



The Nova Scotia College of Nursing (NSCN) is the regulatory body for licensed practical nurses (LPNs), registered nurses (RNs), registered psychiatric nurses (RPNs) and nurse practitioners (NPs) in Nova Scotia. Our mandate is to protect the public by promoting the provision of safe, competent, ethical and compassionate nursing services by its registrants. The term nurse in this document refers to LPNs, RNS, RPNs and NPs unless otherwise stated.

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Our practice support tools are developed using current reference material. The source of this material is available upon request.



Overview

This tool is a resource for nurses who are interested in self-employed nursing practice to help them understand more specifically about the following topics as it relates to self-employed practice:

- Informed consent
- Policy and procedures
- Conflict of interest
- Advertising and endorsing products
- Liability coverage
- Designations and credentials

In addition to the information in this guidance tool, all nurses must be compliant with:

- NSCN's practice documents
- Applicable provincial and federal laws
- Best practice guidelines related to nursing and business practice

According to the Standards of Practice for RN Prescribers, RN-APs are not able to be self-employed. This includes not acting as independent contractors or in partnership with other self-employed practitioners.

Self-Employed Practice

Nurses in self-employed practice provide professional [nursing services](#) to [clients](#) in a variety of practice settings the owner of an independent business (sole proprietorship, partnership or corporation) or as an independent contractor (as the owner). Nurses in self employed practice may deliver services independently or may work in collaboration with other healthcare professionals. Self-employed nurses may also employ other health and non-health care providers.

Scope of Practice

All nurses are accountable to provide nursing services that fall within their legislated and individual scope of practice. If you are unsure if the services you are providing or are planning to provide, are within your scope of practice, please contact an NSCN Practice Consultant at practice@nscn.ca.

All nurses, self-employed or not, are required to collaborate with the most appropriate health care provider when clients' needs exceed their individual or professional scope of practice. For more information on who can be a collaborator, please review our [Nursing Scope of Practice Guidelines](#).

Self-employed nursing practice hours must meet the legislated definition of nursing services found in the Nursing Act to meet [the currency of practice requirements](#). For more information on what qualifies as currency of practice you may review our [Nursing Practice Hours Assessment Tool](#) or contact our registration team at registration@nscn.ca.

Self-employed nurses are accountable to identify the required competencies and education for their practice context. They are accountable to attain and maintain the appropriate competencies.

Policy and Procedures

Authorizing Mechanisms such as policies and procedures are required in self- employed practice to ensure consistent practice between clients and to demonstrate the nurse's accountability to provide safe competent, ethical and compassionate nursing care. Self-employed nurses should consider developing policies, including but not limited the following topics:

- Scope of business and nursing service

Self-Employed nurses are expected to ensure their Infection Control Practices meet the relevant [Standards of Practice](#).

- Scope of practice of the nurse
- Documentation
- Confidentiality, privacy, disclosure, and storage of personal health information
- Conflict of Interest
- Informed consent
- Appropriate procurement, maintenance, repair, cleaning and storage of equipment or supplies
- Acquiring clients and advertising
- Consultation with, or referral to other care providers
- Business management, including billing, advertising, product endorsement and insurance
- Use of Artificial Intelligence

All drugs, medical devices and equipment must be approved for use by the appropriate agency such as Health Canada, Canadian Standards Association or Food and Drug Association.

Developing policies may be challenging when you are beginning your self-employed practice. We recommend consulting with a lawyer, accountant, business consultant or another self-employed nurse to ensure your policies are based on best practice and reflect relevant legislation.

Informed Consent

Information presented to the client as part of the [informed consent](#) process must be clear and easily understood and must include full [disclosure](#) of the likely risks and benefits.

There are two types of informed consent:

- Expressed: the client specifically gives permission, either verbally or in writing.
- Implied: the client provides permission through their actions, i.e. rolling up their sleeve to have their blood pressure taken.

Nurses are accountable to ensure the client is capable of giving consent (verbal, written and implied) and, if not, utilizing the substitute decision maker identified by the client. For further information on substitute decision makers and informed consent, see the [Assessing Capacity Practice Guideline](#).

Documentation & Storage of Records

NSCN standards of practice require all nurses to document as part of care. Self-employed nurses are required to have policies to guide their documentation ensuring documenting is in accordance with the [Documentation Practice Guideline](#) and any relevant legislation.

Self-employed nurses are accountable to understand and appropriately apply applicable legislation and ethics related to collection, usage, storage, sharing and disposal of client information in accordance with the [Personal Health Information Act](#).

