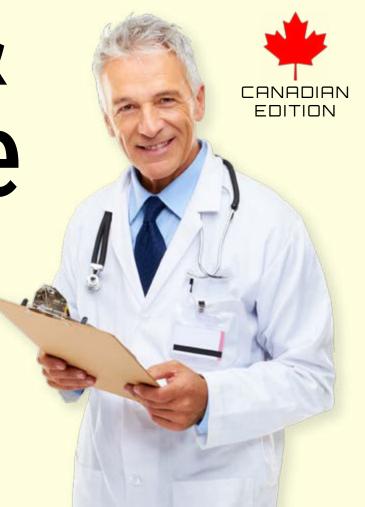
**The New 2016** 

# Practice Closure

Planner & Timetable

Everything you need to prepare for medical practice closure.



## **Table of Contents**

Introduction	3
Record Retention	
Retention of Patient Records	4
Retention of Business Records	5
<b>Group Practice</b>	
Leaving a Group Practice	6
Compliance in a Shared-Care Model	7
Notification	
Patient Notification	8
Finding a Physician for Patients	10
Providing a List of Patients	12
Financial Affairs	14
Preparing Records	
Boxing Paper Patient Records	16
Labeling a Box of Paper Patient Records	17
Storage of EMR Patient Records	18
Pick-up and Shipping to RSRS	19
Office & Equipment	
Managing Health Information Technologies	20
Lease Considerations	21
Office Furniture/Equipment	22
Disposal of Medications	24
Prescription Pad Disposal	
After Closure	
Report Filing	26
Future Contact Information	26
Telephone and Mail Forwarding	27
Hire a Consultant?	28
A Good Idea	
Attach this Booklet to your Will Documents	29
About RSRS	30



#### Introduction

The closing of a medical practice can happen for any number of reasons — retirement, relocation, career change, family commitment, legal judgement, business failure, accident, illness or even death.

Whether planned or not, closing a medical practice is a huge undertaking,

which is hard enough when you see it coming; even harder when you don't. 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 so much more.

When closure comes as a result of unplanned illness, trauma or life-altering event, the compounding stress can be frighteningly overwhelming.

With over 18 years of experience in Medical Practice Closure, after having assisted nearly 1,000 medical professionals, RSRS is pleased to present its latest edition of the much requested: *Practice Closure – Planner and Timetable*.

Whatever the reason — RSRS makes practice closure easier.

#### **Retention of Patient Records**

When closing a practice, doctors are legally required to meet **compliance** requirements with regards to **storage** of **patient medical records**. To that end, it's critical to secure and protect the **confidentiality** of the records you retain.

Patient medical charts belong to the doctor, but patients have a right to access the information or obtain a copy. 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 (typically, a minimum of 10 years after the date of last service).

Storage options include **archiving records**, contracting with a **storage firm**, or **scanning** into a **read-only** digital medium.

Even though you're closing up shop, you should **retain** and be able to **access** the original records in case a question ever arises about the quality of patient care you've delivered (in the most extreme example, a **malpractice** suit). Also keep in mind that patient medical charts or records belong to the doctor, but **patients have the right to access** the information contained therein and to **obtain a copy** of his/her chart.

Make sure your patients know (via your practice closure notice) that you plan to remove their medical records for secure storage. If patients would like to have their records copied to another provider, 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 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 include a buyout provision regarding the exit of a retiring partner/shareholder.



If, however, the contract does not contain such details, it is then best for the departing doctor to plan the closure of his/her practice to coincide with the current lease expiry date, so that his/her colleagues can arrange to secure new premises, scale back the existing space, or recruit a replacement doctor.

If 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 licensed physician.

Ask your attorney for advice on how to manage the transfer of shares.

## **Compliance in a Shared-Care Model**

Establishing doctor ownership of records is more **complicated** for a physician group within a **shared-care model**. Ideally, the group practice agreement would feature a clause outlining an **agreed-upon procedure** for archiving medical records. If such a clause doesn't exist, the group will have to **negotiate** a mutually agreeable contract governing record archiving and retention.

### 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 store and then retrieve patient files as they find new physicians

**RSRS** has years of experience assisting retiring and relocating physicians in group practices across Canada. Call 1-888-563-3732 or write to info@rsrs.com for a free, no obligation Practice Closure consultation.

## **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 clean	rer the communication details, the easier the transition.				
	The notification is usually in the form of a <b>Letter</b> addressed to the household. The letter includes the <b>date of closure</b> and <b>how patients can obtain a copy</b> of their medical record.				
	RSRS can provide <b>printing and mailing services</b> . We can also provide letters you can hand out, and posters for your front door.				
	In the case of a smaller community, a <b>Newspaper Ad</b> may suffice.				
Working with a professional company like <b>RSRS</b> gives you access to several samples of letters used. You can alleviate patients anxious concerns if you provide helpful answers a few key questions right out of the gate:					
	Who will look after me after my doctor is gone? (He/she is the only one who really knows me).				
	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)

There are two ways to answer these questions. If you are aware of a colleague or associate willing to take on new patients, you may wish to shortlist some of your patients with special needs.

