorporate learning to improve nursing practice and meet legislative requirements.

## Approval of Self-Employed Nursing Practice

Regulatory processes to determine if a self-employed practice is a nursing practice and to recognize registered nurses in self-employed practice require that the nurse provides documentation about their practice to the Registration Committee. This documentation will be reviewed to confirm that the practice falls within the scope of nursing practice. Contact the CARNA Registration department for information about the application requirements.

Nurses in self-employed practice who are direct care providers and who wish to use complementary and/or alternative health-care therapies as an adjunct to their nursing practice must submit documentation about their nursing practice to the Registration Committee for approval. In addition, the CARNA document *Alternative and/or Complementary Therapy in Nursing Practice: Standards for Registered Nurses (2005a)* outlines CARNA's expectations for all registered nurses in making decisions about providing complementary and/or alternative health-care therapies. Complementary and alternative health-care therapies by themselves do not constitute nursing practice.

Nurses in self-employed practice will be authorized to perform a restricted activity provided:

- the restricted activity is appropriate for the practice setting
- the registered nurse is competent to perform the restricted activity and has the necessary education to perform the restricted activity in a safe, competent manner

- the Registration Committee has approved the self-employed practice of the registered nurse member, including the restricted activities to be performed. Self-employed practice is to be reviewed every two years by CARNA. (CARNA, 2005b)

If a service provided by a self-employed registered nurse is not approved by CARNA as nursing practice, the practice hours related to providing that particular service cannot be applied toward annual renewal of the self-employed nurse's practice permit and the nurse cannot use the title of RN or NP in association with the provision of that particular service.

## Professional Issues

### Implications of Dual Registration

Self-employed nurses in direct care provider roles may be qualified and eligible to practise in more than one profession and can choose to be registered in both. Registered nurses who hold registration in other health disciplines need to clearly define the scope of practice resting within each discipline in which they intend to practise. These registered nurses remain accountable to CARNA for their nursing practice.

### Use of the Title 'RN' or 'NP'

A self-employed nurse may only use the title 'Registered Nurse' (RN) or 'Nurse Practitioner' (NP) when engaging in the practice of nursing as outlined in the *Health Professions Act*.

The title 'RN' or 'NP' can be used in marketing activities for approved professional nursing services since it helps the consumer to make an informed decision when choosing a health service provider.

Self-employed nurses must also demonstrate ethical decision-making in the advertisement of their services. The *Canadian Code of Advertising Standards* is designed to help set and maintain standards of honesty, truth, accuracy, fairness and propriety in advertising.

## Conflict of Interest

A registered nurse who engages in self-employed practice on a part-time basis while working as a part-time employee in a health-care organization needs to consider the ethical implications of engaging in both of these roles. The nurse needs to inform the employer about their independent or private practice. When providing direct care as an employee of a health-care organization, if appropriate to discuss outside resources, **all** resources available may include the nurse's private practice if doing so does not violate the employer's conflict of interest policies. For example, a registered nurse who works on an obstetrical unit may have a private practice as a lactation consultant. When informing clients of resources in the community for support of breast-feeding, the nurse needs to inform clients that they can obtain support and information through a self-employed practice such as her own, through the lactation consultant at the public health unit or through other resources that may be available in her particular community.

## Quality Improvement and Risk Management

Some quality improvement and risk management strategies for maintaining quality of practice include:

- development and adherence to policies and procedures related to the business
- development, regular review and revision of policies and procedures related to the nursing practice
- measurement of client care outcomes
- regular feedback from customers and clients
- consultation with peers and role models
- a comprehensive information management system
- knowledge of and adherence to laws related to the business

The self-employed registered nurse must be committed to on-going evaluation to ensure the provision of safe and effective nursing services.

## Managing Information

Information management must be based on the following principles:

- confidentiality of client information
- accurate record of services provided

- expected and actual outcomes of nursing service
- documentation of client consent and/or agreed upon business contract
- appropriate storage, retention and authorized release of client information

The onus is on the self-employed nurse to become familiar with issues surrounding ownership and access to client records, and requirements arising through provincial and federal information management and privacy legislation. Information related to information management and privacy legislation is available in **Appendix B: Selected Resources**.

All confidential health records must be stored and physically secure 24 hours a day. The length of time records must be retained is dependent on the nature of the business and Alberta legislation.

