

**DISCIPLINE COMMITTEE OF THE  
COLLEGE OF TRADITIONAL CHINESE MEDICINE PRACTITIONERS AND  
ACUPUNCTURISTS OF ONTARIO**

**IN THE MATTER OF SHUANGJIN ZHANG**

**the *Regulated Health Professions Act, 1991, S.O. 1991, c.  
18, and the *Traditional Chinese Medicine Act, S.O. 2006,  
c.27****

**Decision Date:** November 7, 2022

**Indexed as:** Ontario (College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario)  
v Shuangjin Zhang, 2022 ONCTCMPAO 17

**Panel:** Matthew Colavecchia Chairperson, Professional Member  
Mark Handelman Public Member  
Kimberley Bishop Public Member

**BETWEEN:**

**THE COLLEGE OF TRADITIONAL CHINESE  
MEDICINE PRACTITIONERS AND  
ACUPUNCTURISTS OF ONTARIO**

**-and-**

**SHUANGJIN ZHANG**

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( Jaan Lilles and Brianne  
( Westland for the College  
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( Absent  
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( Fredrick Schumann  
( Independent Legal Counsel

Date of Hearing: September  
29, 2022

**DECISION AND REASONS FOR DECISION**

1. This matter came on for hearing before a panel of the Discipline Committee (the “Panel”) of the College of Traditional Chinese Medicine Practitioners and Acupuncturists (the “College”), on September 29, 2022, via videoconference.

## **Publication Ban**

2. At the outset of the hearing, College counsel requested a ban on the publication of the names of any patients identified in the documents filed at the hearing. We were satisfied that the circumstances met the criteria under s. 45(3) of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c 18 (the “Code”). We were satisfied that publication of the patients’ identities would pose a serious risk to an important public interest, namely their interest in privacy and, in particular, the privacy of their health information. We were satisfied that the order sought was necessary to prevent this risk, and that the benefits of the order outweighed its negative effects. We therefore made an order prohibiting the publication of the names of any patients identified in the documents filed at the hearing, and of information that could tend to identify those individuals.

## **The Allegations**

3. The allegations were set out in a Statement of Allegations appended to the Notice of Hearing. The Statement of Allegations is reproduced as Appendix “A” to these reasons.

4. The essence of the allegations was that Ms Zhang gave patients false receipts for services she did not render with the intent of defrauding patient’s insurers, made false entries in her own records, did not keep patient records as required, and obstructed the College’s investigation.

## **Member’s Position**

5. The member did not appear at the hearing, although properly notified of the hearing date. We waited twenty minutes after the scheduled start time, but the member did not appear. We proceeded in her absence on the authority of s. 7 of the *Statutory Powers Procedure Act*, RSO 1990, c S.22.

6. As a result, the member was not entitled to further notice of steps in the hearing and was deemed to deny all the allegations in the Notice of Hearing.

## **Onus and Standard of Proof**

7. Because the member was deemed to deny all the allegations in the Notice of Hearing, the College was expected to prove its case with evidence. The burden of proof on the College was proof on a balance of probabilities.

8. We did not draw any adverse inference from Ms. Zhang’s failure to appear at the hearing. However, because she did not appear, did not testify, did not cross-examine the College’s witnesses, and did not call any evidence himself, the evidence of the College’s witnesses went unanswered and unchallenged. Nevertheless, we did not take the College’s case at face value, but still assessed the credibility and reliability of the College’s witnesses and their evidence.

## The Evidence

9. The College called two witnesses in the misconduct phase of the hearing: Greg Hutchinson and Shanna Yee. Mr. Hutchinson was retained as an investigator into Ms. Zhang's practice by the College under s. 75 of the Health Professions Procedural Code (the "*Code*"), being Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c 18. Ms. Yee was an employee of Mr. Hutchinson's firm who conducted an undercover portion of the investigation of Ms. Zhang.

10. Mr. Hutchinson testified about his interactions with the Member. Mr. Hutchinson spoke from his memory and also from detailed notes and files that he wrote within a few days of his interactions. His memorandum of the investigation was marked as an exhibit. Documents that he observed in the member's practice location were also marked as exhibits.

