
DISCONTINUATION OF SERVICES

**Advisory for Members of the
College of Chiropodists of Ontario**

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College of Chiropodists of Ontario

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Introduction

This Advisory discusses important considerations and Member responsibilities associated with the discontinuation of services or practice closure related to retirement, resignation, extended leave of absence (such as maternity/parental leave, sick leave, etc.), revocation, suspension, incapacity, or death. There are six main areas to consider when a Member discontinues services:

1. Providing Notice to Patients & Continuation of Services for Existing Patients;
2. Records Management;
3. Accounts and Billing;
4. Updating Membership Status with the College;
5. Updating Health Profession Corporation Status (if applicable); and
6. Professional Liability Insurance Coverage (if applicable)

1. Providing Notice to Patients & Continuation of Services for Existing Patients

When a Member discontinues their services, patients must be informed and arrangements must be made for the continuity of any necessary treatment. Failure to make arrangements for continuing care that is necessary may be grounds for professional misconduct (see the [Professional Misconduct Regulation](#)).

Whenever possible, patients should be contacted and advised of the discontinuation of services in advance, and provided with references or referrals to any alternate clinic(s) for ongoing services. Members must ensure that there is a treatment plan in place for patients who require ongoing care. Any discussions with patients and their follow-up plan(s), as well as referrals made, should be documented in the patient's record.

If a Member is leaving their practice and services are being taken over by another Member (such as in the event that a Member sells their practice or is taking an extended leave), notice must *still* be provided to patients. In this situation Members must provide patients with the option to seek care elsewhere; at the end of the day, it is the patient's right to choose their health care provider. If a Member taking a leave of absence has a return to work date (or approximate return to work date) Members may consider communicating this to patients.

As a courtesy, Members may consider contacting their referral sources (such as family physicians, other health care providers, etc.) to inform them that they are discontinuing their services.

In a situation where the outgoing Member is unable to notify patients, as would be the case in the death of a Member, the Member or individual taking over the practice (such as the estate trustee or the person who has assumed responsibility for the administration of the deceased Member's estate) shall notify the patients in writing of the circumstances, and that the patient records are in their possession.

FAQs: Providing Notice to Patients & Continuation of Services for Existing Patients

How far back should I go in my patient list when notifying patients of my clinic closure or leave of absence? What if I have not seen a patient for 5 or more years, or only saw a patient once – do I still need to contact them?

Members have obligations with respect to the security and retention of records. As set out in the [Records Standard](#), records must be kept for a period of ten (10) years from the date of the patient's last visit or, where a patient is under 18 years of age, ten (10) years from the patient's 18th birthday. Consequently, if Members resign their registration or cease to practice for a period of time, Members must notify all patients within the records retention period of how and where the patient can obtain copies of their records, or where the Member intends to transfer custody of the medical record and the patient's care. In all cases where the patient is incapable, Members must notify the patient's substitute decision-maker.

How should I contact patients to notify them that I am closing or leaving my clinic? How do I make sure they are aware that they can request copies of their records?

Members must notify patients directly, either in writing (letter mail or secure e-mail), by telephone, or in person at a scheduled appointment. Caution should be exercised when leaving messages on voicemail or with a third party due to concerns regarding patient confidentiality and privacy rights. Members may also consider posting a notice in the clinic prior to the practice closure and/or arranging with a landlord to post a notice at the practice location for a specific period of time after closure.

What information do I need to provide to patients when closing or leaving my clinic? How much detail do I need to provide?

Members must include the following information when notifying patients of a clinic closure:

- The date of the closure;
- Whether a successor is taking over the clinic, and options for patients if no successor is available or if the patient does not choose to continue with the planned successor; and
- Information about how to access or request transfer of their records including, whether records are being transferred to another person or location.

I am closing or selling my practice, but I have patients with ongoing or unfinished treatment. How should this be addressed?

- Prior to the closure or sale, review the ongoing treatment needs of individual patients and identify those who are part-way through treatment.
- Establish a plan of completion for these patients with the Member taking over the practice, or in the event of the closure of a clinic, establish a plan of referral to another Member for ongoing care.
- If the completion of treatment will require a referral to another Member outside the practice, consider who will make the referral, and the effects on any financial arrangements.
- Make a plan for the management of failed treatments. Include the plan as part of the agreement of purchase and sale with the Member taking over the practice.
- Consider a transition period in which both Members work at the practice, and patients have the opportunity to get to know the new Member. Ideally, the selling Member will complete all treatments before leaving the practice.