In the absence of another physician willing to take on patients, you will find resources that will help your patients find a new doctor on the next page.

#### **Practice Closure Assistance**

**RSRS** provides a comprehensive *Practice Closure Service* that offers virtually everything you need to close a practice, including:

- A comprehensive timeline to cover off all the steps
- Notification starting with an assessment of who should be notified and how best to notify them, drafting the announcement and facilitating the mailing or other form of notification.

  Professional notification is also handled.
- Facilitation of all patient record transfer requests
- Working with the phone company
- Making accommodation for late incoming reports and results

**RSRS** Practice Closure Assistance is available to physicians across Canada. Call 1-888-563-3732 or write to info@rsrs.com for a free, no obligation Practice Closure consultation.

## **Finding a Physician Links for Patients**

Province	Links, Phone Number(s) and Information			
Alberta	Find a Physician: http://search.cpsa.ca/physiciansearch			
	Local search: www.albertahealthservices.ca/info/Page13253.aspx			
	Alberta Health Link: Dial 811			
British	Find a Physician: www.cpsbc.ca/physician search			
Columbia	HealthLink BC: Dial 811 or 1-604-215-8110			
Manitoba	Family Doctor Finder: www.gov.mb.ca/health/familydoctorfinder/			
	Patients may register by phone: 1-866-690-8260			
New Brunswick	Patient Connect NB: www.gnb.ca/patientconnectNB			
	Register by phone by calling Tele-Care: Dial 811			
Newfound- land & Labrador	Physician Search: <a href="https://www.cpsnl.ca/default.asp?com=DoctorSearch&amp;adv=2">www.cpsnl.ca/default.asp?com=DoctorSearch&amp;adv=2</a>			
	HealthLine: Dial 811 or 1-888-709-2929			
Northwest Territories	Hospitals, Health Centres, Clinics & Health Units: www.hss.gov.nt.ca/health/feeling-sick/hospitals-health-centres-clinics-and-units			
Nova Scotia	Dept. Health & Wellness: http://novascotia.ca/dhw/physicians			
	Dept. of H&W: Dial 1-902-424-3047   Nova Scotia Telecare: Dial 811			
	Central Zone NS: www.cdha.nshealth.ca/www.findafamilypractice or call: 1-855-444-4415			
	Walk-in Clinics: www.doctorsns.com/en/home/yourhealth/walk-in-clinics.aspx			

(continues)

Province	Links, Phone Number(s) and Information		
Nunavut	Department of Health: http://gov.nu.ca/health/information/health-centres		
	Register for <b>Health Care Connect Program</b> : <a href="https://hcc3.hcc.moh.gov.on.ca/HCCWeb/faces/layoutHCCSplash.jsp">https://hcc3.hcc.moh.gov.on.ca/HCCWeb/faces/layoutHCCSplash.jsp</a>		
Ontario	Sign up with <b>Health Care Connect representative</b> : 1-800-445-1822		
	Government of Ontario — Find a family doctor or nurse practitioner: https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner		
Prince	Health PEI: http://www.healthpei.ca/patientregistry		
Edward Island	Call to register: 1-855-563-2101		
	Collège des médecins du Québec - Access to a Physician: http://www.cmq.org/page/en/acces-medecin.aspx		
Quebec	Waiting List Register to Access a Family Doctor: <a href="http://sante.gouv.qc.ca/en/">http://sante.gouv.qc.ca/en/</a> <a href="programmes-et-mesures-daide/guichet-dacces-pour-la-clientele-sans-medecin-de-famille/">http://sante.gouv.qc.ca/en/</a> <a href="programmes-et-mesures-daide/guichet-dacces-pour-la-clientele-sans-medecin-de-famille/">http://sante.gouv.qc.ca/en/</a>		
	Referrals via Info-Santé: Dial 811		
Saskatche-	Gov. of Saskatchewan — Accessing Health Care Services: www.saskatchewan.ca/residents/health/accessing-health-care-		
saskatche- wan	services/find-a-family-doctor-in-your-community		
	Saskatchewan HealthLine: Dial 811		
Yukon	Yukon Medical Council: www.yukonmedicalcouncil.ca/find_doctor.html		

#### **Providing a List of Patients**

It is very important that RSRS have a **patient list** from which to produce the notification mailing materials (when applicable) and for *indexing* patient charts for scanning or storage. An **electronic patient list** can be exported from your **billing software**. Your RSRS IT **Consultant** will help smooth this process. Your patient list can then be converted into an Excel, .CSV, .DBF, or a "delimited" text file. It can then be sent to RSRS on a thumb-drive or on a CD.

