

1 **Policy:** **Public Events: Providing Diagnostic and Treatment**  
 2 **Services**

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 4 **Date of Implementation:** **April 17, 2008**

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 6 **Product:** **Specialty**  
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 9 Participation by contracted providers/practitioners in public events and community  
 10 activities can be a benefit to the public, the practitioner, and the health care profession.  
 11 Such events may be at the invitation of schools, employers, athletic teams, sponsors of  
 12 sporting events, or other appropriate venues (when not in conflict with the  
 13 “Advertisement of Relationship with ASH Group and Clients ” section in the applicable  
 14 ASH Practitioner Services Agreement or Provider Services Agreement. Unlike public  
 15 screenings or health fairs, this type of participation anticipates that the health care  
 16 practitioner may be performing both diagnostic and treatment services in support of the  
 17 public event (e.g., marathon treatment station, school athletic event). This type of public  
 18 activity should only be performed in a professional and ethical manner and at a suitable  
 19 location.  
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21 Services provided while participating in public events and community activities must  
 22 meet professionally recognized standards of practice and regulatory requirements  
 23 including, but not limited to those addressing:

- 24 • Privacy and confidentiality;
- 25 • Adequacy of evaluation prior to rendering an opinion/diagnosis/treatment;
- 26 • Medical Record documentation;
- 27 • Informed consent;
- 28 • Scope of practice;
- 29 • Advertising and promotional materials;
- 30 • Free or discounted treatment/services; and
- 31 • Billing practices.

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 33 Services may include general health assessments, biomechanical analysis, injury  
 34 assessment, treatment, nutritional evaluation, or other health assessment as allowed  
 35 within the practitioner’s scope of practice, appropriate to the venue, and subject to the  
 36 recipient’s informed consent regarding benefits and risks. All services are to be  
 37 conducted with respect to the individual’s rights to privacy and confidentiality. If such  
 38 services result in providing opinion, diagnosis, and/or services specific to an individual,  
 39 medical record documentation meeting local, state, and/or federal requirements is  
 40 expected. All materials and services provided must be based on professionally recognized  
 41 standards and clinical evidence.

1 Generally such services are provided as a community service. If the practitioner intends  
2 to charge the recipient of services or any third party payor, the recipient must be informed  
3 and provide written consent prior to the provision of such services.

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5 Practitioners may not use treatments or procedures, devices, or biological products that  
6 have been determined by American Specialty Health – Specialty (ASH) clinical  
7 committees to be not widely accepted as evidence based (see policy Techniques and  
8 Procedures Not Widely Supported As Evidence-Based – CPG 133 – S).