



I, Dr. _____, am requesting permission to register for Telehealth to provide temporary Telehealth consultations to patients.

I agree to comply with the framework approved by Council for the practise of temporary Telehealth commencing on March 23, 2020, until the termination date set by Council or upon notice from the ACAC. I also agree to adapt my practise as directed by Council, should they provide notice of a required adaptation.

I have read the temporary Telehealth permission in its entirety and understand all the guidelines contained in the following sections for temporary Telehealth consultations:

- temporary telehealth requirements
- patient eligibility
- informed consent for temporary Telehealth
- privacy
- documentation
- fees and billings
- compliance

I understand that by providing Telehealth services, I am only able to provide services granted in the temporary Telehealth permission as approved by Council. I acknowledge that failure to comply with the regulations that govern chiropractic practice are subject to the complaints process per the *Health Professions Act*.

The Canadian Chiropractic Protective Association (CCPA) has confirmed that they will extend Professional Liability Protection (PLP) to CCPA members who are entitled to practise temporary Telehealth and comply with the ACAC guidelines. If you use another provider for PLP, you will need to provide written permission to the ACAC from your provider that they will extend PLP to practise temporary Telehealth when you submit this request.

I will commence offering temporary Telehealth consultations only when I have received acknowledgment that I am entitled to practise Telehealth from the ACAC.

Signature

Date

Name

ACAC Practice Permit Number

Please email applications to the Registrar, Dr. Todd Halowski, at thalowski@albertachiro.com.