



## STANDARDS OF PRACTICE

# Patient Record Management

**Commented [CD1]:** Title changed to signify breadth of standard.

Under Review: Yes

Issued By: Council: January 1, 2010 (*Patient Records*)

Reissued by Council: July 1, 2011; January 1, 2016 (*Patient Record Content* and *Patient Record Retention*)

The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Please refer to both this and the [Patient Record Content](#) standard of practice for the full expectations related to patient records.

## PREAMBLE

Regulated members are responsible for ensuring patient records—whether paper or electronic—are properly stored, secured, and maintained. Custodians remain responsible for meeting this standard even after retirement, changes in practice or the end of a treating relationship.<sup>1</sup>

Not all regulated members are custodians; some act as affiliates.<sup>2</sup> It is essential that regulated members understand their role to ensure they are aware of their responsibilities for managing patient records the [Health Information Act](#) (HIA).

Under the HIA, patients have a right to access their medical records. This right continues after the treating relationship ends. Providing patients with access to their information is also an ethical obligation in accordance with the Canadian Medical Association’s [Code of Ethics & Professionalism](#).<sup>3</sup> For the purpose of this standard, patient access is limited to the record-retention period required here.

Where this standard is more stringent than institutional requirements, the more stringent requirements of this standard must be followed; however, where this standard is less stringent, the institutional requirements must be followed.<sup>4</sup>

Related standards, additional information and general advice can be found in the companion resources listed at the end of this document.

<sup>1</sup> From CPSNS’s [Management of Medical Records](#) Professional Standard (Mar. 2023), accessed Dec. 2025.

<sup>2</sup> From CPSPEI’s [Medical Records Management](#) Policy (Nov. 2024), accessed Dec. 2025.

<sup>3</sup> From CPSS’s [Transfer of Patient Records](#) Guideline (Jan. 2020), accessed Dec. 2025.

<sup>4</sup> From CPSNB’s [Patient Medical Records](#) Professional Standard (Apr. 2025), accessed Dec. 2025.

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## DEFINITIONS

**Abandoned records:** with respect to a patient record, means that a custodian has ceased maintaining the patient record in accordance with HIA requirements without having transferred custodianship to another custodian (e.g., the custodian is unwilling or unable to maintain the patient record).<sup>5</sup>

**Affiliate:** an individual employed by a custodian; a person who performs a service for the custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian; a health services provider who is exercising the right to admit and treat patients at a hospital as defined in the *Hospitals Act*; an information manager as defined in the HIA; or a person who is designated under the *Health Information Regulation* (HIR) to be an *affiliate*.<sup>6</sup> A regulated member's role as affiliate of a custodian should be acknowledged in writing (e.g., in an information sharing agreement).

Commented [CD2]: HIA

**Custodian:** for the purpose of this standard, a health services provider who is designated in the HIR as a custodian, or who is within a class of health services providers that is designated in the HIR for this purpose.

**Information manager:** a person or body that processes, stores, retrieves or disposes of health information; in accordance with regulations, strips, encodes or otherwise transforms individually identifying health information to create non-identifying health information; or provides information management or information technology services in a manner that requires use of health information. However, this does not include an individual employed by a custodian who performs any of these duties – see “*affiliate*” for more information.<sup>7</sup>

Commented [CD3]: HIA

**Information manager agreement (IMA):** in accordance with the HIA, a regulated member who is the custodian of their patients’ records must enter into a written agreement with an information manager for the provision of any services listed in “information manager.”

**Information sharing agreement (ISA):** details custodianship of patient records, including how shared patient records will be managed and what happens in the event the professional arrangement between custodians changes (e.g., a custodian leaves the practice, the partnership dissolves, etc.). ISAs must include:

- roles (e.g., affiliate, custodian) and responsibilities regarding access, disclosure, transfer and return of patient information;

<sup>5</sup> From CPSM's *Maintenance of Patient Records in All Settings* (Feb. 2022), accessed Dec. 2025.

