



CANADIAN
EDITION

RSRS
An RSRS Publication

The New 2019

Practice Closure and Transfer

Planner & Timetable

**Everything
you need
to prepare
to close or
transition your
medical practice.**



Contents

<i>"I'm closing my practice... Where do I start?"</i>	3
---	---

Notification

Notification of Employees	4
Patient Notification	6
Providing a List of Patients	8
Notifying The College	9

Preparing for Practice Closure

Turning Over Your Practice to a New Doctor	10
Setting a Date	11
Financial Affairs	12
Lease Considerations	13
Retention of Patient Records.....	14
Retention of Business Records.....	16
Leaving a Group Practice	17
EMR Patient Records in a Group Practice	18
Preparing EMR Patient Records	19
Managing Health Information Technologies	19
Preparing Paper Patient Records.....	20
Destruction of Medical Records	21

Post-closure

Office Furniture/Equipment.....	22
Report Filing After Closure	24
Future Contact Information.....	24
Telephone and Mail after Closure.....	25
Disposal of Medications	26
Prescription Pad Disposal	26

Naming an Agent	27
------------------------------	----

Agent Form.....	28
Notification Checklist.....	29
About RSRS	30

"I'm closing my practice... Where do I start?"

No matter the "why," this book will help you prepare for practice closure. The book draws on our experience assisting well over 1,000 doctors with the various issues and tasks involved in practice closure due to retirement, relocation or unexpected life-events.

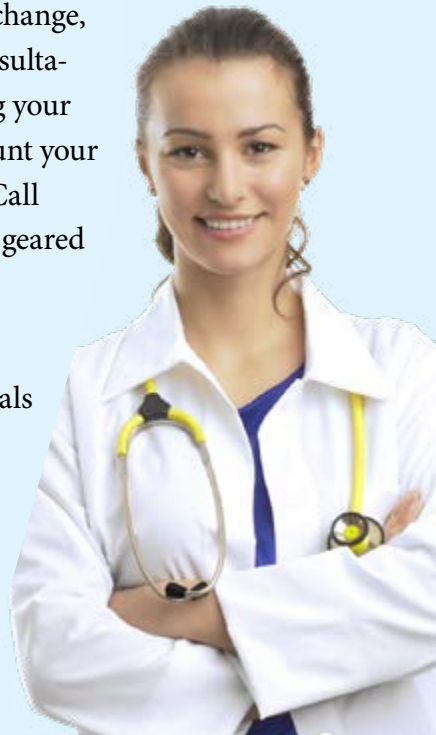
Planning to transfer your practice to another physician? We invite you to read page 10, "Turning Over Your Practice to a New Doctor," and to contact RSRS for additional guidance.

Closing a medical practice is a huge undertaking and RSRS makes the process less stressful. Great care must be taken to ensure compliance with current rules and regulations while also tending to the multitude of details regarding patients, staff, equipment, records, financial, legal and more.

The suggested timelines and other information in this booklet are intended as general advice, are subject to change, and are not a substitute for a personal consultation with an RSRS expert. When planning your practice closure, RSRS will take into account your particular objectives and circumstances. Call **1-888-563-3732** for advice and assistance geared to your particular needs.

Drawing on more than 20 years of experience in assisting medical professionals with practice closure, RSRS is pleased to present the much-requested:

***2018 Practice Closure and Transfer
Planner and Timetable.***



Notification of Employees

It is wise to notify your staff before anyone else, (with the exception of an employment lawyer). If your staff hears it first from someone else, you may find yourself without staff when you need help the most

"...you may find yourself without staff when you need help the most! - when winding down!"

- when winding down! To avoid this, we recommend that you take the opposite approach. Encourage your staff to remain with the practice and help to orchestrate elements of the closure process. You can offer a retention bonus to remain with you until a specific date.

Encourage them to find alternative employment for afterwards.

Factors that Impact Length of Notice Period

Take the time to determine the notice period required for each employee. Factors like age and length of service will play a role in this. We recommend that you speak to an employment lawyer with a copy of the employment contract if one exists.



RSRS always acts in strict confidence, so you can safely contact us to discuss your future closure, but it's best to tell your staff before patients find out.

Employee Notification Options

In accordance with the Employment Standards Act (ESA), each province sets out its legislation with respect to the minimum obligations when dismissing an employee.



When terminating an employee, you can:

- ☐ Provide working notice of dismissal
- ☐ Pay in lieu of notice
- ☐ Combination of both

(For more information regarding the calculation of the notice period, please refer to <http://recordsolutions.ca/employee>.)

