College of Physicians and Surgeons of Saskatchewan

Leaving Practice

A guide for physicians and surgeons

October 2016

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NOTE: As this is a general information package, some of the information contained in this package may not pertain to your specific practice specialty.

Disclaimer: This information is intended to serve as a user-friendly information guide only. It is not intended to replace the bylaws, policies and guidelines of the College of Physicians and Surgeons of Saskatchewan. Please visit the College's website at www.cps.sk.ca for complete, up-to-date copies of the bylaws, policies and guidelines.

Introduction

When a physician leaves practice for any reason, whether it is to relocate or retire, there must be assurance of **continuity of patient care** and **preservation of the patient's record**, including appropriate arrangements for timely access to the patient's record. Patients, colleagues, professional associations and referring physicians must be informed of the change.

This guide will provide you with a framework to help ensure a seamless transition for patients and the members and agencies of the medical community who have entertained professional relationships with you.

Informing Others of your Departure

Who should be notified?

The following should be informed with as much advanced warning as possible that a physician is leaving.

- Patients
- Colleagues
- Referring physicians
- The College of Physicians and Surgeons of Saskatchewan

A physician who is relocating must leave a forwarding address with the College of Physicians and Surgeons of Saskatchewan.

Additional notification is required concerning other agencies, such as the Canadian Medical Protective Association, the Canadian Medical Association, the Saskatchewan Medical Association, Regional Health Authorities, the Saskatchewan Cancer Agency, Medical Services Branch, Worker's Compensation, SGI, and any other agencies with whom you've had a provider relationship to ensure that they understand where to forward any outstanding information that is required. Notification is also required for any committees or boards to which you have been appointed.

This notification should include the date of departure, your forwarding address and the name and address of the person to whom correspondence and reports should be sent.

When retiring or relocating, specialists should notify their referring base of family physicians. Specialists who are unable to honor a commitment to see a patient prior to their leaving should alert the family physician to the options for seeing a new specialist if a new specialist is taking over their practice, or allow the family physician to make a second referral to a different specialist, or agree to the departing specialist arranging a referral to a specialist colleague.

See **Appendix B** for sample letters you can use.

Notifying Patients

Patients should be informed personally if possible and advertisements should be placed in the local newspaper(s) to notify patients who seldom attend the office. The advertisement should include:

- a statement with respect to the date of departure
- where the patient records will be located
- information about a replacement physician if appropriate.

If a physician's discreet patient population can be identified, a personal letter addressed to the individual patient is an acceptable manner of notification. A notice posted in your waiting room and examination rooms, containing the same information as your advertisement, is also recommended.

If at all possible, assist patients in their search for a new physician, or provide information where the patient can access a list of physicians and their geographic area who are accepting new patients (some Regional Health Authorities maintain such a list). If a new physician is taking over the practice, some provision of introductory information will reassure patients that they may stay within the practice if they wish and that their records will be retained by the practice or a copy of the records forwarded to a new physician of their choice.

Length of Notice

Patients should be informed at the earliest opportunity that a physician is leaving in order to give reasonable notice. The length of notice to assist with continuity of care will vary. When there is a physician coming to replace the leaving or retiring physician, notice can be somewhat shorter than in cases where the practice will be left without a physician. If possible, the College encourages the length of notice to be at least three months before the expected date of departure.

Transfer of Patient Medical Records

Arrangements must be made for the physician/patient records to be stored and for patients to have reasonable access to copies of their records. Depending on the type of practice, arrangements for the "ownership" of the record must be negotiated; a colleague may undertake this responsibility, or other independent arrangements must be made.

The College of Physicians and Surgeons of Saskatchewan must be notified of the location of the records and how they can be accessed by patients and/or other healthcare professionals with the patient's consent.

A guideline has been developed jointly by the SMA and the College to

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guide physicians in dealing with the transfer of copies of patient records from a physician to their patients. See **Appendix A** for a complete set of guidelines for the *Transfer of Patient Medical Records*.