11. Mr. Hutchinson was first appointed to investigate the Member on a separate matter. He visited her clinic on February 13, 2019.

12. During his visit, Mr. Hutchinson located unsecured records in a box under the kitchen table covered by a tablecloth. The records were kept in several binders. He was unable to find any treatment notes at all for the family he was looking for. The Member told Mr. Hutchinson that she does not write treatment notes at all, unless an insurance company requests them. She said that her patients would become upset if she spent time during their appointments to write treatment notes.

13. When Mr. Hutchinson skimmed through the patient files and receipts, he noted that there were dates scribbled in the lower right-hand corner of the patient intake form that corresponded to a single receipt with identical dates. Some of these dates were listed for March and April of 2019. Other receipts had backdated treatments on the days and weeks preceding the date the health history was signed by the patient. He further noted that patient names did not show up in the appointment log on the corresponding days.

14. A skim of the receipts that the member provided to Mr. Hutchinson included many different rates, including \$15, 25, 30, 40, 50, 60, 65, 70, 75, 80, 95, 100, 180 and 225. The length of treatment was not identified. Furthermore, each receipt had been dated, and the dates were not always in chronological order. Several receipts listed a number of treatment dates, and were signed by Ms. Zhang, but did not include a patient's name.

15. When Mr. Hutchinson spoke with the College and presented his report, the current Registrar, Alan Mak, requested the ICRC to appoint an investigator regarding the new concerns of improper billing, improper record keeping and professional misconduct. This appointment was approved by the ICRC.

16. Barker Hutchinson was retained as the investigator. They arranged for an undercover investigator to receive a massage from Ms. Zhang and to request an acupuncture receipt. The undercover investigator was to inform Ms. Zhang that they had unused 2018 insurance benefits and to ask her to provide backdated receipts. They were also instructed to obtain a sample of patient files and the corresponding appointment and billing records from 2016 to present, including the undercover investigator's records, and to then interview Ms. Zhang with respect to the concerns

identified in the Appointment of Investigator. Shanna Yee was to act as the undercover investigator.

17. When the College called Ms. Yee, we permitted her to testify with her camera off. We did so because of the risk that showing her face would jeopardize her ability to conduct other undercover investigations, an important public interest. We were satisfied that the order sought was necessary to prevent the risk to this interest, and that the benefits of the order outweighed its negative effects. Members of the public present at the hearing were still able to hear Ms. Yee's testimony.

18. Ms. Yee recalled her interactions with the member as she posed as Tammy Lee, using her notes she made and the report filed by Barker Hutchinson.

19. Ms. Yee recalled that she completed one undercover treatment with Ms. Zhang on March 13, 2019. Ms. Zhang provided Ms. Yee with a sixty-minute massage following which she issued Ms. Yee a \$300 acupuncture receipt in exchange for payment of equivalent value. The receipt listed four acupuncture treatments: March 7, 8, 10 and 13, 2019.

20. Ms. Yee posed as a patient requesting a massage, with unused benefits that were soon to expire, and booked in the next day with the member. On March 13th, Ms. Yee attended the member's clinic.

21. Ms. Yee asked Ms. Zhang what type of treatments she offered. Ms. Zhang said she offered many types of treatment and that Ms. Yee would benefit from a combination of acupuncture, tuina, guasha, cupping and moxibustion. Ms. Yee told Ms. Zhang she was afraid of needles. Ms. Zhang said many of her patients are afraid of needles but found relief after their first acupuncture treatment and they now prefer acupuncture over the other types of treatment. Ms. Yee said she would think about it and could perhaps try acupuncture during her next treatment. Ms. Yee said she preferred not to have guasha or cupping during this treatment, as she was attending a wedding that weekend and did not want marks on her skin. Ms. Zhang said a combination of tuina and moxibustion would be beneficial. She told Ms. Yee to let her know if she did not like moxibustion and she would immediately stop. Ms. Yee asked her to explain moxibustion. Ms. Zhang responded that it was easier to perform and that she could ask Ms. Zhang to stop if she did not like moxibustion.