The ESA sets out the minimum standards. It is important to know that your staff may have a common law right to longer notice periods than those provided by the ESA.

For more information regarding the subject of "Notification to Employees" please go to: <http://recordsolutions.ca/employee>.

Patient Notification

When closing a medical practice, a physician is required, in most cases, to notify patients, ideally in writing and well in advance (three months is standard). The clearer the communication details, the easier the transition.

- ☐ The notification is usually in the form of a **letter** addressed to the household. The letter includes the intended **date of closure**, details on **finding a new healthcare provider** and **instructions** on how to obtain a copy of the medical record.
- ☐ RSRS can create a mailing list of patients from your billing system and provide **printing** and **mailing** services. We can also provide **letters** you can hand out and notice **posters** for your office.
- ☐ In the case of a small community, a **Newspaper Ad** may suffice.
- ☐ If you already have a **website**, post the announcement online too.

Working with a professional company like **RSRS** gives you access to several **samples** of letters used. You can alleviate patients' concerns if you provide **helpful answers** to a few **key questions** up front:

- ☐ Who will look after me after my doctor is gone?
- ☐ What about my current regimen of prescriptions, outstanding test results and follow-ups? Who will oversee these things?
- ☐ What about my medical records? Where are they going?

(continues)

If you are aware of a colleague or associate willing to take on a few patients, you may wish to shortlist your patients with **special needs** and place them with a new doctor ahead of the general announcement. If you know of other doctors taking on new patients, you can include their contact info in your notification letter. RSRS has published links and contacts to help your patients find a new doctor in each province at www.recordsolutions.ca/newdoctor.



Unless you have a physician assuming your entire practice, you are required to retain your patients' medical records for a requisite period which differs somewhat for each province. (Refer to chart on page 14 of this booklet). RSRS specializes in records retention and management on your behalf.

Practice Closure Assistance

RSRS provides a comprehensive *Practice Closure Service* that covers **virtually everything** for physicians across Canada, including:

- ☐ Notification – to whom, when, what and how
- ☐ Requests for Copies / Transfers - retrieval, copying, scanning, secure delivery to patients, new doctors and authorized third parties.
- ☐ Secure Storage - in an environmentally managed environment for the required term
- ☐ Secure Destruction - at the appropriate, pre-determined time.
- ☐ Much more

For a free, no obligation consultation, telephone **RSRS** at 1-888-563-3732 or visit recordsolutions.ca/consultation

Providing a List of Patients

When notifying patients, you'll need a complete list with all the pertinent demographic information, especially if patients are to receive a letter in the mail.

Provincial colleges recommend that patients be notified three months prior to closure. Consequently, patients' demographic information should be extracted about four months in advance of closure, so there will be time to prepare and print the necessary correspondence (if applicable).

When RSRS is engaged to assist with notification of patients, **RSRS will help** you generate your patient list. The list is not just useful for notification purposes; this information makes it easier to locate files after they've been scanned and/or stored for long term retention. The list helps RSRS identify **active patients** who should be notified regarding the pending practice closure, **pediatric patients** whose records are going to require additional storage time, and the necessary **demographic details** for patients whose records are to be scanned.

Pertinent demographic information usually includes: first and last name, date of birth, provincial health number, all address fields including postal code, phone, email address and date last seen by doctor.

The DATE LAST SEEN by the doctor is an important piece of information as it identifies who the "active patients" are. They are typically the ones that need to be notified. This information usually comes from a different "source table" than the demographic information. It will often take an **expert** to extract the date-last-seen from your billing or EMR system and **RSRS' IT specialists** have years of experience pulling this information from computer systems.

Notifying The College

Not only should you notify your Provincial College of Physicians and Surgeons of your pending practice closure, but in some provinces you are *required* to provide the college with the contact information of the **location** of your medical records after closure.

When patients, attorneys, insurance companies and physicians go looking for the medical record of a patient of a closed practice, they often telephone the college or search the doctor's name on the college Web site. When the college can publish the location of the records, everything runs smoothly; patients and third parties get their records quicker and, just as important, you won't be contacted unnecessarily.



*Avoid being contacted unnecessarily for information.
Notify your College.*

Help with List Generation and Notification

- ☐ Help generating your patient list from your billing system or EMR
- ☐ Help writing your patient notification letter
- ☐ Help creating your newspaper ad and posters

For assistance with list generation and patient notification, telephone **RSRS** at 1-888-563-3732 or visit recordsolutions.ca/consultation

Turning Over Your Practice to a New Doctor

In the current climate, finding a new doctor to assume your practice is easier in certain locations than in others. Factors that come into play include: how well serviced the area is; the quality of life in the area; your patient population demographics; personal preferences; the presentability of your office, etc.

