



COLLÈGE DES MÉDECINS
DU QUÉBEC

AGREEMENT RESPECTING THE TRANSFER OR PROVISIONAL CUSTODY OF MEDICAL RECORDS

PHYSICIAN WHO TRANSFERS OR ARRANGES PROVISIONAL CUSTODY

Full name of the physician who transfers or who arranges provision custody of his medical records Permit no.

Address of place of practice concerned by this agreement Telephone No.

REASON(S) FOR THE TRANSFER OR TEMPORARY CUSTODY

- Retirement Resignation
 Striking (provisional, permanent or indefinite striking from the roll) Death
 Other (Specify): _____ Change of place of exercise

RECEIVING PHYSICIAN(S)

1. _____
Full name of the transferee or provisional custodian Permit No.

_____ Permit No.
Full name of the transferee or provisional custodian

EFFECTIVE DATE: _____ (yyyy/mm/dd).

Patients and colleagues may send their request for access to a medical record to the following addresses:

Address Telephone no. (optional)

Email (optional) Fax no. (optional)

SIGNATURES

1. _____
Name of physician whose records are transferred or placed in provisional custody (or name of the liquidator of the succession, where applicable) Signature

2. _____
Name of the transferee physician or provisional custodian Signature

3. _____
Name of the transferee physician or provisional custodian Signature

APPLICATION

Pursuant to the *Regulation respecting records, places of practice and the cessation of practice by a physician*, **any physician who does not practice in a centre operated by an institution** in the meaning of the *Act respecting health services and social service* (“AHSSS”) or the *Act respecting health services and social services for Cree Native Persons* **must complete this agreement when the transfer or provisional custody of medical records takes place.**

Pursuant to section 79 of the AHSSS, health services and social services are deemed provided by institutions in the following centres: (1) a local community service centre (CLSC); (2) a hospital centre (CH); (3) a child and youth protection centre (CPEJ or CJ); (4) a residential and long-term care centre (CHSLD); (5) a rehabilitation centre (CR). **Accordingly, a GMF is not considered to be a “centre operated by an institution” and this agreement is mandatory.**

Moreover, pursuant to section 95 of the AHSSS, a person or partnership operating a private health facility or a specialized medical centre (CMS) is not considering practicing in a centre operated by an institution.

DEFINITIONS

“Transferee” means a physician or a group of physicians to whom a physician’s effects are transferred in the event of permanent cessation of practice.

“Provisional custodian” means a physician, a group of physicians or a legal successor of a deceased physician to whom the physician’s effects are entrusted pending the appointment of a transferee or in the event of temporary cessation of practice.

ROLE AND RESPONSIBILITIES OF THE TRANSFEEE /PROVISIONAL CUSTODIAN

The transferee/provisional custodian must take the preservation measures necessary to safeguard the interests of the patients and to ensure compliance with the rules pertaining to the confidentiality of the information contained in the records and the registers. Specifically, the transferee/provisional custodian must:

- a) **keep a list of records and registers that were transferred;**
- b) **take the measures necessary to ensure that the records and registers are kept and destroyed in compliance with the rules stipulated in the *Regulation*;**
- c) **safely dispose of medications, vaccines, biological products and tissues, as well as flammable, toxic or volatile products or substances.**

The keeping of the records by the transferee/provisional custodian must comply with the *Regulation*. **The minimum term for which records may be kept is five (5) years after the date of the last insertion or the last entry in the record, as appropriate.**

The transferee/provisional custodian must also ensure that the persons contemplated in the records receive communication of this transfer or custody. The communication may be conveyed by publication of a notice to residents of the territory where the physician practiced. The Secretary must be informed of this communication within 30 days of its being sent.

TRANSMISSION

The agreement must be sent to the Collège within 30 days of its taking effect, by mail, fax or email:

Collège des médecins du Québec

Attn: Assistant Secretary

Suite 3500

1250 René-Lévesque Blvd. West

Montréal, Québec H3B 0G2

Fax: 514-933-4096

Email : cessiondossiers@cmq.org