<sup>6</sup> From [the HIA](#): Part 1, Introductory Matters – Interpretation (Oct. 2025), accessed Dec. 2025.

<sup>7</sup> From [the HIA](#): Part 1, Introductory Matters – Interpretation (Oct. 2025), accessed Dec. 2025.

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- privacy, security, storage, retention and destruction of records;<sup>8</sup>
- how records are to be managed – including who will cover associated costs – when a regulated member leaves the practice; and
- provisions addressing reasonable enduring access related to both [continuity of care](#) and patient access rights;.

For more detailed information, please refer to the [Physicians as Custodians of Patient Records](#) Advice to the Profession document.

**Limited patient information:** for the purpose of this standard, a high-level summary of a patient's pertinent medical history to facilitate the provision of care by another healthcare provider.

**Record:** means a record of health information in any form and includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded or stored in any manner, but does not include software or any mechanism that produces records.<sup>9</sup>

Commented [CD4]: HIA

**Secure destruction:** effectively destroying a record so the information cannot be reconstructed or retrieved by:

- cross-shredding or incinerating paper records in a controlled environment; or
- erasing information recorded or stored by electronic means in a manner that ensures all traces of the original data are destroyed, including any back-up copies.<sup>10</sup>

**Successor custodian:** a person eligible to be a custodian under the HIR (i.e., not a spouse, family member or acquaintance of the regulated member unless they are also a custodian) with the ability to ensure patients continue to have reasonable access to their records and facilitate continuity of care. A [Successor Custodian of Medical Records Agreement template](#) is available for ease of access.

<sup>8</sup> From CPSNL's [Medical Records Documentation & Management](#) Standard of Practice (Dec. 2023), accessed Dec. 2025.

<sup>9</sup> From [the HIA](#): Part 1, Introductory Matters – Interpretation (Oct. 2025), accessed Dec. 2025.

<sup>10</sup> From CPSBC's [Medical Records Management](#) Practice Standard (May 2022), accessed Dec. 2025.

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## STANDARD

### Custodianship & Governance

1. A regulated member acting as a custodian **must** have policies and procedures in place that:
  - a. include an information manager agreement, if applicable;
  - b. establish processes for the retention, protection, access, disclosure and secure destruction of patient health information; and
  - c. define roles, expectations and accountabilities of all parties.
2. A regulated member acting as a custodian who shares patient information with another custodian **must** have an information sharing agreement outlining access, transfer and return of patient records.
3. In accordance with the [Closing or Leaving a Medical Practice](#) standard, a regulated member acting as a custodian **must** take reasonable steps to prevent abandonment of patient records by:
  - a. having a plan in place for the administration of patient records; and
  - b. designating a successor custodian<sup>11</sup> for unplanned events (e.g., sudden closure, incapacity, death) in accordance with [CPSA Bylaws](#).
4. A regulated member with custody or control of patient records **must** provide former colleagues reasonable access necessary for continuity of care, medico-legal reports, legal defence or investigations.<sup>12 13</sup>
5. A regulated member with custody or control of patient records **must** take reasonable steps to prevent conflicts related to accessing records from compromising patient care.<sup>12 13</sup>

**Commented [CD5]:** Clause 2 in [current version](#).

**Commented [CD6]:** Clause 3 in [current version](#).

**Commented [CD7]:** Reference added to provide context to the important of protection of patient records.

Advice to the Profession document will include options to fulfill this clause (e.g., hiring a professional service to manage medical records in accordance with the HIA).

**Commented [CD8]:** Clause 4 of [current version](#).

**Commented [CD9]:** Reference to Bylaws new: reinforces expectation under HIA.

**Commented [CD10]:** From CPSM and CPSO: ensures relocated HCPs can obtain access to/copies of information.

**Commented [CD11]:** As above.

<sup>11</sup> From [the HIA](#): Part 1, Introductory Matters – Interpretation (Oct. 2025), accessed Dec. 2025.