Sometimes a new doctor will want the entire practice. Sometimes, just the patients or just a subset of the patients. Occasionally, an incoming

doctor is prepared to *pay* for your roster. In a capitation model of physician compensation, each patient has a dollar value. Yet, sometimes you're lucky if you can find a physician willing to take on even a few patients.

One factor that may affect your ability to transition your practice is whether your practice is paper-based or even has remaining paper records along

with an EMR. While it's usually in the best interest of the patient to have the full record transferred, there are very few physicians willing to take on the paper of a closing practice, even if much of that paper still pertains to active patients. Many are convinced that it's not necessary. They certainly see no value in taking on the retention for inactive patient paper.

A physician contemplating taking over a practice generally looks for as little complication as necessary.

On the right is a chart detailing RSRS's comprehensive Practice / Succession Program. These services address the most important issues that arise when there is a practice transition scenario.



Practice Transition / Succession Program	
Notification to Patients	<ul style="list-style-type: none"> ✓ Mail, Email, Newspaper Announcement, Phone Message, Office Posters ✓ Patient demographic list creation listing “active” patients ✓ Introductory letter / bio for new doctor ✓ Mail and online rostering for incoming doctor (Ontario)
EMR Record Extraction	<ul style="list-style-type: none"> ✓ Communication with the EMR vendor to ensure proper extraction of all patient records for conversion to formatted PDF
Paper to Digital Records Conversion	<ul style="list-style-type: none"> ✓ Scanning of paper “active” records for EMR upload.
Record Storage	<ul style="list-style-type: none"> ✓ Compliant storage of EMR extracted records as well as paper records not required in new practice. ✓ Organization of active, inactive, addl. volumes, pediatric ✓ Bankers boxes for paper ✓ Pickup and shipping of paper records
Rostering of Patients	<ul style="list-style-type: none"> ✓ Phone and mail “nudge” to ensure maximum rostering of patients from former practice. Paper and online convenience.
Record Transfers	<ul style="list-style-type: none"> ✓ Transfer of digital or paper records to the new practice (with conversion as necessary) ✓ Transfer of records for patients not continuing in the practice.
Email Addresses	<ul style="list-style-type: none"> ✓ Capture and delivery of patient email addresses for incoming physician.
Office Equipment	<ul style="list-style-type: none"> ✓ Assistance with the sale / donation of medical equipment and office furnishings.

* In certain circumstances, RSRS offers some or all its services at NO CHARGE. Contact us for more details. In most transition cases, only some of the above-mentioned services are necessary. Notification and retention requirements will vary according to the province in which the practice resides.

Financial Affairs

Your first step is to inform your **financial institution(s)** of your practice's impending closure. Consider **cancelling** your business **credit cards**. You'll inevitably want to **close all bank accounts** used in conjunction with your practice's day-to-day operations. Accounts will need to **remain open** for as long as a year following your prac-



tice closure, in order that you may pay final bills and resolve outstanding issues related to accounts payable and receivable. If you **change** banking institutions or accounts, inform the **Ministry of Health**, so that **outstanding claims payments** can be deposited into the correct account.

If patients, insurance companies or lawyers owe you money for medical services you've provided, **collect as much as possible before your last day** in the office. Alternatively, you can hire a **casual billing clerk** to collect for you.

Notify your **insurance company(s)** that you are closing and that you want all relevant policies (overhead expenses, professional liability, etc.) **cancelled on the last day of practice**. You may choose to **continue** certain coverage — for example, **disability and malpractice insurance**. Your insurance agent can advise you on these issues.

Lease Considerations

Well in advance of practice closure, thoroughly review your **office lease agreement** to see if it permits termination before the expiry date, or to ascertain when notice must be given that you won't be renewing the lease (this will prevent automatic extension of the lease).



If the terms allow, plan on closing up shop at the end of the agreement, in order to **avoid financial penalties**. If there are penalties, find out if it's possible for you to **sub-lease** the premises under the terms of the existing lease. In any case, before giving your landlord notice, it's best to consult with a **lawyer**, especially if your lease is complex. If you own the building, meet with a lawyer and/or real estate consultant to map out a **strategy for disposition of the premises**.

In the case of **sudden closure**, when a practice is forced to close immediately, RSRS can help you navigate these issues.

Retention of Patient Records

When closing a practice, doctors are legally required to meet provincial requirements with regards to **retention of patient medical records** (see chart below). Retention periods are calculated from the **date of the last entry** in the chart. Patient medical charts belong to the doctor, but **patients have the right to access the information** contained therein and to **obtain a copy of their chart(s)**.