Self-employed registered nurses must develop appropriate policies and procedures for **all** aspects of information gathering, storage, destruction and access. The Canadian Health Information Management Association (CHIMA) has position statements and guidelines useful for establishing policies and procedures on the handling of confidential client information. These documents are listed in **Appendix B: Selected Resources** and are available via the CARNA Library or by contacting CHIMA (toll free) at 1.877.332.4462.

Documentation is an integral part of registered nurse practice. The principles of quality documentation apply in any setting and to all nurses including self-employed nurses. The CARNA document *Documentation Guidelines for Registered Nurses* (2006) provides guidance to nurses for producing clear, accurate and comprehensive accounts of client services in any setting.

Self-employed registered nurses must maintain accurate and complete client and financial records.

Consultation with a lawyer and accountant for professional advice relating to retention of business records is recommended.

## Informed Consent

Consent for release of information should be signed by the client and a record kept of where any client information is sent. In the absence of consent, a court order or subpoena is required for the release of confidential information.

The Canadian Nurses Protective Society (CNPS) *InfoLAW*® Bulletins entitled: *Consent to Treatment: The Role of the Nurse* (1994) and *Consent for the Incapable Adult* (2009) are useful resources that provide more detailed information relating to the issue of consent.

## Professional Support

Self-employed registered nurses must develop support structures that allow discussion of personal and professional challenges and promote the sharing of information, experiences and ideas. Some examples include nursing interest groups and similar professional organizations.

## Business Considerations

### Professional and General Liability Issues

Self-employed registered nurses should have appropriate liability coverage and are responsible for investigating the level of liability risk associated with their nursing practice. This includes professional liability and general liability for self-employed registered nurses and their employees.

Nurses engaged in a self-employed practice while working as an employee elsewhere should be aware that employers' insurance will only cover employment activities within **that** particular employment contract. Nurses practising in these circumstances should ensure that they have appropriate insurance coverage for the **self-employed** portion of their practice.

### Canadian Nurses Protective Society (CNPS)

Self-employed nurses who are members in good standing of CARNA or another professional association or college that is a member of CNPS, are eligible for professional liability protection and services through CNPS. One of the eligibility criteria for CNPS protection is that the occurrence relates to the provision of professional nursing services. Consequently, it is important to **be clear that the service provided is a nursing service**. Some nurses are registered in more than one discipline (e.g. midwifery, acupuncture) and must clarify the impact of the dual registration on liability protection. Contact CNPS at 1-800-267-3390 to discuss liability issues and refer to their *InfoLAW*® publication entitled *Independent Practice* (2004). This *InfoLAW*® publication is available online at [www.cnps.ca](http://www.cnps.ca) in the *Members Only* section.

CNPS liability protection extends only to the eligible nurse as an individual providing professional nursing services. CNPS liability protection **does not** extend to such legal entities as an incorporated company or partnership, nor to the nurse as an owner, operator, officer, director or shareholder of a company. If a self-employed nurse employs others, appropriate liability insurance is needed to cover the nurse's potential liability exposure for negligent acts of employees acting within the scope of their employment (see **Appendix C** for further details about CNPS assistance). Refer to the CNPS *InfoLAW*® entitled *Vicarious Liability* (1998) (available at [www.cnps.ca](http://www.cnps.ca) in the *Members Only* section) for further information.

### Additional Liability Protection

CNPS professional liability protection is limited to \$1M per occurrence up to a maximum of \$3M per year for an RN and \$5M per occurrence and an annual maximum of \$5M for an NP. Self-employed nurses should evaluate the risks in their practice and consider whether additional liability protection is needed. Self-employed nurses should discuss these issues with a CNPS Professional Liability Officer and their own business lawyer.

If additional liability protection is needed, the self-employed nurse may purchase that coverage through an insurance broker. CNPS has sponsored a national group insurance program called *CNPS Plus*® to meet the additional insurance needs of self-employed RNs and NPs. The coverage available through this insurance program includes: professional liability, general liability, professional disciplinary defence, office contents, legal entity, and Directors' and Officers' liability. Contact *CNPS Plus*® at 1-800-267-9364 for additional information; the *CNPS Plus*® brochure is available on the CNPS web-site ([www.cnps.ca](http://www.cnps.ca)).