22. Ms. Zhang pointed to a fee schedule that was printed on a paper and located under the glass top of the table. She said she usually charged a \$60 consultation fee to her patients. Ms. Zhang said she would give Ms. Yee a discount and only charge \$30. She did not explain the reason for the discount. She then said Ms. Yee would be billed \$100 for a sixty-minute treatment for a total of \$130.

23. Ms. Yee completed a "Patient Health Summary" using the alias "Tammy Lee". She signed and dated the form March 13, 2019. This health history was presented as Exhibit 9, along with the receipt for treatment.

24. After some instructions and preparation time, Ms. Yee began to receive a tuina massage from the member. At one point, the member said she would begin moxibustion and retrieved a tube that looked like a large cigar. She went to the kitchen for a few minutes and returned with the

tube, the end of which glowed and smoked. She placed the tube close to the left side of Ms. Yee's back. Ms. Yee felt heat on her back and told Ms. Zhang said that she did not like heat. Ms. Zhang immediately removed the tube and said moxibustion was not for patients who did not like heat. At some point after, the member instructed Ms. Yee to turn over, and the treatment continued and ended after 60 minutes.

25. Ms. Yee dressed following her treatment and returned to the living room. Ms. Zhang was sitting at the table with a receipt booklet. Ms. Zhang recommended Ms. Yee schedule another appointment for the following day. Ms. Yee informed Ms. Zhang that she was heading out of town to attend a wedding and would not be back until April (2019). A sixty-minute treatment was scheduled for April 5, 2019 at 10:00 a.m.

26. Ms. Zhang asked if Ms. Yee had insurance coverage for acupuncture. She responded that she had \$300 of unused acupuncture coverage that expired on March 31, 2019. Ms. Zhang suggested she issue a \$300 acupuncture receipt to Ms. Yee if Ms. Yee was willing to pay that amount. She said she would subtract \$130 for the treatment Ms. Yee had just received and there would be \$170 remaining for future treatments.

27. Ms. Yee saw the member write the extra dates of March 7, 8, 10 and 13 on her health history form in the lower right hand corner. These are the same dates as on the receipt that was given to Ms. Yee. It did not escape the panel that 4 of these dates were prior to the investigator's first interactions with the member. This receipt is contained in Exhibit 9.

28. Ms. Yee did not receive treatment from Ms. Zhang on March 7, 8 or 10, 2019 nor did Ms. Zhang treat Ms. Yee with acupuncture. Ms. Zhang asked Ms. Yee to not tell anyone that she had prepaid for treatments and received a receipt. She said it was a "secret" between them. She then wrote "\$170 paid" in her calendar on April 5, 2019 and said it was a reminder to herself that there was a \$170 balance owing.

29. Ms. Yee managed to take a photograph of the member as she was preparing the receipt.

30. Ms. Yee later phoned to cancel the April 5th appointment.

31. Ms. Yee was asked by the panel about the member's demeanor. Ms. Yee stated that she was kind and pleasant through the entire process.

32. On April 26, 2019, Mr. Hutchinson, accompanied by an interpreter, met with Ms. Zhang at her place of practice to collect a sample of patient files and the corresponding appointment and billing records. Ms. Zhang issued receipts to nearly all of these patients that included treatment dates that were prior to the date the patients signed their health history forms. Another patient was issued a receipt that included treatment dates that had not yet occurred (May 26 and 28, 2019).

33. Mr. Hutchinson selected 15 health history files with corresponding receipts, and her appointment book. He placed these inside his briefcase. Ms. Zhang became very agitated at this point.

34. Ms. Zhang contacted the police when told that Mr. Hutchinson would be collecting her practice records. She made a number of accusations to the police, including that he was robbing

her, that he had followed her into her bedroom and washroom, that he had made her suicidal, and that she was scared by his presence. She attempted to physically remove his briefcase, which contained her patients' records, from his hands and, for a period of time, blocked the exit when he refused to return these records to her. Mr. Hutchinson audio-recorded most of this interaction.

35. The London Police Service eventually attended Ms. Zhang's clinic. She permitted Mr. Hutchinson to continue gathering records in the police officers' presence.