Out-Sourcing Storage of Patient Records

Physicians wishing to outsource the storage or patient records to a storage facility need to be aware of the following advisory from the Saskatchewan Information and Privacy Commission :

> *Advisory to Saskatchewan Physicians and Patients regarding outsourcing storage of patient records, March 10, 2010*
>
> http://www.oipc.sk.ca/What's%20New/Advisory%20to%20Saskatchewan%20Physicians%20and%20Patients%20regarding%20%20outsourcing%20storage%20of%20patient%20records,%20March%2010,%202010.pdf

Continuity of Care

It is the expectation that a patient under active treatment will be transferred to a colleague who accepts to continue the care of that patient. All outstanding laboratory tests and investigations must be reviewed and acted upon, and it is imperative that the physician who is relocating or retiring has a mechanism to ensure that the new physician accepting the care of this patient is aware of outstanding investigations and those agencies such as lab and/or x-ray facilities are aware that those reports should be forwarded to the new physician.

Physicians/surgeons leaving practice, who have outstanding service commitments to patients on a waiting list, should:

1) Provide as much advance notice as possible to RHAs where they hold a medical staff appointment, to members of a clinical department in which they hold an appointment, to referring physicians, and to patients.
2) Discontinue taking on new service commitments to patients that they are unlikely to conclude prior to their departure.
3) Strive to complete as many outstanding service commitments to patients as possible prior to their departure.
4) Collaborate with colleagues with comparable expertise to arrange for the continuing care of patients who remain on their wait list at the time of their departure.
5) Collaborate with senior management personnel of relevant RHAs to ensure that patients to whom they have outstanding service commitments are not displaced from their priority ranking on the wait list.

If appropriate for your practice type, it is also the expectation of the College that appropriate arrangements will be made for patients in long-term care facilities, and all records associated with hospital admission, long-term care, and office records must be completed prior to departure.

Ending a Patient-Physician Relationship

Occasionally there will be some patient-physician relationships that for one reason or another do not work. Either party may decide to terminate the relationship. A physician may ethically decide not to continue to see a patient, as long as there are valid reasons and the patient is not in immediate need of medical care. Regardless of the reasons for discontinuing a patient-physician relationship, it is important for physicians to understand that in an emergency situation the physician must provide emergency care if no other suitable physician is available unless there is real and imminent threat of harm or violence to the physician, clinic staff or others present.

The patient-physician relationship encountered most frequently will be that of a patient to their primary care provider. When the care provider is a specialist, consulted to provide specific care, the guideline remains pertinent until such time as the specialist has appropriately discharged the patient in writing back to the care of the primary care provider. In circumstances where a specialist decides to terminate a patient-physician relationship prior to the condition specific discharge criteria being met, then the specialist remains responsible for the management until he/she transfers care to an accepting specialist of the same specialty or back to the care of the primary provider for referral to another specialist

When **ending a patient-physician relationship,** the College recommends the following:

1. The decision to end the relationship should be clearly communicated to the patient. The initial decision may be communicated verbally if appropriate. A follow-up letter sent by registered mail is recommended. Be as compassionate and supportive as possible. State the reason(s) for the decision. Document any discussion and place a copy of the letter in the patient's file.

2. Give the patient a "reasonable" period (minimum of one month, unless there is a real and imminent threat of harm or violence to the physician, clinic staff or others present) of time to find another physician. This will obviously vary according to location and circumstances.

3. State that you will give or arrange for care until that date, and that you will respond to a request for care in an emergency situation. If ongoing care is needed, ensure that the patient is aware of this.

4. Be helpful to the patient in finding a new physician and transferring records (see guideline on *Transfer of Patient Records*) and ensure that there are appropriate arrangements in place to ensure that there is follow up of outstanding investigations and consultations.