As custodians of personal health information, failure to appropriately collect, use, disclose, and dispose of personal health information could be considered a breach of standards.

Terminating the nurse-client relationship

Nurses have a duty to provide care to clients accepted into their practice. If an issue arises that may potentially

impact the nurse's ability to maintain a therapeutic nurse - client relationship, nurses have an accountability to make reasonable attempts to address or resolve the situation. Ending the nurse-client relationship should be the last resort. Refusing to care for a patient after accepting responsibility without transferring care to another provider could be considered patient abandonment.

For more information see our [Abandonment Practice Guideline](#) and [Duty to Provide Care Practice Guideline](#).

As a self-employed nurse consider the following to ensure you are meeting your professional obligations related to duty to provide care:

- Discuss the issue(s) and your concerns with the client
- Work with the client to implement strategies to address or resolve the issue
- If the issues persist or worsen: Be clear about your concerns and remind the client of the strategies that were agreed upon to resolve the issues.
- Advise the client that these strategies are necessary to maintain a therapeutic nurse -client relationship.
- Document these discussions.

If, despite attempts to address or resolve the issues, the nurse client relationship dissolves to becoming non-therapeutic, a nurse may terminate the nurse client relationship. The relationship may be terminated quickly if a client poses a safety risk to office staff, other clients or the nurse. Otherwise, you must make a plan to withdraw services over an agreed timeframe. Consider the following to ensure your professional obligations are met.

- Consult with your respective liability provider ([Canadian Nurses Protective Society](#) for RNs, RPNs and NPs or [Llyod Sudd](#) for LPNSs) for legal advice prior to terminating the relationship.
- Advise the client in writing of your intent to end the relationship, including the rationale for your decision and the date the relationship will terminate.
- When transferring the accountability of the clients care to another provider, ensure the client has the name and contact information for that individual. Transfer client files per your established policies and in accordance with relevant legislation.
- If another care provider is not available, provide the client with information about how to find another health care provider and how to access urgent/emergent care.
- Ensure the client has access to their record.
- Document in the client's record:
 - the reasons for ending the nurse-client relationship client.
 - An overview of the actions you took to resolve the issues and the client's response to them.
 - Any information provided to the client about the service withdrawal plan: how to access a new health care provider or urgent/emergent care, timeline for essential services and follow up.

It is never appropriate to end the nurse-client relationship in the following situations (not an exhaustive list):

Based on discrimination as per the Nova Scotia Human Rights Act

- The client's lifestyle choices
- The client respectfully declines to follow your advice
- The client seeks treatment you object to
- The client care needs are complex or too time-consuming.
- For more information please see our [Cultural Humility Practice Guideline](#) and [Harm Reduction Q&A](#).

Closing Practice - Temporarily or Permanently

Self-employed nurses are accountable to take action to minimize interruptions to client care, whether you are closing your practice temporarily or permanently. Self-employed nurses are accountable to

- Ensure there is a plan in place to manage client care after the closure
- Inform clients on how to access an alternate provider and their medical records. Clients must be provided with a reasonable opportunity to arrange alternate services, and a mutually acceptable plan must be developed in collaboration with clients to withdraw services and manage client care.
- Only disclose clients' personal health information for therapeutic reasons in compliance with the standards of practice, and legislation, including following regulatory practice guidance for [Confidentiality and Privacy of Personal Health Information](#)

A nurse may continue to work for an employer and maintain a self-employed practice. It is important to consider that a potential conflict of interest and role confusion can occur if the nurse provides service as a self-employed nurse in the same facility in which they are employed as a staff nurse.

Conflict of Interest

A [conflict of interest](#) occurs when an individual is faced with competing interests, where serving one interest negatively impacts another interest. Typically, this relates to situations in which the personal interest of the nurse might adversely affect a duty to provide care to the client. Your primary responsibility is to provide professional care to the client, recognizing you are in a position of trust and cannot use your position to influence clients for your personal or financial gain. Self-employed nurses must identify and manage potential conflicts of interest and minimize the possibility of role confusion. Failure to do so may be considered professional misconduct.

Nurses must not accept tips from clients, as this is considered a monetary gift and therefore a [professional boundary violation](#).

The following are examples of potential conflicts of interest:

- Using the role as a staff nurse to recruit clients for your own business
- Collecting a specific fee for a service, while simultaneously being paid by an employer to provide that same service
- Withholding elements of care within your scope of employment in order to provide that service in your self-employed role
- Receiving benefit from a manufacturer, distributor, or other person for endorsing their product or service
- Receiving benefit for client referrals
- Selling, or receiving benefit for the disclosure of client information, such as contact information or client lists

Nurses must not offer financial incentives or discounts on services. This may influence trust in the therapeutic nurse client relationship

Endorsing Products

Nurses in independent practice do not recommend or promote unnecessary services to clients. Endorsing products or services can be closely linked to a conflict of interest because clients may feel purchasing the product is a condition of the service you provide; they may feel obligated to purchase from you.