36. Afterwards, Mr. Hutchinson reviewed the collected files, plus a few additional files he was able to collect from her electronically after many attempts to get her cooperation. These attempts to communicate and a detailed summary of the files were provided as exhibits to the panel.

### **Assessment of Credibility of Witnesses**

37. Both Mr. Hutchinson and Ms Yee were found to be credible witnesses. They had detailed notes made shortly after the events recounted.

38. Mr. Hutchinson audio-recorded much of his time with Ms Zhang and the recordings and transcripts of them were in evidence.

39. Ms Yee's evidence was corroborated by the receipts she obtained from Ms Zhang.

40. We accepted all of Mr. Hutchinson's and Ms Yee's evidence.

### **Findings of Fact**

41. We accepted all of Mr. Hutchinson's and Ms. Yee's evidence and found that the facts they described did, in fact, occur.

42. We accepted that all documents that were submitted as exhibits represented the facts they described and did, in fact, occur.

43. We accepted that the audio recording in Exhibit 14 and the accompanying transcription in Exhibit 15, were true, and did, in fact, occur.

44. We further accepted that the photograph of the Member in Exhibit 21 was indeed, the Member, Ms. Zhang.

### **Decision of the Panel**

45. The panel found that the Member had engaged in professional misconduct as alleged in the Statement of Allegations. The College had proved each allegation at least on a balance of probabilities.

### **Reasons for Decision**

46. Based on the evidence, we found these facts and concluded they supported each of the College's allegations.

47. At all material times The Member carried on the practice of traditional Chinese medicine from her home in London, Ontario.

48. The Member made inaccurate entries in the records she did keep to support a fraudulent process of her patients' submitting claims to their insurers for services she did not render and her patients did not receive. In respect of Ms. Yee, she did this by noting dates on the receipt she gave Ms. Yee that purported to be dates she provided acupuncture to Ms. Yee even though she provided Ms. Yee no services on those dates.

49. There were similar entries on her copies of receipts she gave other patients. We concluded from those similarities that she provided fraudulent receipts to those patients for the same fraudulent purpose.

50. These facts established that Ms. Zhang:

1. Submitted an account or charge for services that the member knew or ought to have known was false or misleading;
2. Signed or issued, in her professional capacity, documents that the member knew or ought to have known contained a false or misleading statement; and
3. Falsified a record relating to the member's practice.

51. We also found that the Member did not keep accurate records of her interactions with patients, on an ongoing basis. Ms. Zhang failed to keep any patient charts at all, except the single sided page with an embarrassing lack of detail that served as her health history. Her records were deficient in every aspect of our profession's record keeping guidelines including, but not limited to, the following: (found here: <https://www.ctcmpao.on.ca/regulation/guidelines/#guidelines-collapse5>)

- A. Patient health summary, insufficient questions and details
- B. Initial Assessment, insufficient questions and details
- C. Follow up Treatment Record, absent. In fact, Ms. Zhang declared that she never writes treatment notes, unless an insurance company requests them. This leads us to believe that she has fabricated all records that insurance companies have requested from her.
- D. Consent to Collect, Use and Disclose Personal Health Information, absent
- E. Consent to Treatment, absent.

52. Ms. Zhang did not keep an accurate daily appointment log. It was missing the patient name, treatment type, duration and cost.

53. These facts established that Ms. Zhang:

1. Contravened a standard of practice of the profession in relation to record-keeping; and
2. Failed to keep records in accordance with the standards of the profession;
3. Signed or issued, in her professional capacity, documents that the member knew or ought to have known contained a false or misleading statement.

54. Further, we find that the Member obstructed the College's investigation and failed to cooperate with that investigation, by refusing to produce her files to the investigator, by calling the police and making false accusations about the investigator, and by physically trying to prevent the investigator from taking her files.

55. Finally, we find that Ms. Zhang contravened the standard of practice in relation to advertising about billing and fees. From Exhibit 17, the summary analysis provided by Mr. Hutchinson, we found that Ms. Zhang did not have any consistency in her pricing for treatments. Over 20 different price points were used with no description as to why they were charged in that way. While she had a price chart in the clinic, it was not in plain view nor easy to see, it was located under the glass top of her kitchen table.