I am closing my practice, but I have orthotics which have not yet been dispensed to my patients. What should I do with them?

It is the responsibility of the Member to arrange appointments for any patients whose orthotics have not yet been dispensed. Orthotics which have not been dispensed must be dispensed to patients prior to closing or leaving your practice (see the [Prescription Custom Foot Orthoses Standard](#) for standards about dispensing). In the event that you leave your practice and another Member of the College is continuing to provide care for patients, that Member may dispense orthotics on your behalf; however, it is your responsibility to ensure that the orthotics are dispensed to the patient by a Member.

I am closing my practice, but I have orthotics which have not yet been dispensed to my patients. Can I just mail the orthotics to the patient and refer them to another Member for fitting at a later time?

No. Dispensing must be done in-person in order to meet the PCFO Standard. If another Member will be dispensing the orthotics, the orthotics must be provided to the dispensing Member to provide to the patient. Orthotics should not be mailed to patients or picked up by patients without being properly dispensed and fitted in-person according to the PCFO Standard.

A Member has died, but still has orthotics at their clinic which have not yet been dispensed to their patients. How should the orthotics be dispensed to patients?

In this situation, best practice would have the orthotics transferred to and dispensed by another Member.

My membership has been suspended or revoked. What are my responsibilities with regards to notifying my patients? Do I need to disclose the reason for discontinuing my services?

While there is no explicit obligation on a Member to inform patients about the reasons they are no longer permitted to practice (either because the Member's registration has been suspended or revoked), Members do have ethical obligations under the [Code of Ethics](#) to communicate with patients in a manner that is complete and accurate. In other words, Members should not lie since decisions of the Discipline Committee are public and readily available to patients online. In terms of notifying patients about the discontinuation of their practice, the same considerations and obligations addressed above regarding records security and retention would apply. It is important to note that, in terms of suspensions ordered by the Discipline Committee, the order made by the panel usually incorporates a window of time for Members to transition their practice (including the transfer of records and care) before the suspension becomes effective.

2. Records Management

All patient records are expected to be up to date prior to the discontinuation of services by a Member.

When a Member discontinues their services, patients must be made aware of how and where they can obtain copies of their records. It is advisable under normal circumstances to provide patients with sufficient notice of the clinic's closure so that they may request their records and that the request may be fulfilled prior to the closure of the clinic. For more information about a patient's access to records, see [Part V of the Personal Health Information Protection Act, 2004 \(PHIPA\)](#).

Patient health records must be retained, stored and/or destroyed as outlined in the College's [Records Standard](#).

If a Member is leaving their practice and services are being taken over by another Member (e.g. when a Member sells their practice), records may be transferred to the Member's successor. In this scenario, the Member must make reasonable efforts to give notice to the patients before transferring the records or, if that is not reasonably possible, as soon as possible after transferring the records. (Note that the purchase and sale agreement should allow for the selling Member to have access to the records should it be required for legal reasons). For more information about the transfer of records to a successor, see [section 42\(2\) of PHIPA](#). Patient health records must be transferred to another health information custodian in a secure manner, according to [section 13\(1\) of PHIPA](#).

In the event of the death of a Member, where the outgoing Member is unable to notify patients, the Member or individual taking over the practice (such as the estate trustee or the person who has assumed responsibility for the administration of the deceased Member's estate) shall notify the patients in writing of the circumstances and make patients aware of how and where they can obtain copies of their records.

FAQs: Records Management

Can patients pick up copies of their records or have them sent to their home?

Yes, the patient can pick up copies of their records from the Member's office or request that they be forwarded by registered mail or courier to their home. If the patient picks up the records, have the patient sign in the patient's record that they have received them. If someone else arrives to pick up the patient's records from the Member's office, ensure that you have the patient's consent to release them. The patient can indicate this in advance with their signed consent.

Can a patient request copies of records, or consent to the transfer of records, for their spouse and/or children?