A physician must not discharge a patient:

1. Based on a prohibited ground of discrimination including age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or economic status.

2. Because a patient makes poor lifestyle choices (such as smoking).

3. Because a patient fails to keep appointments or pay outstanding fees unless advance notice has been given to the patient and the patient has been provided with the opportunity to address the concerns.

4. Because the patient refuses to follow medical advice unless the patient is repeatedly non-adherent despite reasonable attempts by the physician to address the non-adherence.

5. Because the physician relocates his/her practice to a new location/setting to which current patients could be reasonable expected to follow.

6. Because the patient requests access to services that the physician has a conscientious objection to.

7. If discharge significantly hampers access to a physician due to remoteness or lack of local physician resources in the community. For example, only one physician or one clinic in the community.

A sample letter with suggested wording can be found in **Appendix B**.

Checklist for Leaving Practice

ACTION	Method	Complete By	✓
Notifications	***Letter, in person, advertisement, sign…***	***(date)***	
Patients	*Letter, in person, advertisement, sign*		
Colleagues	*Letter, in person*		
Referring Physicians	*Letter*		
College of Physicians and Surgeons of Saskatchewan	*Letter*		
Other professional associations for which I am a provider *(Canadian Medical Protective Association, The Canadian Medical Association, the Saskatchewan Medical Association, Regional Health Authorities, The Cancer Agency of Saskatchewan, Medical Services Branch, Worker's Compensation, SGI…)*	*Letter*		
Transfer of Patient Records			
Arrangements have been made with a physician or clinic who will accept to take over my patient records (See ***Guideline: Transfer of Patient Records Between Physicians***)			
Transportation of paper files has been arranged.			
Paper files have been transported.			
Electronic files for Data Split, if applicable, have been given to your provider well in advance of leaving. *(Please allow a minimum of 3 months for your provider to do the requested work.)*			
Transfer of electronic medical records has been made.			
Continuity of Care			
Patients under active treatment have been transferred to a colleague who accepts to ensure continuity of care			
All outstanding laboratory tests and investigations have been reviewed and acted upon; new physicians are aware of remaining outstanding investigations			
Agencies such as lab and/or x-ray facilities are aware that those reports should be forwarded to the new physician			
(If applicable) Arrangements have been made with colleagues with comparable expertise for the continuing care of patients who remain on your wait list at the time of your departure. • I have ensured patients are not displaced from their priority ranking on the wait list.			
(If applicable) Arrangements have been made for patients in long-term care facilities.			
All records associated with hospital admission and long-term care are complete.			
All office records are complete.			
As much advance notice as possible has been provided to RHAs where I hold a medical staff appointment and to members of a clinical department in which I hold an appointment.			

Appendix A – Guideline for Transfer of Patient Records

GUIDELINE: PROVISION OF PATIENT RECORDS TO PATIENTS

PREAMBLE

This guideline has been developed jointly by the Saskatchewan Medical Association (the SMA) and the College of Physicians and Surgeons (The College) to guide physicians in dealing with the transfer of copies of patient records from a physician to their patients.

Patient medical records belong to the physician and not to the patient. Physicians have a responsibility to ensure that the record is secured and maintained accurately, and that information is not altered. The patient has a right to access the medical information in the record, and to obtain a copy of documents in the record, but not to obtain the record itself.

Saskatchewan legislation, *The Health Information Protection Act* confirms that that patients have a right of access to all of the information in their record unless there is a specific reason which justifies withholding a portion of the information in the record. This right of access includes all information in the record, including reports of consultants and other records.

The obligation to provide information to patients is also an ethical obligation. Paragraph 37 of the *Code of Ethics* of the Canadian Medical Association provides as follows:

Upon a patient's request, provide the patient or a third party with a copy of his or her medical record, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.