### General Liability Insurance

Self-employed registered nurses should carry appropriate business insurance. The type and amount of business insurance needed will vary according to the:

- type of service offered
- type of business structure (e.g. incorporated companies or partnerships require business insurance)
- location of business and service
- number of employees
- amount of risk involved

Business insurance is also recommended to cover potential claims from a client who is injured while on the owner's premises. Premise insurance covers the destruction of property or personal injury.

### **Workers Compensation Board of Alberta**

Self employed nurses should contact the Workers Compensation Board to inquire whether its services apply to their practice.

## **The Self-Employed Registered Nurse Employer**

Self-employed nurses who hire employees must adhere to the Alberta Labour Code and develop policies, procedures and standards for human resource management, handling of client concerns, supervision of staff, and quality of care. Professional and general liability insurance is recommended.

## **Types of Business Ownership**

The self-employed registered nurse should investigate and determine with their own legal counsel the advantages and disadvantages of various types of business formations. The three most common types of business ownership are sole proprietorships, partnerships and corporations. In Alberta, a registered nurse is **not** eligible to establish a professional corporation. Each nurse must decide which form of ownership best suits the nursing practice and the new business.

## **Advertising**

Self-employed registered nurses must comply with the *Canadian Code of Advertising Standards* when promoting professional nursing services and/or use of goods. The *Canadian Code of Advertising Standards* is designed to help set and maintain standards of honesty, truth, accuracy, fairness and propriety in advertising.

Advertising regarding personal competencies, services provided and results of these services must be accurate and not false, fraudulent, deceptive or misleading. Promotional materials and strategies must address the practice of nursing.

## References

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- College and Association of Registered Nurses of Alberta. (2005b). *Health professions act: Standards for the performance of restricted activities*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2005c). *Nursing practice standards*. Edmonton, AB: Author.
- College and Association of Registered Nurses of Alberta. (2005d). *Professional boundaries for registered nurses: Guidelines for the nurse-client relationship*. Edmonton, AB: Author.
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- College of Nurses of Ontario. (2009). *Practice guideline – Independent practice*. Toronto, ON: Author.

*Health Professions Act, R.S.A. 2000, c. H-7.*

## Appendix A: Getting Started

Deciding to start a self-employed nursing practice is an important decision. Invest your time wisely in research and planning before starting to ensure success. When considering self-employment:

1. Contact CARNA first to obtain documents related to the application for self-employed nursing practice and other relevant CARNA position statements.
2. Review the CARNA documents which outline the process for having your practice approved by the Registration Committee.
3. Analyze your own resources prior to making a business commitment. Decide how much time, energy and money you are willing to invest in your practice. Working part-time and initiating your self-employed practice on a part-time basis may provide you with a steady income and benefits if these are required. This may also limit your initial risk and liability.
4. Talk about your proposed business with prospective clients and referral sources. Ask candid questions. Is the service needed? Will clients pay? What are my strengths? Weaknesses? Opportunities? Threats?
5. Learn basic business skills such as basic bookkeeping, credit arranging and lease/contract analysis, which are useful and can save money. Many local continuing education programs offer courses for new business owners.
6. Keep all invoices, receipts and bills, car expenses and costs incurred in the research and development phase. These are the basis for your business audits and income tax reports.
7. Develop a referral network. Word of mouth advertising is only one source of clients. You will have to develop and maintain contacts within the health-care community.
8. Contact the Alberta Association of Registered Nurses in Private Practice (AARNIPP), a CARNA specialty practice group, and an important networking and support group. You may also find it helpful to network with members of other professions offering parallel services.
9. Contact your municipal government to determine if a business license is required.
10. Contact the Canadian Nurses Protective Society to discuss issues related to independent practice, professional liability, and CNPS protection and services.

11. Investigate and determine with your own legal counsel the advantage and disadvantages of various types of business structures and your liability protection needs.
12. Consult with an accountant about the tax implications of the various business structures and other tax related issues.
13. Consult with an insurance specialist about your additional insurance needs.