In most cases, a parent can request and obtain copies of records or consent to the transfer of records for children who are under the age of 16 years. While a patient may request copies or consent to transfer records for a spouse or a child 16 and over, the Member must obtain the consent of these individuals to release or transfer their records.

Can I charge a fee to patients for making copies of their records?

While Members may provide copies of records at no charge as a courtesy to their patients, a Member can charge a fee consistent with the direct costs incurred in duplicating and releasing them. This may include mailing costs, materials costs, etc. More information about fees for access of records can be found in [Part V of PHIPA](#).

I am closing my practice permanently and retaining my hard copy patient files. Can I keep them at my home?

Yes, records may be stored at your home; however, those records must be stored safely and securely according to the [Records Standard](#). This means records must be kept under lock and key and inaccessible to anyone except the Member. Records meeting the criteria for destruction must be destroyed in a manner that ensures confidentiality.

I have a lot of records and I need to store them in a location outside of the office and my home. Am I required to obtain patients' consent for storing their records elsewhere?

Yes. Patients must provide consent if their records are stored on premises not controlled by you, according to [section 14\(2\) of PHIPA](#).

My patient files are electronic. What do I need to do to ensure they are retained and stored securely once I close my practice?

Computerized health information is subject to the same security and requirements as written information. Electronic records must be protected such that they cannot be altered or purged without proper authority. Backup copies of records are to be stored in a physically separate and secure area.

When a Member dies, what happens to their patients' records?

The estate trustee or the person who has assumed responsibility for the administration of the deceased Member's estate assumes responsibility for retaining the records until they can be transferred to another Member or individual. For more information and guidance regarding taking on responsibility for health records in the event of the death of a Member, contact the office of the [Information and Privacy Commissioner of Ontario](#).

3. Accounts and Billing

Members should ensure that there are no outstanding accounts or financial records prior to discontinuing their services.

Members working for an employer should confirm with their employer that their name and registration number can no longer be used for billing purposes after they leave. Consider communicating this in writing and document any responses from the employer.

4. Updating Membership Status with the College

When discontinuing their services, Members are required to contact the College as soon as possible (at most within 30 days) to update their membership status such that the public register may be updated. This should be done contemporaneous to the time when the Member resigns or takes a leave of absence. The College often receives calls from former patients of Members, and must be able to provide updated information to patients.

When a Member retires or resigns, they may choose to remain a Member of the College; however, information regarding any practice site(s) and working status must still be updated within 30 dates for the public register.

In the event of the death of a Member, the estate trustee or the person who has assumed responsibility for the administration of the deceased Member's estate should contact the College regarding making the necessary changes to the public register.

Members can update their membership status annually during the annual renewal period. Outside of this period, Members may update their membership status by calling the College directly at 416-542-1333, or by e-mailing Tera Goldblatt at tgoldblatt@cocoo.on.ca.

FAQs: Updating Membership Status with the College

Can I update my membership status online via the College website's portal outside of the annual renewal period?

No, currently membership status cannot be changed by the Member by using the online portal outside of the annual renewal period. Members must contact the College directly.

When I retire, can I remain a Member of the College?

Yes. You may continue as a Member of the College in retirement, as long as you complete the annual renewal package and pay your renewal fees.

If I am suspended or take an extended leave of absence, is my membership with the College affected?

Members on extended leave remain Members of the College as long as annual membership fees are paid. As provided in [section 13\(2\) of the Health Professions Procedural Code](#), a person whose certificate of registration is suspended is not a Member of the College. As such, they are not permitted to say that they are a Member of the College (which constitutes impermissible holding out under section 10(2) of the [Chiropractic Act, 1991](#)) and/or use the title of chiropractor or podiatrist (which are restricted titles under section 10(1) of the [Chiropractic Act, 1991](#)). It is an offence and a violation of the [Chiropractic Act, 1991](#) for any person (including a "suspended Member") to hold themselves out or use a restricted title.

If I take an extended leave of absence, can I suspend my membership with the College for that time? Do I need to pay the full renewal fee?

Unfortunately, the College does not have a reduced fee for Members who are away from their practice during leaves of absence. Members must pay for the full renewal year, or resign their membership during that time.

5. Updating Health Profession Corporation Status (if applicable)

Members with a health profession corporation registered with the College who are permanently discontinuing their services must contact the College as soon as possible (at most within 30 days) to ensure that their certificate of authorization is properly dealt with.