THE GUIDELINE

1. Patients should never be given original medical records. This could result in loss of the file, removal of relevant portions of the patient file, and an inability for the physician to deal with future complaints, litigation or enquiries;

2. A copy of a requested record should be provided without undue delay;

3. A physician has a right to charge a reasonable fee in relation to photocopying a patient record. If a fee is to be charged, that fee should be fair and represent cost recovery including staff time and overhead costs. The Saskatchewan Medical Association publishes the *SMA Fee Guide (for uninsured services)*, which on pages 4 and 5 of the Introduction and Codes

511A, 512A and 810A on page A2, suggests what the Saskatchewan Medical Association considers to be a fair fee where paper records are to be photocopied;

4. If the patient seeks a copy of an electronic medical record, the physician should assess what will be a reasonable fee for providing the record. In some circumstances it may be possible to provide an electronic copy of the record to a patient at little cost to the physician;

5. It has been customary not to charge a patient for a copy of relevant portions of a patient record if the physician who has control of the record has moved or otherwise required the patient to transfer their care to another physician;

6. The physician should consider the patient's ability to pay when considering whether a fee will be charged and, if a fee will be charged, the amount of that fee:

7. Charging a fee for a copy of a record should never impede the orderly and timely transfer of required information;

8. If a fee is to be charged, and if the record is not immediately required for patient care or for some other pressing reason, it is reasonable for a physician to ask for some assurance of payment before a copy of the requested record is made;

9. *The Health Information Protection Act*, section 38 sets out circumstances in which a patient may be denied access to all or part of the patient's medical records. The most common situations are:

   (a) in the physician's opinion the information could reasonably be expected to endanger the mental or physical health or the safety of the patient or another person;

   (b) disclosing the information would reveal personal health information about another person who has not expressly consented to the disclosure;

   (c) disclosure of the information could identify a third party who supplied the information in confidence.

10. If a physician withholds all or part of a patient record, the physician must advise the patient that has been done and advise the patient of the patient's right to have the decision reviewed by the Privacy Commissioner (*The Health Information Protection Act*, section 36).

GUIDELINE: TRANSFER OF PATIENT RECORDS TO THIRD PARTIES

PREAMBLE

This guideline has been developed jointly by the SMA and the College to guide physicians in dealing with the transfer of copies of patient records from a physician to third parties.

Patient medical records belong to the physician, and not to the patient. Physicians have a responsibility to ensure that the record is secured and maintained accurately, and that information is not altered. The patient has a right to access the medical information in the record, and to obtain a copy of documents in the record, but not to obtain the record itself. That includes a right to authorize other persons to obtain copies of their medical information.

Saskatchewan legislation, *The Health Information Protection Act,* confirms that patients have a right of access to all of the information in their record, unless there is a specific reason which justifies withholding a portion of the information in the record. This right of access includes all information in the record, including reports of consultants and other records.

The obligation to provide information to patients, or to a third party at the patient's request, is also an ethical obligation. Paragraph 24 of the *Code of Ethics* of the Canadian Medical Association provides as follows:

> *Upon a patient's request, provide the patient or a third party with a copy of his or her medical record, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.*

It is critical to ensure that either informed patient consent is obtained to transfer a record to a third party, or that the transfer is authorized by law (see paragraph 22 of the *Code of Ethics* of the Canadian Medical Association and section 27 of *The Health Information Protection Act*).

THE GUIDELINE

1. Physicians have an obligation to provide copies of patient records to third parties if properly authorized by the patient;

2. Physicians should take appropriate steps to satisfy themselves that, if the request for a copy of a patient record is based upon the patient's request, the patient has given informed consent to the transfer;

3. If the authorization is in writing, and the authorization is dated a substantial time previous to the request, this may include an obligation to ensure that the patient still agrees to the transfer of the copy of the record;

4. If providing the requested information would disclose information that is particularly sensitive to the patient, or information that appears not to be required for the purpose for which the information is to be provided to the third party, the physician may be ethically required to ensure that the patient agrees to the transfer of the record;