Retention of Clinical Records by Physicians in Canada		
Province/ territory	Requirements/recommendations	Age of majority
British Columbia	16 years from either the date of last entry or from the age of majority, whichever is later (College Bylaws under the Health Professions Act)	19
Alberta	10 years from date of last service or no less than 2 years past age of majority, whichever is longer (College Standards of Practice: Patient Record Retention under the Health Professions Act)	18
Saskatchewan	6 years; 2 years past age of majority, or 6 years after date last seen, whichever is later (CPSS Regulatory Bylaws under the Medical Profession Act)	18
Manitoba	10 years from date of last entry or in case of minor, age of majority plus 10 years (By-law #1 under the Medical Act)	18
Ontario	10 years or 10 years past age of majority (Medicine Act, General Regulation), or until physician ceases to practice (College recommends 15 years from date of last entry or 15 years after the day on which patient reached or would have reached age of majority)	18
Québec	5 years from date of last entry (up to 10 years for certain documents) (Medical Act Regulations)	18
New Brunswick	10 years after the patient was last seen or until age 21 (whichever is longer) (recommended by College)	19
Nova Scotia	10 years or 10 years past age of majority (recommended by College)	19
Prince Edward Island	10 years after date of last attendance or 10 years past age of majority or 10 years after member ceases practice, whichever comes first (recommended by College)	18

Province/ territory	Requirements/recommendations	Age of majority
Newfoundland & Labrador	10 years after the patient was last seen, or in the case of a patient who was a minor when last seen, until that patient reaches age 21, or 10 years from when that patient was last seen (whichever is longer) (College Bylaw #6)	19
Yukon	6 years from date of last entry (Medical Profession Regulation) or, in the case of minors the record must be accessible for 6 years or until 2 years past the patient's age of majority, whichever is longer (Yukon Medical Council, Standards of Practice: Records Management)	19
NWT & Nunavut	10 years or no less than 2 years past age of majority (whichever is longer (Adoption of Alberta College Standards of Practice))	19

Source: *A matter of records: Retention and transfer of clinical records*

The Canadian Medical Protective Association. Last updated October, 2016.

<https://www.cmpa-acpm.ca/-/a-matter-of-records-retention-and-transfer-of-clinical-records>

(Check the link above and the CMPA website for changes and updates, which can happen any time.)

Whether your records are in **paper** or **digital** format (or a combination of both), it's key to have them properly removed from your offices and **safely and securely** stored according to **provincially mandated guidelines**. Storage options include **archiving records**, contracting with a **storage firm**, or **scanning** into a **read-only** digital medium.

Physicians are expected to keep the **entire record** of a patient for whom the **date last seen** occurred during the retention period. You do not retain only the portion of the record that falls within the retention period and discard the balance; you must **keep everything** from the **first visit** to the **last visit**.

Pediatric records require longer storage. In some provinces, the retention period only begins after the child reaches the **age of majority**, regardless of the date last seen.

Make sure your **patients** know that you **plan to store your medical records securely**, where they will be stored and how they can be accessed. If patients would like to have their records copied, they must notify you in writing.

Retention of Business Records

Unless you get written permission from the Canada Revenue Agency, generally, you must keep all of the records and supporting documents that are required to determine your tax obligations and



entitlements for a period of **six years** from the end of the last tax year to which they relate. The tax year is the fiscal period for corporations and the calendar year for all other taxpayers. The rules are similar for GST/HST. Records and supporting documents concerning long-term acquisitions and disposal of property, the share registry, and other historical information that would have an impact upon the sale or liquidation or wind-up of the business must be kept indefinitely.

However, in some provinces, the books and records to be destroyed must relate to the business' fiscal year that **ended more than seven years before** the beginning of the fiscal year in which you plan to destroy the books and records. Check with an accountant for the record retention rules in your province.

Depending on the province, you also must retain **employee work records, including hours worked**, after the employee is no longer employed.

You'll want to notify and consult with your accountant and attorney regarding any additional financial and record keeping obligations resulting from your practice closure.

Leaving a Group Practice

If a doctor is part of a group practice that operates under a formal corporate or partners' agreement, that contract should

contain the required **notice period** for any physician leaving the practice and may include a buyout provision regarding the exit of a retiring partner/shareholder.



If the contract does not contain such details, the departing doctor may have to

negotiate the purchase price for his/her shares of ownership in the practice.

If the group is incorporated and the corporation will continue to exist after the physician's withdrawal from the practice, it may only be possible to transfer shares of ownership to another physician licensed in your province. Ask your attorney for advice on how to manage the transfer of shares.