In the event of the death of a Member, the estate trustee or the person who has assumed responsibility for the administration of the deceased Member's estate should contact the College regarding any health profession corporation registered by the deceased Member.

To update a health profession corporation status, please contact the College directly at 416-542-1333, or e-mail Tera Goldblatt at tgoldblatt@cocoo.on.ca.

6. Professional Liability Insurance Coverage (if applicable)

Members who are retiring, resigning or closing their practice permanently should contact their professional liability insurance provider to notify them of their change in work status. While not required under the [Professional Liability Insurance By-Law](#), Members may wish to consider additional coverage for incidents or claims occurring after they stop practising (known as "tail insurance"). Members should speak with their professional liability insurance provider directly regarding this type of coverage.

General FAQs

My practice has signage containing my clinic name and information. Whose responsibility is it to take it down if I am closing my practice permanently? What if I am selling my practice to another Member?

It is ultimately the responsibility of the Member who is closing the practice to ensure that any signage or advertisement is removed. If another Member is taking over the practice, the purchasing Member must remove any reference to the previous owner on signs or stationery within 6 months of the change in ownership.

I am closing my practice permanently. Can I sell my equipment?

Yes. Clinical equipment such as Plinths, autoclaves and instruments may be sold. It is important that the selling Member include in the sale the equipment service records and equipment manuals, which are required to be kept on site. It is the responsibility of the purchasing Member or individual to ensure that any purchased equipment is serviced and passes inspection by a qualified technician for safety, efficacy and (where applicable) calibrated for accuracy as specified by manufacturer or government guidelines, prior to employing the equipment in a clinical setting (see the [Safety and the Practice Environment Standard](#)).

Resources for Dealing with Privacy Matters

The Information Privacy Commissioner (IPC) has produced the following documents to assist health care providers to comply with the *Personal Health Information Protection Act, 2004* (PHIPA):

- [Avoiding Abandoned Health Records: Guidance for Health Information Custodians Changing Practice](#)
- [Disposing of Your Electronic Media](#)
- [Fact Sheet: Safeguarding Personal Health Information](#)
- [Get rid of it *Securely* to keep it Private: Best Practices for the Secure Destruction of Personal Health Information](#)
- [Responding to a Request for Access to Personal Health Information](#)
- [Succession Planning to Help Prevent Abandoned Records](#)

Checklist for Discontinuation of Services

- Provide notice regarding the discontinuation of services to:
 - Existing patients
 - Any referral sources

- Make arrangements/referrals for continuation of care that is necessary
 - Document follow-up plan(s) and/or referrals made in the patient's record

- Manage records
 - Ensure all patient records are up to date
 - Provide notice of how and where patients can obtain copies of their records (if closing) or that records will be transferred (if selling or transferring to successor)
 - Retain, store, transfer and/or destroy records as outlined in the Records Standard and PHIPA

- Manage accounts and billing
 - Ensure there are no outstanding financial records
 - Contact any employer(s) (in writing) that your name and registration number can no longer be used for billing purposes (if applicable)

- Contact the College to update membership status

- Contact the College to discontinue any certificate of authorization for a corporation (if applicable)

- Contact your professional liability insurance provider to notify them of your change in work status (if applicable)

References

College of Massage Therapists of Ontario, [Practice Advice: Leaving a Practice & Client Record Retention](#).

College of Occupational Therapists of Ontario, [Bylaws: Part 19: Professional Liability Insurance](#), 2018.

College of Occupational Therapists of Ontario, [Guide to Discontinuation of Services](#), 2014.

College of Physicians and Surgeons of Ontario, [Policy: Closing a Medical Practice](#), 2019.

College of Physiotherapists of Ontario, [Leaving a Practice Checklist](#), 2018.

College of Physiotherapists of Ontario, [Liability Insurance Requirements](#).

College of Physiotherapists of Ontario, [Practice Advice: Leaving a Practice FAQs](#).

Royal College of Dental Surgeons of Ontario, [Practice Advisory: Change of Practice Ownership](#), 2007.

Royal College of Dental Surgeons of Ontario, [Frequently Asked Questions: Change of Practice Ownership and Retiring](#).