

PATIENT RECORD RETENTION

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The new *Patient Record Retention* standard addresses the responsibilities of regulated members for the collection, use, disclosure and protection of health information. Most importantly, the standard identifies that a regulated member is responsible for following the rules established in the *Health Information Act (HIA)*.

The principles of the new standard are unchanged from the previous *Patient Records* standard. New to the standard is the expectation that physicians name a **successor custodian**.

- Having a successor custodian will ensure patient records are appropriately protected and accessible even in rare circumstances where a physician is unable (or fails) to do so him/herself. For example, a physician could die suddenly or within the 10-year period his/her patient records must be retained by law, or move to another jurisdiction and abandon his/her patient records without making appropriate arrangements (in breach of the standard).
- A successor custodian may be an eligible entity, colleague or other healthcare professional, as designated in the *Health Information Regulation*.
- A successor custodian must be willing to fulfil this role, and can be named through an agreement or as part of a clinic's policies and procedures.

Some physicians may choose to make arrangements with a records management company to store their patient records. In this case, a successor custodian must still be named to fulfil the duties and powers of custodians identified in Part 6 of the *HIA*. The *HIA Guidelines and Practice Manual* is a good resource for additional information.

Stay tuned! In upcoming issues of *The Messenger*, we will explore other aspects of *Patient Record Retention* and *Patient Record Content*, to help you stay up to standard!

Questions or comments? Join the conversation below!