## Appendix B: Selected Resources

### Websites

Alberta Health and Wellness. <http://www.health.gov.ab.ca/>

Alberta Women Entrepreneurs. <https://www.awebusiness.com/pages/home/default.aspx>

Canada Business Network Services for Entrepreneurs. <http://www.canadabusiness.ca>

Canada Revenue Agency <http://www.cra-arc.gc.ca/>

Canadian Health Information Management Association. <https://www.echima.ca/>

Industry Canada. <http://www.ic.gc.ca>

Office of the Information and Privacy Commissioner of Alberta. <http://www.oipc.ab.ca>

Office of the Privacy Commissioner of Canada. <http://www.privcom.gc.ca>

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Canadian Health Information Management Association. (2007). *Access and disclosure of personal and health information: Position statement*. London, ON: Author.

Canadian Health Information Management Association. (2007). *Data quality: Position statement*. London, ON: Author.

Canadian Health Information Management Association. (2007). *The guide to managing health records in community care agencies*. London, ON: Author.

Canadian Health Information Management Association. (2007). *Record completion: Position statement*. London, ON: Author.

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- Canadian Nurses Protective Society. (2007). *Malpractice lawsuits*. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2007). *Quality documentation: Your best defence*. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2007). *Medication errors*. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2008). *Confidentiality of health information*. Ottawa, ON: Author.
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- Canadian Nurses Protective Society. (2008). *CNPS Plus*. [Brochure]. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2009). *Privacy and electronic medical records*. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2009). *Telephone advice*. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2008). *Liability protection for nurses by nurses*. [Brochure]. Ottawa, ON: Author.
- Nurses Association of New Brunswick. (2008). *Minding your business: A guide for establishing an independent nursing practice*. Fredericton, NB: Author.

**The following resources may be helpful to answer questions related to self-employed nursing practice:**

CARNA – Deputy Registrar – Special Registers

CARNA -Policy and Practice Consultants

CARNA – Library Services

Canadian Nurses Protective Society (CNPS)

The Alberta Association of Registered Nurses in Private Practice (AARNIPP)

Banker

Lawyer

Accountant

Insurance Broker

Local Colleges/Continuing Education Providers for Business Related Courses

## Appendix C: Canadian Nurses Protective Society Assistance

Types	Eligibility	Examples
<p><b>Civil Claims</b></p> <p>If a nurse is served with a Statement of Claim, the nurse should immediately contact CNPS for assistance which may include payment of reasonable legal defence costs, court costs and damages awarded or settlement of the action.</p> <p>The amount of funding is limited to \$1M per occurrence to an annual maximum of \$3M, for an RN, and \$5M per occurrence and an annual maximum of \$5M for an NP.</p>	<ul style="list-style-type: none"> <li>■ the nurse must be named personally in the Statement of Claim and not as a corporation or as the owner, operator, director or shareholder of a corporation</li> <li>■ the claim must relate to the provision of professional nursing services</li> <li>■ the nurse named in the lawsuit must be the individual who provided the professional nursing service</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which has given rise to the lawsuit</li> <li>■ the nurse has no other source of professional liability protection</li> </ul>	<p>The nurse gives an IM injection to a patient. The patient sues the nurse alleging he sustained sciatic nerve damage as a result of the injection.</p> <p>If CNPS eligibility criteria are met, CNPS may cover the legal fees, court costs and damages awarded by the court.</p>

Types	Eligibility	Example
<p><b>Corporate Lawsuits</b></p> <p>An incorporated business</p>	<ul style="list-style-type: none"> <li>■ the nurse must be named personally in the Statement of Claim, and</li> </ul>	<p><i>Jane Doe</i> RN is sued as an individual as well as <i>Doe</i></p>