<sup>12</sup> From CPSM's [Maintenance of Patient Records in All Settings](#) (Feb. 2022), accessed Dec. 2025.

<sup>13</sup> From CPSO's [Medical Records Management Policy](#) (June 2022), accessed Dec. 2025.

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6. Notwithstanding clauses (1)-(5), unless a written agreement states otherwise, a regulated member practising as a locum **must** be aware that:
  - a. they are not responsible for maintaining the patient records created in their locum capacity; and
  - b. the regulated member for whom they are covering remains responsible for maintaining the patient ~~records~~<sup>12</sup>

**Commented [CD12]:** From CPSM: ensures clarity around responsibility and ownership of records in locum situations.

### Retention & Destruction

7. A regulated member acting as a custodian **must** ensure patient records, ~~in their entirety~~, are retained and accessible for a minimum of:
  - a. ten (10) years from the date of last record entry for an adult patient; and
  - b. ten (10) years after a minor patient reaches, or would have reached, the age of eighteen (18) ~~years~~.
    - i. These timelines remain the same for deceased ~~patients~~
8. If patient records are subject to a request, complaint, investigation or legal proceeding, a regulated member acting as a custodian **must** retain the record until all processes conclude, even if this exceeds the timelines ~~above~~<sup>14 15</sup>
9. A regulated member acting as a custodian **may only** destroy patient records once all retention obligations have ~~ended~~

**Commented [CD13]:** Added to address frequently asked question.

**Commented [CD14]:** Retention period for records of minor patients changed for clarity.

**Commented [CD15]:** Added to address frequently asked question.

**Commented [CD16]:** Clause added based on current guidance provided: aligns with CPSPEI and CPSNS.

**Commented [CD17]:** Added for clarity.

### Storage & Security

10. In accordance with the HIA<sup>16</sup>, a regulated member acting as a custodian **must** ensure patient records are stored safely and securely to protect integrity and confidentiality, including protecting ~~against~~

**Commented [CD18]:** From CPSBC, CPSM, CPSO, CPSPEI, CPSNL, and CPSNS: added for additional clarity.

<sup>14</sup> From CPSNS's [Management of Medical Records](#) Professional Standard (Mar. 2023), accessed Dec. 2025.

<sup>15</sup> From CPSPEI's [Medical Records Management](#) Policy (Nov. 2024), accessed Dec. 2025.

<sup>16</sup> From [the HIA](#): Part 6, Duties and Powers of Custodians Relating to Health Information – General Duties and Powers: Duty to protect health information (Oct. 2025), accessed Dec. 2025.

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- a. anticipated threats or hazards (e.g., routine EMR backups stored securely off-site);<sup>17</sup> and
- b. unauthorized access, use, disclosure or modification of the health information.

11. A regulated member acting as a custodian **must** ensure record management protocols are in place that regulate who may access patient records for what purpose, including:

- a. confidentiality agreements for all individuals with access;
- b. controls limiting access and use according to role and authority; and
- c. verification of identity before access is granted.

12. A regulated member acting as a custodian who uses an EMR **must** ensure each authorized user has a unique ID and password.

13. A regulated member acting as a custodian **must not** share their unique credentials.

**Commented [CD19]:** From CPSM: ensures awareness of duty to protect from loss.

**Commented [CD20]:** From CPSM, CPSO, CPSPEI, CPSNB, and CPSNS: ensures awareness of responsibilities under HIA.

**Commented [CD21]:** From CPSM, CPSO, and CPSNL: aligns with HIA requirements and ensures awareness of custodial duties.

**Commented [CD22]:** From CPSM, CPSO, and CPSNL: ensures data integrity.

**Commented [CD23]:** Section added to modernize standard.

**Commented [CD24]:** Current clause 5.

**Commented [CD25]:** Added to ensure awareness of privacy and confidentiality obligations.

## EMR System Requirements

14. In accordance with the HIA<sup>18</sup>, a regulated member acting as a custodian **must** complete a [Privacy Impact Assessment](#) (PIA) prior to changing or implementing any administrative practice or information system relating to the collection, use and disclosure of individually identifiable patient health information.