Self-employed nurses may use a wide range of products as part of the services they provide to clients. Within the context of care or service provided, they may recommend or provide a product, either free-of-charge or for a fee, to clients for their own self-care.

Nurses must take precautions to ensure that the nurse-client relationship is not used for your personal benefit/gain.

Nursing credentials must not be used to endorse products or services that are not related to the care or services provided. For example, a self-employed nurse working in aesthetics may recommend a skin care product that is related to the treatment and care plan for a client, however the nurse may not endorse hair care products unrelated to treatment.

Advertising

The purpose of advertising is to provide information so consumers can make informed decisions when selecting a nurse. Advertising must be ethical, truthful, accurate, professional, verifiable and maintain the dignity of the nursing profession. You are required to use your name and professional credential in any advertisement for your nursing business, including the need to identify yourself using your full designation (LPN, RN, RPN or NP). Guarantees of results, testimonials or individual product endorsements are not appropriate in advertising material.

NSCN does not determine fees and remuneration of nurses in self-employed practice. NSCN expects nurses to engage in ethical practices in determining fees and remuneration.

Liability Insurance

All nurses licensed with NSCN have professional liability insurance:

- LPNs: [Lloyd Sudd Insurance Brokers Ltd](#)
- RNs, RPNs and NPs: [Canadian Nurses Protective Society](#)

Nurses in a self-employed practice must determine if additional liability insurance is required. They should consult with a business lawyer and their respective liability provider to discuss whether additional protection is necessary.

Designation and Credentials

In order to present an accurate image to the public, NSCN does not authorize the use of terms such as expert or specialist, or credentials that have not been obtained through licensure or granted through a certification program. Using non-granted designation, titles or abbreviations is both confusing and risky for the public. You could be held accountable for any untoward client outcome related to the use of an unapproved designation, title or abbreviation.

The term “certified” cannot be used in your designation unless the below criteria are met

- a national or international board or association oversees the certification program and grants the certification
- demonstrates the competencies required by the national or international board or association
- formally demonstrated their competencies, i.e. by taking an exam
- the applicant maintain competence through formal methods, e.g. re-examination or developing a portfolio every few years

It is acceptable to identify your area of practice when describing the services you provide. For example, “nursing foot care”, “foot care nurse”, or “lactation nurse”, “counselling registered nurse” or “psychiatric mental health nurse” are descriptions and provide information about your area of practice or position title and do not imply a professional designation.

Key Points

Self-employed nurses:

- Are accountable to meet their standards of practice, code of ethics and applicable legislation
- Are accountable for their own professional development and obtaining and maintaining competency
- Must provide services that fall within the nurse's professional and individual scope of practice
- Are required to have a practice that meets the legal definition of nursing services in order to count practice hours
- Are accountable to establish nursing and business policies
- Must obtain and document informed consent for care.
- Are accountable to understand and appropriately apply applicable legislation and ethics related to collection, usage, storage, sharing and disposal of client information in accordance with the Personal Health Information Act.
- Should only end the nurse-client relationship and remove a client from their practice as a last resort.
- Are accountable to take action to minimize interruptions to client care when closing a practice temporarily or permanently
- Should be aware of and take action to avoid conflicts of interest
- May endorse products but must ensure the nurse-client relationship is not used for personal benefit
- Must be aware that any advertisement should be ethical, truthful, accurate, professional and verifiable
- Should determine if additional liability insurance is required
- Should know that NSCN does not authorize the use of credentials not obtained through licensure or granted through a certification program

Suggested Reading

- [Documentation Guidelines for Nurses](#)
- [Medication Guidelines for Nurses](#)
- [Abandonment Practice Guideline](#)
- [Nurses Recommending and Administering Over the Counter Medications or Devices](#)
- [Assessing Capacity Practice Guideline](#)
- [Foot care Practice Guideline](#)
- [Nursing Care Plan Guideline](#)
- [Nurses Who Provide Aesthetic Services to Clients Q&A](#)
- [Using Artificial Technology in Practice Practice Guideline](#)
- [Confidentiality and Privacy of Personal Health Information Practice Guideline](#)

For further information on anything contained within this practice guideline, please contact a NSCN Practice Consultant at practice@nscn.ca.