If colleagues don't wish to recruit a replacement doctor, it may be easier to plan the closure of your practice to coincide with the **current lease expiry date**, so that colleagues can arrange to scale back or secure new premises.

RSRS has years of experience assisting retiring and relocating physicians in group practices across Canada.

Call 1-888-563-3732, ext. 2, or write to info@recordsolutions.ca for advice about leaving a group practice.

EMR Patient Records in a Group Practice

In a group practice, who is responsible for long term retention and access to your records? What about electronic records?

If you are in a group practice, you and the practice management will want to discuss who will manage the EMR records for your patients. If it is your responsibility, your patient records must be extracted and then removed from the group system to ensure patients' continued privacy.

When the departure of a doctor necessitates the extraction of a subset of digital medical records from a group practice EMR, it is important that the resulting data endure in a **readable format** throughout the retention period. This highly technical process should be left up to EMR experts like your **EMR vendor** and/or your **RSRS IT consultant**.

Helping Physicians Leaving Group Practices

RSRS helps retiring and relocating physicians withdraw from a group practice when the group decides not to retain the departing physicians patients and/or patient records. In order to make it possible for you to meet your record retention obligations, RSRS will:

- ☐ Cross-reference billing information to generate the list of patients assigned to the departing physician
- ☐ Help notify just the patients assigned to the departing physician.
- ☐ Compliantly extract, store and retrieve patient files as required

RSRS has years of experience assisting retiring and relocating physicians in EMR-based group practices across Canada.

Call **1-888-563-3732, ext. 2**, for advice about leaving a group practice.

Preparing EMR Patient Records

EMR patient records must be converted from a **proprietary** EMR format into a **universally recognizable** digital format for long-term retention and retrieval. Your RSRS IT Consultant has years of experiencing working with Canadian EMR vendors and **extracting data** from EMR systems for export to discrete and **transferable** patient files. To learn more about this process, visit recordsolutions.ca/emr.

Managing Health Information Technologies

If your practice utilizes **scheduling, billing and/or EMR systems**, your office will have to contact the computer software vendor to **cancel contractual obligations** and **obtain assistance with maintaining confidentiality** of your patients' medical records housed on those systems. Also, you'll want to finalize **accounts payable** with your computer software vendor.

In addition, you may want to **sell your computers**, but if you do, you'll have to ensure that all patient information is properly and thoroughly wiped. It's a common misconception that deleting files removes confidential data, but that is not the case. Therefore, it's wise to hire a reputable **information technology company** to do this, as they will ensure that all **confidential health information is eradicated** before your computer hardware is sold or discarded.



Timeline: coordinate 1 to 2 weeks before pickup

Preparing Paper Patient Records

It is important to pack paper medical records in such a way that patient files can be found in a timely fashion once RSRS has taken custody. Paper records are shipped and stored in **heavy-duty bankers boxes** (12" x 15" x 10"), sold at places like **Costco** or **Staples** or available from **RSRS**.

Whether on the shelf or in drawers, every 14-inches of medical records represents approximately one box of records, so you will get a close approximation of the number of bankers boxes to be shipped to RSRS by adding up the measured length of all your medical records and dividing by 14-inches (or 36-centimetres).

You should pack active records in separate boxes, apart from inactive records, if possible. Each box should be **individually labelled** as to its contents.



For a more thorough step-by-step list for packing paper medical records visit recordsolutions.ca/preparing.

Shipping medical records is easy with RSRS' help. Coordinate with RSRS to confirm date, time, location, and contact details at the pick-up site. Boxes should be ready to go when the driver arrives. For more information visit recordsolutions.ca/shipping.

Management, Retention, Retrieval *and* Shredding

RSRS stores, manages, retrieves, provides copies, and at the end of the retention period, compliantly destroys patient medical records for practices across Canada.

Destruction of Medical Records

The Canadian Medical Protective Association (www.cmpa-acpm.ca) recommends that once the retention period has expired, records should be destroyed in a manner that maintains confidentiality. After you've been in practice for more than 10 years (16 years in BC), it makes sense to begin a regular schedule of record destruction as records become stale-dated. Storing a box of inactive files by date-last-seen can help in this process — once the legal retention period has expired, the entire box may be sent out for destruction. (Remember that inactive pediatric records must be kept for a longer period of time, see page 14.)

It is also recommended that you keep a list of destroyed records in a secure location, so you can prove that the record has not been lost or misplaced.

