

As per our [CPSA Standards of Practice](#), physicians who close or leave a medical practice are responsible for providing CPSA with information on the location of their patient records to ensure continued access and continuity of care.

**1. My patient records are now in the custody of:**

*Note: this information is for public use*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Effective date: \_\_\_\_\_  
dd/mmm/yyyy

**2. Form completed by:**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

Registration Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed (dd/mmm/yyyy)

Please return completed form to:

Registration Department  
College of Physicians & Surgeons of Alberta  
2700-10020 100 Street NW  
Edmonton, AB T5J 0N3  
or  
Email: [memberinquiries@cpsa.ab.ca](mailto:memberinquiries@cpsa.ab.ca)