5. If the request is made based upon a legal requirement, it is reasonable to expect that the person requesting the information will provide the authorization for the request, (court order, a copy of the legislation, etc.) before the documents are provided;

6. A copy of a requested record should be provided without undue delay;

7. A physician has a right to charge a fee in relation to photocopying or reproducing a patient record. If a fee is to be charged, that fee should be fair and represent cost recovery including staff time and overhead costs. The Saskatchewan Medical Association publishes the *SMA Fee Guide (for uninsured services)*, which on pages 4 and 5 of the Introduction and Codes 511A, 512A and 810A on page A2 suggests what the Saskatchewan Medical Association considers to be a fair fee where paper records are to be photocopied;

8. If the record is not immediately required for patient care or for some other pressing reason, it is reasonable for a physician to ask for some assurance of payment before a copy of the requested record it made;

9. If, in addition to requesting a copy of a patient record, the third party requests an opinion, or wishes to speak to the physician pertaining to the care of the patient, it is reasonable for the physician to charge a reasonable fee for the time involved in discussing care provided to the patient, or in providing an opinion to the third party.

GUIDELINE: TRANSFER OF PATIENT RECORDS BETWEEN PHYSICIANS

PREAMBLE

The College and the SMA are regularly consulted with respect to disputes that arise when a physician leaves a medical practice and establishes a new practice. This guideline has been developed jointly by the SMA and the College to guide physicians in dealing with the transfer of patient records from one physician to another physician.

Saskatchewan legislation, *The Health Information Protection Act* confirms that patient medical records belong to the physician and not to the patient. The physician has a responsibility to ensure that the record is secured and maintained accurately and that information is not altered. The patient has a right to access the medical information in the record, and to obtain a copy of documents in the record, but not to obtain the record itself.

There are a number of situations in which a physician may need to access an old medical record. Examples include a billing review by the Joint Medical Professional Review Committee, complaints to the College of Physicians and Surgeons and legal proceedings. It is therefore essential that physicians maintain an ability to access medical records that they have created and assure their security.

While it can be difficult to address some of the situations in which a physician is asked to transfer patient records to another physician, physicians must bear in mind that a primary ethical obligation is to cooperate with other physicians to optimize patient care. Paragraph 52 of the *Code of Ethics* of the Canadian Medical Association states:

52. Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services. Treat your colleagues with dignity and as persons worthy of respect.

TRANSFERING PAPER RECORDS BEWEEN PHYSICIANS

The SMA, the College and CMPA all recommend that the clinic that owns the record should generally keep the original record, only providing a photocopy if requested. This is so for a variety of reasons:

1. The file could be lost in transit;
2. The patient may wish to return to the clinic for care, either on an episodic or permanent basis. The clinic will then need to obtain access to the medical file from the departing physician;
3. If the clinic needs access to the file at some later date, but the patient refuses permission to allow access, the person having control of the file may not be able to allow access;
4. The clinic has no control over the file after it leaves its possession and will have no proof of treatment given to the patient while at the clinic. This could make it very difficult to respond to complaints or court actions.

The SMA and College have concluded that the following principles apply to ownership of paper medical records:

1. Unless there is a specific agreement to the contrary, patient records belong to the owner of the practice where the patient is seen;
2. The same principles of ownership apply if the clinic is not owned by physicians. In the absence of an agreement to the contrary, the patient records associated with such clinics will be owned by the entity that owns the clinic (e.g. district health boards, corporations, etc.);
3. If a departing physician was an employee of the clinic, the physician is usually not entitled to take the records for the patients that he/she will continue to see, unless the clinic agrees to transfer the patient records;
4. A departing physician who was a partner in a medical practice is not generally entitled to take any of the assets of the partnership, including patient records. Usually, the physician leaving will not continue as a partner in the practice. Usually, the partnership will continue as a legal entity with the remaining partners. Usually, the assets of the partnership (including the patient records) will continue to be owned by the partnership. The partners

may agree to allow the departing partner to remove original patient records for patients that he/she will continue to see;