56. These facts established that Ms. Zhang:

1. Contravened a standard of practice of the profession in relation to advertising, and;
2. Contravened a standard of practice of the profession in relation to fees and billing.

57. Overall, we find that Ms. Zhang engaged in conduct and performed multiple acts relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable and unprofessional.

### **Penalty and Costs Submissions**

58. The College's position on penalty and costs was the following:

1. The member should be reprimanded;
2. The member's certificate of registration should be suspended for fourteen months;
3. The member should be required to complete an ethics course approved by the Registrar, at her own expense;
4. The member should be required to complete a 2,000 word reflective essay;
5. The member should be required to go through a peer review of her practice within 12 months after her return to practice following her suspension;
6. The member should be ordered to pay costs to the College in the amount of \$25,000.00.



## Cited Cases and Penalty Principles

59. Counsel cited similar cases to justify the penalty submission. The cases highlighted the principles of imposing penalties on health care practitioners who are Members of a College.

60. The principles, generally, are, protection of public, maintenance of confidence in the College general and specific deterrence and rehabilitation of the member.

61. We also considered the principle of parity, that like offenders should be treated similarly.

62. In *Ontario (College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario) v Xiao Chun Xu*, 2018 ONCTCMPAO 26 (CanLII), the panel observed,

[12] The Panel was mindful that its penalty should not deviate from the joint submission of the parties unless it found such submissions to be largely unsupportable.

[13] The Panel recognized that the penalty should maintain high professional standards, preserve public confidence in the ability of the College to regulate its members, and, above all, protect the public. This is achieved through a penalty that considers the principles of general deterrence, specific deterrence and, where appropriate, rehabilitation and remediation of the Member's practice.

63. In *Xu*, the member provided receipts for three acupuncture treatments she did not perform. She also failed to maintain records to the College's standard. She admitted these offences. She was suspended for 12 months, which was the joint submission as to penalty.

64. In *Ontario (College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario) v Li*, 2020 ONCTCMPAO 10, the member issued fraudulent payment receipts and submitted them to an insurance company for payment. When asked for treatment notes, the member fabricated them to support the claims for payment. The member admitted the allegations. The Panel accepted the joint submission and imposed a seven-month suspension together with a public, recorded reprimand.

65. In *Ontario (College of Massage Therapists of Ontario) v Chu*, 2019 ONCMTO 38, the member had inexperienced staff who were not registered with any College perform massages but then issued receipts as if the member performed the massages. The member also did not cooperate with the investigation into this misconduct. The Member did not attend the Hearing. In revoking the member's license, the Panel wrote in part,

The College submitted that the appropriate penalty would consist of, at minimum, a 12-month suspension and that revocation could be considered among the penalties. The College submitted that the Registrant's conduct amounted to a fraud which took place over the course of three years and that the Registrant abused the privilege of College membership to commit insurance fraud, a pervasive problem in the massage therapy industry. The College cited three

decisions<sup>[1]</sup> related to insurance fraud wherein suspensions were imposed in the range of 10-15 months. The College submitted that given that billing fraud cases continue to be an issue, suspensions in this range were not working to deter the conduct. Accordingly, the College submitted that the Panel might wish to impose a higher penalty, especially after considering the aggravating factors in this case and the lack of a mitigating plea or joint submission on penalty.

...

The Panel determined that this was one of the most serious cases involving fraudulent conduct and that as a result, there could be no other penalty but revocation. The Panel considered previous decisions of this Discipline Committee, which noted that this type of fraudulent conduct was very serious, would not be tolerated and should be sanctioned heavily.

The Panel found that the compelling aggravating factors in this case called for revocation. Such aggravating factors included the nature of the fraudulent behaviour, which is the kind that erodes the trust of both the public and insurance companies in members of this profession. Keeping in mind the primary sanctioning goal of public protection, the Panel found that the Registrant's fraudulent behaviour placed the public in harms' way because it allowed unaccountable and potentially untrained individuals to provide therapeutic services to clients, and that the extent of harm that this behaviour posed to the public warranted revocation. In addition, the Panel found it extremely aggravating that the Registrant's fraudulent conduct amounted to a scheme carried out in concert with others, a scheme that took place over a three-year period. In addition, the Registrant's conduct included lying to a College investigator, providing her with falsified records, and treating her unprofessionally. No mitigating factors were presented to the Panel for consideration.