<p>can be sued as if it is an individual. If both the nurse and the corporation are named as parties in the lawsuit, the nurse would not be eligible for CNPS financial assistance if the nurse’s only connection to the incident is as the owner, operator, director or shareholder of the corporation. If the nurse provided professional nursing services, the corporation may be held vicariously liable for the nurse’s negligence. A nurse faced with this situation should contact CNPS to determine eligibility.</p>	<p>not only as a corporation or as the owner, operator, shareholder or director of a corporation</p> <ul style="list-style-type: none"> <li>■ the claim must relate to the provision of professional nursing services and the nurse named in the lawsuit must be the individual who provided the professional nursing service</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which has given rise to the lawsuit</li> <li>■ the nurse has no other source of professional liability protection</li> </ul>	<p><i>Health Care Inc.</i></p> <p>If CNPS eligibility criteria are met, CNPS may pay expenses for <i>Jane Doe</i> (refer to Civil Claims section). If <i>Jane Doe</i> is an employee of the corporation, the corporation’s insurer should cover her. <i>Doe Health Care Inc.</i> will require independent legal representation and insurance coverage, for the incorporated company and its employees, to cover direct liability and vicarious liability claims. This type of insurance is available through the CNPS Plus insurance program (1-800-267-9364).</p>
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Types	Eligibility	Example
<p><b>Criminal Investigations</b></p> <p>When a nurse’s professional conduct is being investigated by the police, the nurse should immediately contact CNPS for assistance before providing any information about the incident to the police. CNPS financial assistance may be available for consultation</p>	<ul style="list-style-type: none"> <li>■ no criminal charges have been laid</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which has given rise to the police investigation</li> </ul>	<p>A patient alleges he has been sexually assaulted by a nurse; the police are requesting a statement from the nurse.</p> <p>If CNPS eligibility criteria are met, the nurse may apply to CNPS for financial assistance to cover the costs of consultation with a criminal defence lawyer</p>

<p>with a criminal defence lawyer prior to charges being laid.</p> <p>The amount of funding is limited to a maximum of \$2,000 per occurrence and an annual maximum of \$5,000 for a nurse with a direct interest in the investigation. Funding for a nurse with an indirect interest is limited to \$500 per occurrence and an annual maximum of \$1,000.</p>	<ul style="list-style-type: none"> <li>■ the conduct being investigated must relate to the provision of professional nursing services</li> <li>■ the nurse has no other insurance coverage or employer assistance</li> </ul>	<p>prior to charges being laid.</p>
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Types	Eligibility	Example
<p><b>Criminal Offences</b></p> <p>CNPS offers financial assistance on a reimbursement basis for the defence of <i>Criminal Code</i> offences, where the nurse has been acquitted of the charges, found not guilty or the charges are withdrawn.</p> <p>The limit of financial assistance is \$1M per occurrence and an annual maximum of \$3M for an RN and \$5M per occurrence and an annual maximum of \$5M for an NP.</p>	<ul style="list-style-type: none"> <li>■ the charge is against the nurse as an individual not the nurse’s incorporated company</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which gave rise to the charge</li> <li>■ the incident giving rise to the charge relates to the provision of professional nursing services</li> <li>■ the nurse has no other insurance coverage or employer assistance</li> </ul>	<p>A nurse is charged with theft of narcotics.</p> <p>If the charges against the nurse are withdrawn, the nurse may apply to CNPS for reimbursement of reasonable legal defence costs.</p> <p>If the nurse is convicted of the offence, CNPS will not reimburse the legal defence costs.</p> <p>If the nurse is found not guilty at trial or on appeal and all appeal periods have passed, the nurse may apply to CNPS for reimbursement of reasonable legal defence costs.</p>

Types	Eligibility	Example
<p><b>Statutory Breaches</b></p> <p>If a nurse is charged with a breach of a federal/territorial or provincial statute, other than a statute governing professional discipline of nurses, the nurse should immediately contact CNPS for assistance which may include payment of legal defence costs and fines. The limit of financial assistance is \$1M per occurrence and an annual maximum of \$3M for an RN and \$5M per occurrence and an annual maximum of \$5M for an NP.</p>	<ul style="list-style-type: none"> <li>■ the charge is against the nurse as an individual not against the nurse’s incorporated company</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which gave rise to the charge</li> <li>■ the incident giving rise to the charge relates to the provision of professional nursing services</li> <li>■ there is no other insurance coverage or employer assistance</li> </ul>	<p>A complaint of discrimination against a patient is lodged against a nurse under the <i>Alberta Human Rights Act</i> and the nurse has been charged with discrimination.</p> <p>If CNPS eligibility criteria are met, the nurse may apply to CNPS for financial assistance to cover the legal defence costs and, if convicted, fines that the nurse may be legally obligated to pay.</p>