5. Many physicians practice in association. This means that the physicians in the practice will share expenses but will not join together to own the assets of the practice. Not all of these agreements are well-documented and it can be difficult in some circumstances to determine who owns what assets in the absence of a written agreement. When a physician leaves such an association, it can be difficult to determine exactly who is entitled to the patient records. As a general rule, if the patients in the practice are seen by more than one physician, it is likely that those patient records will continue to be owned by the clinic. This would mean that a departing physician does not have a right to take patient records to a new location. If the patients were seen by only one physician, the right of that physician to take the patient records pertaining to those patients will be dependent upon the nature of the relationships within that association. In some circumstances, the right to remove patient records may be determined by prior agreement between the physicians in the clinic.

OUR RECOMMENDATIONS - PAPER RECORDS

The College and the SMA suggest that all medical practices should establish a written policy dealing with ownership of, and control over, medical records of patients who are seen at the clinic. Such a policy will help to avoid disputes and should address the following issues:

1. Who owns patient medical records if a patient is seen by more than one physician in the medical practice;

2. Who owns patient medical records if a patient is seen by only one physician in the medical practice;

3. If a physician who leaves the medical practice seeks a transfer of medical records pertaining to patients of the medical practice what charge, if any, will be made by the medical practice;

4. If copies of some records will be provided at no cost, what records will be so provided.

THE GUIDELINE – PAPER RECORDS

The following principles apply to a request for a transfer from one physician to another physician. There may be unusual circumstances that make the application of these principles impractical, but generally physicians should follow these principles:

1. A medical practice should retain the original records in accordance with the requirements of the College bylaws;

2. Patient files should only be transferred to another physician with the express or implied consent of the patient. It is reasonable to assume that there is implied consent to transfer a patient record to a physician who is leaving a clinic if that physician has been the patient's primary physician, unless there is information that indicates that the patient will not continue to receive treatment from the departing physician. The departing physician who requests information or copies of patient records has an ethical obligation to only request information for patients for whom the physician expects to provide ongoing care. If there is doubt whether there is express or implied consent to the transfer of the patient record, the clinic can require authorization from the patient;

3. A copy of a requested record should be provided without undue delay;

4. It has been customary not to charge a colleague for a copy of relevant portions of a patient record. This is especially so if the physician who has control of the record has moved or otherwise required a patient to transfer their care to another physician;

5. A request for payment from another physician may be justified if there have been repeated requests for transfer of information relating to that patient, if the patient has transferred voluntarily to another physician in the locality, if the request is for a copy of a large portion of a patient file, or if the request requires considerable expenditure of physician or staff time.

6. If a fee is to be charged, that fee should be fair and represent cost recovery including staff time and overhead costs. The Saskatchewan Medical Association publishes the *SMA Guide (for uninsured services)*, which on pages 4 and 5 of the Introduction and Codes 511A, 512A and 810A on page A2 suggests what the Saskatchewan Medical Association considers to be a fair fee;

7. Charging a fee for a copy of a record should never impede the orderly and timely transfer of required information.

8. If a fee is to be charged, and if the record is not immediately required for patient care, it is reasonable for a physician to ask for some assurance of payment before a copy of the requested record is made.

ADDITIONAL COMMON CONSIDERATIONS RELATING TO THIS GUIDELINE

There are some circumstances in which it may be more practical to transfer original patient files, rather than to transfer a copy of patient files to a physician.

If a physician with an established practice moves to another clinic and the departing physician has provided all, or nearly all, of the care to a patient, it may be more practical to transfer the entire file than to leave the file at the existing clinic. If patient care has been shared between the physicians in the clinic, but the patient will be transferring their care to the departing physician, the clinic may want to

provide the patient file to the departing physician to allow that physician to photocopy relevant portions of the record, and return the original.