Here are the fields that should be exported from the billing software:

Patient Last Name
Patient First Name
Date of Birth
Most Recent Address
Most Recent Telephone Numbers
Email address(es)
Health card # / Unique I.D.
Date Last Seen By Doctor

Limit list to patients seen within the last two/three years (in order to include all active patients). Ask your Billing Provider for assistance. Alternatively, RSRS are most happy to help. If RSRS do not receive this list, the charts would be manually indexed. Additional charges may apply.

## **Notification of Employees**

If you have employed staff (nurses, receptionists) in your practice, you may be obligated to pay notice of termination and severance under your province's employment legislation. While each province is different, payment obligations usually depend on the employees' length of service, the number of employees being dismissed and the practice's total annual payroll.

With so much to do, you may want to offer employees a bonus for staying with the practice until the day you vacate the office space.

You may want to encourage your staff to remain with the practice through the closure process by offering them a bonus for not leaving early.

#### **Financial Affairs**

First step is to inform **financial institutions** of your practice's impending closure. Consider **cancelling** your business **credit cards**. It's also a good idea to **close all bank accounts** used in conjunction with your practice's day-to-day operations. Accounts may need to **remain open** for a period of time (**60 to 90** 



days) following your practice closure, to 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 law-

yers 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 companies** that you are closing up shop 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.

You may also wish to consider professional notification to include:					
	referring doctors,		the landlord,		
	labs,		phone company		
	pharmacy,		(you may wish to have the phones forwarded to the		
	hospital,		custodian of your patient records),		
	your College of	_	records),		
	Physicians and	ш	utilities (water, heat,		
	Surgeons,		hydro),		
	medical association,		internet/cable provider,		
	district health		EMR / billing software		
	authorities,		provider,		
	on-call group,		janitorial,		
	lawyer,		landscaping,		
	accountant,		Canada Post,		
	financial advisor,		credit and debit card		
	municipal tax office		companies,		
	(particularly if a		office-supply vendors,		
	residential dwelling is		magazina cubecrintione		
	used for the practice.)		magazine subscriptions.		

## **Boxing Paper Patient Records**

The following checklist is provided to assist in the closure of your practice and/or the preparation of your patient records for shipment to RSRS. Please read through the items carefully. Some items may not apply.

- Estimate the number of boxes: Take linear measurements of files (in inches) and divide by 14-inches.
- Use standard-sized Heavy-Duty Bankers Boxes (measuring 12" x 15" x 10").
- Recommended Boxes: Costco; Staples or Office Depot (not the

cheapest boxes as they often break down).

- When packing a box, please leave one inch of space for ease of access
- Create separate sets of boxes for active and inactive charts. RSRS considers active files to be patients seen within the last two years of practice.



### **Labeling a Box of Paper Patient Records**

Here is how to label a box for storage with RSRS: Print clearly on the box or label using black permanent marker. IMPORTANT – Please ensure label is positioned on **short side** of box (as shown in photo) List alphabetical contents of box: e.g., ADA-CAR for surnames Adams to Carey. ADA - CAR Box number and total boxes in set: e.g., Box 1 of 30 for first active box of thirty. Set: Active/Inactive. For deceased, transferred sets please write on label clearly. If set organized by Year Last Seen, please *clearly* mark box. Paediatric set: Separate out any patients under 18 years of age. Organize charts by Year of Birth, then alphabetically. Deceased set: Clearly mark each patient file Deceased with year. Shredding: Any shredding ready to be destroyed; mark box IMMEDIATE DESTRUCTION.

## **Storage of EMR Patient Records**

The following checklist is provided to assist in the shipping of your patient records to RSRS. Please read through the items carefully.

- In order to help you meet your patient record retention obligation, RSRS requires the EMR records of all patients.
- Notify EMR provider to schedule extract of EMR records. Your RSRS IT specialist can work with your software provider, ensuring that RSRS will receive the material in a timely manner.
  - RSRS requests export of data and all associated images as standard format (ex: XML). Your RSRS It consultant has years of experiencing extracting data from EMR systems for export to discrete and transferable patient files.



Your **RSRS I.T. Specialist** is an expert at working with your software provider to extract your patient records for long term storage and retrieval.

## Pick-up and Shipping to RSRS

The following checklist is provided to assist in the shipping of your patient records to RSRS. Please read through the items carefully.

- Confirm date, time, exact address, shipping door instructions, telephone number (of contact on hand at pickup site).
- Boxes should be **packed** and **labelled beforehand**. Additional charges may apply if the driver is made to wait.
- Obtain any clearances in your **building** (elevator time, parking, and potential building disruption).
- Advise **RSRS** of special info (such as designated parking, building personnel we should contact).



RSRS assists physicians and clinics with practice closure from coast to coast.