15. A regulated member acting as a custodian who uses an EMR **must** ensure compliance with all relevant laws, legislation and professional standards related to confidentiality, privacy and data collection.

<sup>17</sup> From CPSM's [Maintenance of Patient Records in All Settings](#) (Feb. 2022), accessed Dec. 2025.

<sup>18</sup> From [the HIA](#): Part 6, Duties and Powers of Custodians Relating to Health Information – General Duties and Powers: Duty to prepare privacy impact assessment (Oct. 2025), accessed Dec. 2025.

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## Access, Transfers & Fees

16. A regulated member acting as a custodian **must** take reasonable steps to ensure:
  - a. enduring patient access to their records; **and**
  - b. timely availability of records when needed, including facilitating continuity of care.<sup>19 20 21</sup>
17. A regulated member acting as a custodian who receives an access request **must**:
  - a. provide timely access in accordance with the HIA; provide copies of all requested portions unless an HIA exception applies, and inform the patient when an exception is invoked; and
  - b. assist the patient openly and completely, including explaining terms, codes or abbreviations upon request.<sup>19 20</sup>
18. A regulated member acting as a custodian **may** transfer patient records to another designated custodian or a bonded record management facility for the purpose for secure **storage**.<sup>21</sup>
19. A regulated member acting as a custodian **must not** charge a fee for providing limited patient information to another healthcare **provider**.

**Commented [CD26]:** From CPSBC, CPSM, CPSO, CPSPEI, CPSNB, CPSNL, and CPSNS: ensures patients retain the right to access their records.

**Commented [CD27]:** From CPSM, CPSNB, and CPSO: ensures patient care isn't compromised over access/transfer disputes.

**Commented [CD28]:** Now clause 7.

**Commented [CD29]:** From CPSM and CPSNB: ensures accessibility and understanding for the patient and highlights requirements of the HIA.

**Commented [CD30]:** From CPSO to clarify records can be transferred to a management company.

**Commented [CD31]:** Clause 9 of current version.

## ACKNOWLEDGEMENTS

CPSA acknowledges the work of the Colleges of Physicians and Surgeons of British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island and Saskatchewan in preparing this document.

## RELATED STANDARDS OF PRACTICE

- [Closing or Leaving a Medical Practice](#)
- [Continuity of Care](#)

<sup>19</sup> From CPSM's [Maintenance of Patient Records in All Settings](#) (Feb. 2022), accessed Dec. 2025.

<sup>20</sup> From CPSNB's [Patient Medical Records](#) Professional Standard (Apr. 2025), accessed Dec. 2025.

<sup>21</sup> From CPSO's [Medical Records Management](#) Policy (June 2022), accessed Dec. 2025.

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- [Episodic Care](#)
- [Non-Treating Medical Examinations](#)
- [Patient Record Content](#)
- [Referral Consultation](#)
- [Relocating a Medical Practice](#)
- [Virtual Care](#)

#### COMPANION RESOURCES

- Advice to the Profession:
  - [Closing or Leaving a Medical Practice](#)
  - [Continuity of Care](#)
  - [Electronic Communications & Security of Mobile Devices](#)
  - [Episodic Care](#)
  - [Lost or Stolen Patient Records](#)
  - [Non-Treating Medical Examinations](#)
  - [Physicians as Custodians of Patient Records](#)
  - [Referral Consultation](#)
  - [Relocating a Medical Practice](#)
  - [Virtual Care](#)
- CMPA:
  - [Electronic Records Handbook](#)
  - [Smartphone recordings by patients](#)
- [Custody of Patient Records form](#)
- [Generic Information Management Agreement](#)
  - [Non-Disclosure Agreement](#)
- [Information Sharing Agreement for Electronic Medical Records](#)
  - [Disclosure Consent Form](#)
- [OIPC's Privacy Impact Assessments](#)

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