...

In determining the appropriate penalty in this case, the Panel also considered the Ontario Court of Appeal's decision in *College of Physicians and Surgeons of Ontario v Peirovy*, where the court explained that Discipline Committees are uniquely situated to determine the appropriate penalty for infractions within a profession or industry. The Court held that Discipline Committees are in the best position to assess whether a deviation from previous penalty ranges for similar misconduct is required.

### **Mitigating and Aggravating Factors Relevant to Disposition**

66. No mitigating factors were apparent from the record.

67. One aggravating factor is the prevalence of conduct similar to Ms. Zhang's. As is apparent from the above cases and others cited by counsel for the College, the issuing of fraudulent receipts is an ongoing problem in the health professions. This conduct erodes public trust in the integrity

of all members. They impose an expense to insurers, which inevitably gets passed on to other insured.

68. Another aggravating factor was the long-lasting and systemic nature of the member's misconduct. We drew the inference that giving false receipts to patients was this member's ongoing practice. As analyzed above, the investigators found notations on receipts issued to other patients that were similar to the notations on Ms Yee's receipt, indicating an ongoing practice of fraudulent behaviour.

69. An appropriate penalty has to reflect not only this member's fraudulent behaviour but also the other Code breaches: failing to cooperate with and obstructing the investigation; failing to keep required records, and failing to make notes of the treatments provided.

70. This was not the member's first time in a similar circumstance. The evidence before us showed that the Member had already been before the ICRC because of concerns about record keeping, billing, falsifying documents and accepting payments for treatments not yet performed.

71. College counsel submitted that an appropriate penalty was a suspension of 14 months and some remedial attendances and projects. We found that penalty wholly inadequate to protect the public, or as a general deterrence.

72. While of parity with some of the cases cited to us, we preferred the conclusions in *Chu*, above. Ms Zhang's offences were at least as serious as in that case.

73. We were unanimous in concluding that this collection of offences, together with the prior fraudulent behaviour, established well beyond a balance of probabilities that Ms Zhang is ungovernable. Were she suspended, she was not likely on returning to practice to start keeping proper records or make notes of patient interactions and very likely to continue fraudulent behaviour.

## **Disposition**

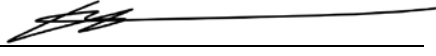
74. After considering the penalty submissions of the College, the Panel decided to revoke the member's certificate of registration, effective immediately. There was no other way to deter her behaviour or protect the public.

75. We did not order the member to be reprimanded, to complete an ethics course, a reflective essay, or a peer review. In our view, since the member's certificate is being revoked, and she did not attend the hearing, those measures are not relevant.

76. We also ordered the member to pay costs to the College in the amount of \$25,000. The College's evidence showed that its actual costs of the investigation and prosecution exceeded \$50,000. In our view, it would be fair and reasonable to require the member to compensate the College for this portion of its costs, so that the College's membership did not bear the entire cost of this matter. In addition, in our view, the member's obstruction of and failure to cooperate with the investigation (as outlined above) made the investigation more costly than it should have been.

I, Matthew Colavecchia, sign this decision as chairperson of the Panel and on behalf of the Panel members listed below.

Date: November 8, 2022

Signed: \_\_\_\_\_

Matthew Colavecchia  
Mark Handelman  
Kimberley Bishop

## APPENDIX “A” – STATEMENT OF ALLEGATIONS

### **Signing or Issuing False and Misleading Documents; Submitting a False and Misleading Account/Charge for Services; Falsifying Records Relating to Member’s Practice**