Destruction of a medical record always refers to the entire record only and must be done compliantly. Physicians should destroy medical records by supervised **cross-shredding**, **incineration** or by **electronic erasure** of data (see next page), including any backup copies of the records. The CMPA and some provincial colleges go so far as to recommend **professional destruction** of hard drives and discs to ensure that the information cannot be recovered.

Keeping up to date on your destruction schedule is very helpful as you approach practice closure. It **reduces the amount of material** that must be packed and prepared for shipment.

We recommend that you **discuss the entire process with an RSRS consultant at 1-888-563-3732, ext. 2**, just so you can avoid doing any more sorting / packing than is absolutely necessary.

Office Furniture/Equipment

Assuming you own (as opposed to lease) your office furniture, you may be surprised to learn that the furniture styles have changed quite a bit since you started practicing. New practices are looking for an updated look and may not see the value that you see in your furniture. Also, bear in mind that new practices are paperless, rendering your filing cabinets virtually obsolete. But this shouldn't stop you from trying to do the best you can on recouping some of the expense. There are markets for just about anything out there, including computer(s), postage scale, telephone system, etc. We recommend that you explore online forums like Kijiji.ca or Craigslist.ca where you can advertise for free.



Donation is another possibility. Your university alumni association may be able to help you find a recipient for your donated equipment. There are not-for-profit organizations willing to take second-hand items, be it for a local organization or one overseas. Recipients can include inner city health clinics, clinics serving First Nations communities, and mission organizations in the developing world (though the cost of long-distance transportation can be a barrier to making a cost-effective donation of some items). You may even be lucky enough to get a receipt for tax purposes. Ask your accountant for more information.

You can contact an organization such as CSR Eco Solutions, a global social enterprise managing the redistribution of redundant

RSRS has contacts with several organizations in search of specific used medical equipment. Needs can vary. We may be able to sell on your behalf, or obtain a tax receipt for you. Please let us know what equipment you have (include digital photographs).

1 month to closure

(Depending on requirement to vacate premises.)

assets on behalf of corporations, government institutions and health-care facilities.

Medical equipment is a different story. Most smaller items have little value on the resale market. However, Class I, II, III and IV devices that are of recent vintage, or have been upgraded and are well



maintained, all have some value. Equipment considered “medical devices” must comply with the Food and Drugs Act and Medical Devices Regulations, as per Health Canada. Section 26 of the Medical Devices Regulations ([SOR/98-282](#)) states that “no person can import or sell a Class II, III or IV medical device unless the manufacturer of the device holds a license for it.” Because the sale of medical devices comes with legal ramifications, you may wish to sell

devices like ECG machines, anesthesia machines, ultrasounds, defibrillators, patient monitors, etc. to a Canadian reseller like ANDA Medical ([andamedical.com](#)) who know their way around [the regulations](#).

If you’re leasing the equipment, the lease termination date will, ideally, coincide with the date of practice closure. If not, you may consider a buyout, or you will be required to honour the terms of the lease. Ensure that leases for equipment are concluded properly, and in writing in order to protect you from later claims that the contracts were broken unilaterally.

Report Filing After Closure

If not handled correctly, incoming lab results, reports and other patient-specific documents can cause delays, confusion and extra work once you've closed your doors. Here are some tips for winding down your practice in the final weeks:

- ☐ It is recommended that you discontinue all **requisitions** for **testing** and referrals at least **two weeks prior** to closure.
- ☐ Continue reviewing **incoming** letters/reports, as some patients may require urgent follow up.
- ☐ All incoming reports can be forwarded to RSRS for filing into the applicable patient's medical chart, but ***must be reviewed and signed off by the doctor first.***

Future Contact Information

RSRS may need to contact the doctor regarding a specific patient, an emergency enquiry needing assistance, or a medico-legal matter requiring immediate attention. Information needed includes: Home address, home telephone, cellular phone, and any alternative location (cottage, second home).

RSRS will walk your staff through all the stages of practice closure, including assisting with the set-up of a program for report filing, telephone number referral, mail forwarding and all the myriad details that come up as you're trying to close your practice.

Telephone and Mail after Closure

Unless you've been working in a group practice or clinic setting where there is a shared phone number, telephone "reference of call" and postal forwarding are key to a smooth transition once you've closed your doors. While telephone messages may refer to RSRS directly, mail is not forwarded to RSRS. Here's how it works:

The Phone Company

Ask your office telephone provider to have a *reference-of-call intercept message* placed on your number. The message should state: *"This number has changed. The new number is 1-888-563-3732,"* **which redirects patients to RSRS**. Please request this recording for **ONE YEAR**. Your telephone provider may charge for this service.