Residence Pickup: Please have boxes ready on ground floor, or in garage. Additional charges may apply if stairs are involved.

## **Managing Health Information Technologies**

As medical practices increasingly adopt digital technologies such as electronic medical records (EMR), the question of how to handle health information technology at the time of practice closure will become one that more and more doctors will need to ask. 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 to ask for their help on how to maintain confidentiality of your patients' medical records housed on those systems.

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

You may want to hire a reputable I.T. firm to erase all sensitive information from your office computers once all data has been safely extracted for long-term retention.

technology company to do this, as they will ensure that all confidential health information is eradicated before your computer hardware is sold or discarded.

Also, you'll have to finalize **accounts payable** with your computer software vendor.

For information on storing or disposing medical information, contact the Canadian Medical Protective Association at <a href="https://www.cmpa-acpm.ca">www.cmpa-acpm.ca</a>.

#### **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 signals 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.



### **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. We recommend that you explore online forums like Kijiji or Craigslist where you can advertise for free.

Donation is another possibility. There are often not-for-profit organizations willing to take second-hand items, be it for a local organization or one overseas. 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 assets on behalf of corporations, government institutions and healthcare facilities (http://www.csr-eco-solutions.com/).

When it comes to the actual medical equipment; that is often a different story. Blood pressure cuffs, scales, ECG machines, sphegomometers all have some value. You can try your medical association journal's classified section, or or-

ganizations like the one above.

But, be careful. Certain 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." Information on med-

ical-device classification can be found by contacting Health Canada's device licensing division: http://laws-lois.justice.gc.ca/eng/regulations/SOR-98-282/index.html

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.

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).

### **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 contamin-

ate 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.justice.gc.ca/en/C-38.8/index.html

Timeline: at time of closure

When RSRS gets involved in assisting you with your practice closure, we are pleased to assist in the proper disposition of any leftover medications, samples, etc.

## **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, as they may 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 script pads with you.



Timeline: after closure

RSRS provides secure certified shredding for prescription pads along with patient records due for destruction (more about that ahead) and for any other documentation that should no longer be retained.

## **Report Filing**

If not handled correctly, incoming lab results, reports and other patient-specific documents can cause delays and confusion 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 by the doctor first. Please note: RSRS accepts all filing at no cost within 30 days of receipt of your charts. Additional charges may apply for

#### **Future Contact Information**

filing sent after 30 days.

RSRS may need to contact the doctor regarding a specific patient, an emergency enquiry needing assistance, or a medico-legal matter requiring immediate attention. This information includes:

Home address, home telephone, cellular phone, and any alternative location (cottage, second home).

## **Telephone and Mail Forwarding**

Telephone and postal forwarding are key to a smooth transition once you've closed your doors. While telephone calls are forwarded to RSRS directly, mail is not. This is how it works:

- Reference of Call This can be arranged with many phone companies like Bell. The message should state: "*This number is no longer in service. Please call 1-888-563-3732*," which redirects patients to RSRS. Please request this recording for ONE YEAR. Of course, this will only be available if the phone line belongs to you exclusively. Your telephone provider may charge for this service.
- Have your office mail forwarded to your home/personal address. (In order to ensure that patients get timely medical advice, RSRS does not accept client mail.)

#### **Hire a Consultant?**

As this booklet details, there's a lot to consider when closing a medical practice, but it comes down to three things; details, details, details — settling the **finances** of the practice; terminating the **legal entity**; disposal of **assets**; informing all 'need to know' parties about the impending closure; patient record retention. With many of these issues, it's wise to seek **legal guidance**, so you may want to consider hiring a **consultant** to manage some or all of these complex moving parts. In fact, bringing a consultant on-board may be the wisest money you spend during the emotionally difficult time when you're in the thick of shuttering your practice — especially if you don't have a practice manager on staff.

### Attach this Booklet to your Will Documents

Any doctor knows that mortality is a difficult subject to discuss. Sudden death or disability can happen to anyone. When it happens to a doctor, all the

Here's a good idea: no matter what stage you're at in your career, attach this booklet to your Will documents. activities, goals and responsibilities outlined in this booklet fall upon someone else — usually a spouse. We've seen it time and again: suddenly faced with decisions and responsibilities they're not trained to handle, a grieving spouse and employees are grateful that they can turn to RSRS. Clipping this

booklet to your last will and testament ensures that the people you care about will have the guidance they need to get through the process smoothly and as easily as possible.



#### **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).

For more advice and additional information to help you wind down your medical practice, contact **RSRS** at 1-888-563-3732, ext. 2 or email <a href="mailto:info@RecordSolutions.ca">info@RecordSolutions.ca</a> or visit www.recordsolutions.ca.



RSRS serves Canadian physicians and clinics across Canada from coast to coast.



#### **Practice Closure Planner and Timetable**

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For more information and a free consultation, contact RSRS:



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