There are some circumstances where a file will be sent to a hospital or other agency to assist in providing care for the patient at that location, with the file then returned to the clinic. In such circumstances the clinic should:

1. Consider whether patient authorization is required (see above);

2. List the patient files that have been so transferred and make a record when those files are returned;

3. Ensure that the files are transferred by a secure method to prevent loss in transit;

4. If the files are to be transferred temporarily to allow for them to be copied, the medical practice and the departing physician should agree on a date when those files will be returned;

5. If the clinic transfers the files permanently, the medical practice and the departing physician should enter into an agreement that the departing physician will, upon the request of the medical practice, allow the medical practice access to the patient files that were transferred if needed by the medical practice (this could be required to deal with litigation, a fee review by the Joint Medical Professional Review Committee, etc.).

TRANSFERING ELECTRONIC PATIENT RECORDS BETWEEN PHYSICIANS

Electronic patient records can, in some circumstances, be easily transferred between physicians with little cost or disruption to either the clinic providing the record, or the physician receiving the record.

Physicians should consider whether a request by another physician for copies of patient records can be met by arranging for the transfer of an electronic copy of the patient records.

The following principles apply to a request for a transfer of electronic patient records from one physician to another physician. There may be unusual circumstances that make the application of these principles impractical, but generally physicians should follow these principles:

1. A medical practice that arranges to provide a copy of an electronic patient record to another physician should retain the original records in accordance with the requirements of the College bylaws;

2. Patient files should only be transferred to another physician with the express or implied consent of the patient. It is reasonable to assume that there is implied consent to transfer a patient record to a physician who is leaving a clinic if that physician has been the patient's primary physician, unless there is information that indicates that the patient will not continue to receive treatment from the departing physician. The departing physician who

requests information or copies of patient records has an ethical obligation to only request information for patients for whom the physician expects to provide ongoing care. If there is doubt whether there is express or implied consent to the transfer of the patient record, the clinic can require authorization from the patient;

3. The College interprets section 27(2) of *The Health Information Protection Act* to mean that patient consent is not required for a clinic to transfer a copy of electronic patient records to a physician who leaves a clinic and who reasonably expects to provide ongoing care to patients of the clinic. Section 27(2) states:

> ***Disclosure***
>
> *27(2) A subject individual is deemed to consent to the disclosure of personal health information:*
> *(a) for the purpose for which the information was collected by the trustee or for a purpose that is consistent with that purpose;*
> *(b) for the purpose of arranging, assessing the need for, providing, continuing, or supporting the provision of, a service requested or required by the subject individual;*

4. A physician who, upon leaving a clinic, requests that the clinic make available an electronic copy of patient records, has an ethical obligation to only request a copy of records for patients who the physician reasonably expects to continue to provide care;

5. A copy of a requested record should be provided without undue delay;

6. A physician who, upon leaving a clinic, requests that the clinic make available an electronic copy of patient records, should pay the reasonable costs associated with the copying of the patient records;

7. It has been customary not to charge a colleague for a copy of relevant portions of a patient record. This is especially so if the physician who has control of the record has moved or otherwise required a patient to transfer their care to another physician;

8. If a fee is to be charged for a copy of a record, that fee should be fair and represent cost recovery including staff time and overhead costs;

9. Charging a fee for a copy of a record should never impede the orderly and timely transfer of required information.

10. If a fee is to be charged, and if the record is not immediately required for patient care, it is reasonable for a physician to ask for some assurance of payment before a copy of the requested record is made.

Appendix B - Sample Letters

Notice of Leaving Practice (Patient)

Dear (patient's name):

It is with mixed emotion that I am [announcing my retirement from active practice; relocating my practice; etc.] as *of* [date]. *This decision has not been made lightly, as I have enjoyed working at* _____.

