

SP-C002
Standard of Practice: Informed Consent
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Approved Date: effective May 27, 2026
Informed Consent Standard
Amended: n/a
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Next Review Date: 2029
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This standard continues the former regulatory standard and replaces the previous NSCC Informed Consent Standard (2026) upon migration to the Regulated Health Professions Act.

Note to Readers: *In the event of any inconsistency between this document and the legislation that governs chiropractic and naturopathic practice in Nova Scotia, the legislation prevails.*

1. INTRODUCTION

The Nova Scotia Chiropractic and Naturopathic Regulator (**NSCNR**) is the regulatory authority for the practice of chiropractic and naturopathy in the Province of Nova Scotia. The NSCNR serves and protects the public interest to advance ethical and competent chiropractic and naturopathic care in Nova Scotia.

2. APPLICATION AND ADMINISTRATION

This Standard of Practice shall apply to all chiropractors and naturopathic doctors registered and licensed with the NSCNR (the “**Registrant**” or collectively the “**Registrants**”).

The administration and application of this Standard of Practice shall be the responsibility of the Registrar. Should the Registrar become aware of any alleged breach or noncompliance with this Standard of Practice, it may take any action it considers appropriate, including but not limited to:

- a. contacting a Registrant to request the immediate remedy of any suspected breach or non-compliance; and
- b. filing a formal complaint under the *Regulated Health Professions Act* regarding the suspected breach or non-compliance.

3. OBJECTIVES

The objectives of this Standard of Practice are to uphold public interest and safety by:

- a. ensuring the requirement of informed consent of patients to participate in chiropractic or naturopathic examination, diagnostic procedure or treatment; and
- b. ensuring proper documentation of informed consent to participate in examinations, diagnostic procedure or treatment by a patient of all Registrants.

4. DEFINITIONS

For the purposes of this standard, the following words have the following meanings:

Informed consent is defined as having the following criteria:

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- the decision-maker has the legal authority to make the decision (when the patient has capacity, the decision-maker is the patient; when the patient lacks capacity, it is the patient's substitute decision-maker);
- the decision-maker demonstrates relevant decision-making capacity (ability to understand and appreciate relevant information and the expected consequences of the decision),
- the decision-maker is acting voluntarily;
- the decision-maker has been adequately informed of all material and relevant information by the healthcare team; and
- the consent is specific to the particular treatment/care and the context.

Decision-making capacity is an ability to understand and appreciate the consequences of one's decision and the information relevant to making a decision. It is decision and domain specific, so a person might have capacity for some but not all decisions.

“mature minor” means that the patient is under the age of majority (19 years of age) but has been assessed as having capacity to make their own health care decisions.

“substitute decision-maker” or SDM is a person with the authority to consent on behalf of a patient who does not possess decision-making capacity.

5. STANDARDS OF PRACTICE

- Registrants will obtain from every patient or substitute decision-maker, Informed Consent before commencing any examination, diagnostic procedure or treatment.
- Registrants must determine the appropriate consent provider (patient, mature minor or substitute decision-maker) based on decision-making capacity, within their scope of their practice.
- The informed consent must disclose to the patient or substitute decision-maker, the nature of the proposed treatment or procedure and any potential risks, including those that may be of a special or unusual nature.
- All registrants of the NSCNR must provide patients or substitute decision-makers the opportunity to ask questions concerning the risks involved and should answer those questions to the patient's satisfaction.
- In view that the best record of consent is one that is objectively documented, informed consent must be given in writing.

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- f. Once written Informed Consent has been obtained, this grants permission for future treatments, however there is a continuing obligation to keep patients or substitute decision-makers informed and to advise them of any new or changed material risk.
- g. New written consent must be obtained upon a new or changed treatment recommendation whenever there is a material change in risk to the patient.
- h. Specific Informed Consent is required for any treatment completed under an NSCNR Reserved Practice Permit. This may be combined with general Chiropractic/Naturopathic Informed Consent and does not require a separate form.
- i. Specific Informed Consent is specifically required for ND practices involving homeopathic treatments using the form provided as per the applicable NSCNR Standard of Practice: Homeopathy.
- j. A patient or substitute decision-maker may revoke or withdraw consent at any time, verbally or in writing, but it is not retroactive.

6. EXEMPTIONS

There are no applicable exemptions to this Standard of Practice.

7. RESTRICTIONS

There are no applicable restrictions to this Standard of Practice.

8. LEGISLATIVE CONTEXT

Regulated Health Professions Act

Regulated Health Professions General Regulations

Regulations Respecting Chiropractic and Naturopathy

NSCNR Bylaws

NSCNR Code of Ethics

9. RELATED REFERENCES

NSCNR Standard of Practice: Patient Records Management