1. Ms. Shuangjin Zhang (the “Member”) is an R.TCMP and R.Ac who practices out of a home-based clinic located at 756 Cheapside Street, London, Ontario (the “Clinic”). The Member is a grandparented member, first registered with the College of Traditional Chinese Medicine and Acupuncturists of Ontario (the “College”) on June 25, 2014.
2. From at least 2017-2020, the Member issued payment receipts to clients which she knew or ought to have known were false and misleading. The receipts contained false and misleading information regarding, among other things, the date of treatment, the type of treatment, the length of treatment and the amount charged for the treatment.
3. It is alleged that this conduct constitutes professional misconduct pursuant to s. 51(1)(c) of the Health Professions Procedural Code, being schedule 2 to the *Regulated Health Professions Act*, 1991, c-18 in that, Ms. Zhang:
  1. Submitted an account or charge for services that the member knew or ought to have known was false or misleading, contrary to Sections 1(19) of *Ontario Regulation 318/12*.
  2. Signed or issued, in her professional capacity, documents that the member knew or ought to have known contained a false or misleading statement contrary to section 1(26) of *Ontario Regulation 318/12*.
  3. Falsified a record relating to the member’s practice, contrary to Section 1(27) of *Ontario Regulation 318/12*.
  4. Engaged in conduct or performed an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional contrary to section 1(48) of *Ontario Regulation 318/12*.

### **Failure to Keep Records in Accordance with the Standards of the Profession**

1. The Member did not maintain treatment records in accordance with the standards of practice of the profession. The deficiencies in her records from at least 2017 include:
  1. Failure to maintain a complete and up-to-date daily appointment log;
  2. Failure to maintain a complete patient health summary, initial assessment and treatment record;
  3. Failure to maintain a follow-up treatment record, including documentation of services rendered, clinical finding, client reaction and recommendation;

4. Failure to keep billing records for every patient file;
  5. Failure to arrange and organize all patient records in a manner that allows for easy and prompt retrieval and ensures security and confidentiality.
2. The Member advised the College investigator that she was not required to write treatment notes.
  3. The Member did not maintain records for the length of time required by the standard of the profession, including her appointment book.
  4. It is alleged that this conduct constitutes professional misconduct pursuant to s. 51(1)(c) of the Health Procedural Code, being schedule 2 to the *Regulated Health Professions Act, 1991*, c-18 in that, Ms. Zhang:
    1. Contravened, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, contrary to Section 1(1) of *Ontario Regulation 318/12*.
    2. Failed to keep records in accordance with the standards of the profession, contrary to Section 1(25) of *Ontario Regulation 318/12*.
    3. Engaged in conduct or performed an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional contrary to section 1(48) of *Ontario Regulation 318/12*.

### **Contravening a Standard of Practice of the Profession**

1. The Member failed to comply with the standards of practice for advertising in regards to billing and fees.
2. The Member failed to ensure her fees were objective, fair, consistent, and clearly understood by all.
3. The Member failed to adhere to her published fee schedule and charged varying rates on services with no explanation.
4. It is alleged that this conduct constitutes professional misconduct pursuant to s. 51(1)(c) of the Health Procedural Code, being schedule 2 to the *Regulated Health Professions Act, 1991*, c-18 in that, Ms. Zhang:
  1. Contravened, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession, contrary to Section 1(1) of *Ontario Regulation 318/12*.

2. Engaged in conduct or performed an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional contrary to section 1(48) of *Ontario Regulation 318/12*.

### **Obstructing a College Investigation and Failing to Cooperate**

1. During an interview with the College investigator at the Clinic, Ms. Zhang called the police with unfounded accusations against the investigator with the purpose of forcing the investigator to leave the Clinic, and to prevent the investigator from removing records from the Clinic.
2. The Member attempted to physically stop the investigator from leaving the Clinic with the obtained records, including trying to grab the investigator's briefcase.
3. The Member avoided and/or delayed sending additional requested records by ignoring and/or screening the emails, calls, and text messages from the investigator.
4. It is alleged that this conduct constitutes professional misconduct pursuant to s. 51(1)(c) of the Health Procedural Code, being schedule 2 to the *Regulated Health Professions Act, 1991*, c-18 in that, Ms. Zhang:
  1. Contravened by act or omission, a provision of the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts, contrary to section 1(39) of *Ontario Regulation 318/12*.
  2. Engaged in conduct or performed an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by the profession as disgraceful, dishonourable or unprofessional contrary to section 1(48) of *Ontario Regulation 318/12*.