Canada Post Mail Forwarding

RSRS cannot accept client mail. Have your office mail forwarded to your home address or better yet, for security reasons, have your mail directed to a post office box. Once reports and labs have been reviewed and signed by you, these documents can be forwarded to RSRS for inclusion in the patient charts.

There's a lot to do when you're closing a medical practice. With the guidance offered by **RSRS**, everything runs more smoothly. For a free, no obligation consultation, telephone **RSRS** at 1-888-563-3732, Ext. 2.

Disposal of Medications

It's critical that the disposal of all medicinal products be conducted with great care for reasons of safety and legal liability. Improper disposal could contaminate local water and ground systems. Deadly prescription drugs could inadvertently end up in the hands of children or criminals. Disposal must be thorough, with due regard to environmental, municipal, provincial and federal legislation.

We recommend that you consult your pharma representative(s), your local pharmacist or even the local police.

For information regarding the disposal or destruction of controlled substances, refer to the **Controlled Drugs and Substances Act (CDSA)** and associated regulations by visiting:

<http://laws-lois.justice.gc.ca/eng/acts/C-38.8/>



Prescription Pad Disposal

If you are planning to leave medicine, and will no longer be in a position to write prescriptions, you should shred your prescription pads and any related forms or letterhead that might otherwise fall into the wrong hands. They should not be kept around for use as memo pads or for notes.

Naturally, if you are continuing to practice in another location, you can take your prescription pads with you.

RSRS provides secure certified shredding for prescription pads along with patient records due for destruction (See page 21) and for any other documentation that should be securely destroyed.

Naming an Agent

One of the main reasons you prepare a last will and testament is to protect your family when you can't be there. Accidents or illness can happen to anyone. Should it happen to you, the retention, notification, copying and distribution of medical charts outlined in this booklet will likely become the responsibility of your spouse or adult child, who automatically become the *Health Care Information Custodian*.

The CMPA and provincial colleges acknowledge that companies that specialize in the long-term storage and retrieval of medical records, like RSRS, can be particularly helpful when they act as an "Agent" for those who must take responsibility for records belonging to an ill or deceased physician.

Unless colleagues have agreed to assume responsibility for your records in the case of sudden death or disability, some colleges recommend that you **appoint** a storage and retrieval company like **RSRS** as your "**Agent**" for the management of medical records. By directing your executor to entrust the disposition of your patient medical records to RSRS, your loved ones will not be forced to carry this load during a time that is already fraught with difficult decisions and emotional upheaval.

Attach this Booklet to your Will

Complete and attach the form on the next page to your Will to ensure that the people you care about will have the guidance and services they'll need to get through the process as smoothly and easily as possible.

If there's one thing a physician knows, it's that people can unexpectedly face an unanticipated change in life circumstances. Complete the form below, cut it out and attach it to your estate documents as an added hedge against unnecessary confusion for your loved ones and office staff should the unexpected happen. For more information on naming an Agent for your medical records see page 27.

Agent Form

I am attaching this document to my Will in order to ensure that my heirs and or assigns do not face unnecessary effort and responsibility should circumstances dictate that the medical records from my medical practice need to be stored compliantly after my incapacitation or death.

I request that any heir/assign who is obligated, as the *Health Information Custodian*, to take care of the medical records from my medical practice, discuss the disposition of the medical records with RSRS - Record Storage & Retrieval Services Inc., and *if a satisfactory arrangement can be made*, appoint RSRS to take over the responsibility for ongoing maintenance, retrieval and copying of medical records during the mandatory retention period. RSRS has the experience and expertise to comply with all guidelines in every province in Canada and can take over the management of both the digital and paper medical records, if any. RSRS can be contacted at 1-888-563-3732, Ext. 2.

Signed this _____ of _____, 20____.

Name: _____

(signature)

Briefly list location of all records: _____

Notification Checklist

Although this list is not necessarily comprehensive, here is a list of people and organizations that you may want to notify about your pending practice closure:

- | | |
|--|--|
| <input type="checkbox"/> Accountant
(see pgs. 16, 22) | <input type="checkbox"/> Landscaping/Snowplowing |
| <input type="checkbox"/> Canada Post (see pg. 25) | <input type="checkbox"/> Lawyer
(see pgs. 4, 9, 12, 13, 16 & 17) |
| <input type="checkbox"/> College of Physicians & Surgeons (see pg. 9) | <input type="checkbox"/> Magazine subscriptions |
| <input type="checkbox"/> Credit and debit card companies (see pg. 12) | <input type="checkbox"/> Medical association |
| <input type="checkbox"/> Employees (see pg. 4) | <input type="checkbox"/> Medical equipment dealer
(see pg. 22) |
| <input type="checkbox"/> EMR / billing software provider(s)
(see pgs. 6, 8, 18, 19) | <input type="checkbox"/> Municipal tax office
(particularly if a residential dwelling is used for the practice) |
| <input type="checkbox"/> Financial advisor
(see pgs. 11, 12, 13, 16) | <input type="checkbox"/> Office-supply vendors |
| <input type="checkbox"/> District health authorities | <input type="checkbox"/> On-call group |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Patients (see pg. 6) |
| <input type="checkbox"/> Internet/cable provider | <input type="checkbox"/> Pharmacies (see pg. 26) |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Referring doctors (see pg. 25) |
| <input type="checkbox"/> Labs (see pg. 25) | <input type="checkbox"/> RSRS (see pg. 30) |
| <input type="checkbox"/> Landlord (see pgs. 11, 13) | <input type="checkbox"/> Telephone company
(see page 29) |
| | <input type="checkbox"/> Utilities (water, heat, hydro) |

Setting a Date

Unless there are personal health considerations at stake, setting a date typically comes down to the factors discussed in the previous pages. For instance, you should seek the advice of your financial and legal advisors; review your lease with your landlord (if you have one); review equipment lease agreements, and discuss the disposition of your patients and their medical records with your partners/colleagues, whether in a group practice or solo.

Retiring physicians may choose to wind down their practices slowly over time in order to remain active and engaged while working at a more manageable pace. However, winding down can make it more difficult to transition your practice to a new doctor and adds complexity to meeting retention obligations.

We recommend that you **contact RSRS as early as possible**, as soon as you know that you will want to close, even if it's years in advance. In

that way, we can provide you with critically important advice that could save you time, effort and money when it comes time to close your medical practice.





Practice Closure and Transfer Planner and Timetable

Edited by Don Douloff and Jim MacDonald

Published by RSRS - Record Storage & Retrieval Services, Inc.
111 St. Regis Cres. S.,
Toronto, ON M3J 1Y6

1-888-563-3732, Ext. 2

Email: Info@RecordSolutions.ca

Web: www.RecordSolutions.ca

©2016, 2017, 2018 ALL RIGHTS RESERVED

®™ Trademarks of AM Royalties Limited Partnership
used under license by LoyaltyOne, Co. and RSRS.

Any reprint of this publication in whole or part without the
express written consent of the publisher is prohibited.

RSRS - Record Storage & Retrieval Services, Inc. disclaims all and any guarantees, undertakings and warranties, expressed or implied, and shall not be liable for any loss or damage whatsoever (including human or computer error, negligent or otherwise, or incidental or consequential loss or damage) arising out of or in connection with any use or reliance on the information or advice in this booklet. The user must accept sole responsibility associated with the use of the information herein, irrespective of the purpose for which such use or results are applied.

The material and information provided in this publication are for general information only and should not, in any way, be relied on as legal advice or opinion. These materials do not constitute legal advice and do not create a contractual relationship between you and RSRS. The author makes no claims, promises or guarantees about the accuracy, completeness, or adequacy of any information linked or referred to or contained in this publication. No person should act or refrain from acting in reliance on any information found in this publication without first obtaining appropriate professional advice from a lawyer duly licensed to practice law in the relevant province, state, territory or country.

Additional Contributors

Philip R. White, a Toronto employment lawyer and the author of www.employmentlaw101.ca, kindly contributed a much longer and more detailed article about **Employee Notification** for closing medical practices, which can be found at: <https://www.recordsolutions.ca/employee>.

About RSRS

Since 1997, **RSRS** has provided professional practice closure assistance services to Canadian physicians in the areas of **patient notification**, **paper and electronic record storage and scanning**, **EMR extracts**, **medical record transfers and release of information**, and **secure shredding**. **RSRS** also facilitates the **transition** of a practice from one physician to another.

RSRS provides services in full compliance with the guidelines set forth by the **provincial Colleges of Physicians & Surgeons**, **medical associations**, as well as the **Canadian Medical Protective Association (CMPA)**.

RSRS is a member in good standing with the **Association of Information & Image Management (AIIM)** and the **American Records Management Association (ARMA)**. **RSRS** is a supplier to the **Ontario Privacy Commission**.

For more advice and additional information to help you wind down your medical practice, contact **RSRS**.



*RSRS serves physicians
from coast to coast.*

RSRS - Record Storage & Retrieval Services, Inc.

1-888-563-3732, Ext. 2

Email: Info@RecordSolutions.ca

Web: www.RecordSolutions.ca