

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Cody Hemsworth (CPSO# 105647)
(the Respondent)**

INTRODUCTION

The College received information raising concerns that the Respondent provided a COVID-19 medical mask exemption for a child (a 5-year-old). The Respondent was not the child's primary care provider, and the reasons provided for the mask exemption were not symptoms or behaviours observed while the child was in the classroom wearing a mask. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of the Respondent's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of June 28, 2022. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to providing exemptions to some individuals who were not his patients, poor medical records and late entries to medical records after discovering the complaint, billing for patients for whom he had no records, and providing diagnoses outside his scope.

COMMITTEE'S ANALYSIS

The Respondent provided COVID-19 mask exemptions to four children in September 2021. The Respondent assessed three of the four children together during one videoconference appointment and billed the appointment to OHIP. In all cases, the Respondent documented the justification for the exemption as anxiety triggered by masking wearing/face covering.

The Respondent did not chart the encounters contemporaneously in the medical record, and, in several instances, the Respondent did not document in the chart until after he received notice from the College of the complaint. The medical record indicated that three of the four children were not the Respondent's patients and he had not provided any care to them before issuing the mask exemptions. The Respondent also did not document in the record any basis for the psychiatric diagnosis of anxiety.

Given the nature of the Respondent's shortcomings in clinical care, documentation, and billing practices in this instance, the Committee was of the opinion that it is appropriate to caution the Respondent as set out above.