As of [date], *Dr.* _____ *will be taking over my practice.* [Describe the new physician's background in 1-2 lines]. *Dr.* _____ *can be contacted at the address below:*

[Name of Physician and/or Clinic]
[Address]
[Telephone number]
[E-mail]

If you prefer, you may obtain the services of another physician. If you choose to do so, I would recommend proceeding as soon as possible to ensure a smooth transition for your health care. The local Health Region keeps a list of physicians who are accepting new patients.

Your medical records are confidential, and a copy can be sent to another physician or released to you or another person only through your consent. I will be pleased to provide a summary of my care while you have been my patient, and with your consent, will arrange to have a copy of your file transferred to your new physician's office. Please sign the enclosed authorization form and return it to our office as soon as possible before (date) so that we may make the appropriate arrangements concerning your file.

In default of this, your medical record will be transferred to _____ *and can be accessed by contacting* _____.

It has been my great pleasure to have provided you with health services in the past, and I am grateful to have had the opportunity to meet some wonderful people throughout my years in practice. Best wishes for a healthy future.

Sincerely,

Dr. _____
[title]

Notice of Leaving Practice (Colleagues, Professional Associations)

Dear (name of individual or agency):

It is with mixed emotion that I am [announcing my retirement from active practice; relocating my practice; etc] *as of* [date]. *This decision has not been made lightly, as I have enjoyed working at* _____.

As of [date]*, Dr.* _____ *will be taking over my practice, as well as the bulk of my medical records.* [Describe the new physician's background in 1-2 lines]. *Dr.* _____ *can be contacted at the address below:*

[Name of Physician and/or Clinic]
[Address]
[Telephone number]
[E-mail]

[Use this paragraph to indicate any committees, appointments, and other positions from which you will be stepping down that could be relevant to this individual or organization, or any other message you wish to convey to referring physicians, etc.].

It has been my great pleasure to have worked with you in providing quality health care in Saskatchewan. I am grateful to have had the opportunity to meet and work alongside some wonderful and remarkable people throughout my years in practice.

Sincerely,

Dr. _____
[title]

Notice of Transfer of Records

Dear (name of patient):

This letter is to inform you that, in default of receiving alternate instruction, your medical record has been transferred to the following physician/clinic/record storage facility:

[Name of Physician and/or Clinic/and/or Record Storage Facility]
[Address]
[Telephone number]
[E-mail]

Your medical records are confidential, and a copy can be sent to another physician or released to you or another person only through your consent. Should you wish to have your file transferred to an alternate location or physician, please sign the enclosed authorization form and return it to _____ so that the appropriate arrangements can be made.

Please note that a nominal fee may be charged for transferring your file.

It has been my great pleasure to have provided you with health services in the past. Best wishes for a healthy future.

Sincerely,

Dr. _____
[title]

Notice of Patient Dismissal (Ending a patient-physician relationship)

Dear (patient's name):

The patient-physician relationship is fundamental in providing and receiving excellent care. The patient-physician relationship must be based on trust, honesty, respect and a mutual desire to improve health outcomes. This can only be done in the context of a satisfactory patient-physician relationship in which both partners participate willingly.

{Use the next paragraph to describe your valid reasons for withdrawing from the patient-physician relationship, such as unacceptable behavior, loss of trust and breakdown in interpersonal relationship, repeated non-compliance with medical advice or a monitored drug contract, etc.}

In these circumstances, I do not believe it is in your best interest for me to continue to serve as your physician. I therefore regret to inform you that I will not be in a position to provide further medical services after {date? This time will vary, but you should give at least one month's notice.}.

Until that date, I will provide services to you or provide an alternate arrangement. After that date, I will not provide elective services to you, only emergency services in a life-threatening situation, when there are no other physicians to provide the required care.

I urge you to obtain the services of another physician as soon as possible. I will be pleased to provide a summary of my care while you have been my patient and with your consent will arrange to have a copy of your file transferred.

Sincerely,