Types	Eligibility	Example
<p><b>Witness Appearances</b></p> <p>A nurse may be served with a subpoena, appearance notice or summons compelling the nurse to appear as a witness at such legal proceedings as a trial, judicial inquiry or hearing by a statutory tribunal.</p> <p>If a nurse is compelled to appear as a witness, the nurse should immediately contact CNPS for</p>	<ul style="list-style-type: none"> <li>■ the nurse must be legally compelled to appear (i.e. served with a subpoena, appearance notice or summons)</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which gave rise to the proceeding</li> </ul>	<p>A nurse receives a subpoena to appear as a witness at a hearing before a human rights tribunal. The hearing relates to the alleged discrimination of a patient by a physician at a summer camp where the nurse was providing nursing services. The nurse was also involved with the patient’s care and is concerned that her evidence may incriminate</p>

<p>assistance which may include payment of legal fees to consult with a lawyer.</p> <p>The assistance does not extend to professional discipline or labour relations proceedings. The limit of financial assistance is \$2,000 per proceeding where the nurse has a direct interest in the proceeding and an annual maximum of \$4,000. The amount for a nurse without a direct interest in the proceeding is \$500 per proceeding and an annual maximum of \$1,000.</p>	<ul style="list-style-type: none"> <li>■ the matter in question must relate to the provision of health care services</li> <li>■ there is no other liability protection available</li> </ul>	<p>her.</p> <p>If CNPS eligibility criteria are met, the nurse may apply to CNPS for financial assistance to cover the costs of consultation with a lawyer.</p>
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Types	Eligibility	Example
<p><b>Alberta Medical Examiners' Investigations</b></p> <p>Prior to a Fatality Inquiry or Inquest and prior to being subpoenaed as a witness, a nurse may be contacted by an agent of the Alberta Medical Examiner's Office seeking information related to the health care of a deceased patient. The nurse should immediately contact CNPS for assistance.</p> <p>CNPS financial assistance may be available for consultation with a lawyer.</p>	<ul style="list-style-type: none"> <li>■ the investigation must relate to the provision of health care services</li> <li>■ the nurse must have a direct or indirect interest in the investigation</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time of the incident which gave rise to the proceeding</li> <li>■ there is no other liability protection available</li> </ul>	<p>An Enterostomal Nurse provided wound care services to a 24 year-old quadriplegic patient in a rehabilitation facility. The patient developed septicaemia and died. An agent from the Alberta Medical Examiner's Office has requested to meet with the nurse to discuss her involvement with this patient's care. The nurse is concerned that the quality of her nursing care will be questioned.</p> <p>If CNPS eligibility criteria</p>

<p>The limit of financial assistance is \$2,000 per investigation where the nurse has a direct interest in the investigation and an annual maximum of \$5,000. The amount for a nurse without a direct interest in the proceeding is \$500 per proceeding and an annual maximum of \$1,000.</p>		<p>are met, the nurse may apply to CNPS for financial assistance to cover the costs of consultation with a lawyer.</p>
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Types	Eligibility	Example
<p><b>Application for Production of Client Records in a Sexual Assault Trial</b></p> <p>In the course of a criminal trial for alleged sexual assault, the accused's lawyer may bring an application for production and disclosure of the alleged victim's health records, which are in the nurse's custody.</p> <p>Due to the nurse's legal and ethical obligations to maintain the confidentiality of the client's health information, in this situation, the nurse cannot produce or disclose the records without the client's consent or a court order directing the nurse to do so. A nurse who receives notice of this type of proceeding should</p>	<ul style="list-style-type: none"> <li>■ the application must relate to the production of health care records in the custody of the nurse</li> <li>■ a nurse-client relationship must exist or have existed between the nurse and the person who is the subject of the health records</li> <li>■ the client does not consent to the production or disclosure of the health records</li> <li>■ the nurse must be a member of CARNA (or another professional association or college that is a member of CNPS) at the time notice of the application is received</li> <li>■ there is no other professional liability</li> </ul>	<p>A self-employed nurse provides counselling services to a client who has been sexually assaulted. Criminal charges have been laid against the alleged assailant. The accused's (the alleged assailant) lawyer has brought an application for production and disclosure of the alleged victim's health records in the nurse's possession. The client does not consent to the production or disclosure of the health records.</p> <p>If CNPS eligibility criteria are met, the nurse may apply to CNPS for financial assistance to cover the legal costs to oppose this application.</p>

immediately contact CNPS for assistance to oppose the application.	protection available	
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Feedback received from Pat McLean, CEO of CNPS, April 2010