

College of Physicians and Surgeons of Saskatchewan

Bylaw 23.1 Medical Records

- (a) All members of the College of Physicians and Surgeons of Saskatchewan shall keep, as a minimum requirement, the following records in connection with their practice:
 - (i) In respect of each patient a legibly written or typewritten record setting out the name, address, birthdate and Provincial Health Care Number of the patient;
 - (ii) In respect of each patient contact, a legibly written or typewritten record setting out:
 - 1. the date that the member sees the patient;
 - 2. a record of the assessment of the patient which includes the history obtained, particulars of the physical examination, the investigations ordered and where possible, the diagnosis; and
 - 3. a record of the disposition of the patient including the treatment provided or prescriptions written by the member, professional advice given and particulars of any referral that may have been made. Prescribing information should include the name of medication, strength, dosage and any other directions for use.
- (b) The patient record should include every report received respecting a patient from another member or other health professional.
- (c) The records are to be kept in a systematic manner.
- (d) The records must be completed in a timely manner.
- (e) The records may be made and maintained in an electronic computer system providing:
 - (i) the system provides a visual display of the recorded information;
 - (ii) the system provides a means of access to the record of each patient by the patient's name and if the person has a Provincial Health Care Number, by the health number;
 - (iii) the system is capable of printing the recorded information promptly;
 - (iv) the system is capable of visually displaying the recorded information for each patient in chronological order;
 - (v) the system maintains an audit trail that:
 - 1. records the date and time of each entry of information for each patient;
 - 2. indicates any changes in the recorded information;
 - 3. preserves the original content of the recorded information when changed or updated; and, is capable of being printed separately from the recorded information of each patient

4. the system includes a password or otherwise provides reasonable protection against unauthorized access, and
 5. the system backs up files and allows the recovery of backed up files or otherwise provides reasonable protection against loss of, damage to and inaccessibility of information.
- (f) A member shall retain the records required by this regulation for six years after the date of the last entry in the record. Records of pediatric patients shall be retained until 2 years past the age of majority or 6 years after the date last seen, whichever may be the later date.
- (g) A member who ceases to practise shall:
- (i) transfer the records to a member with the same address and telephone number; or
 - (ii) transfer the records to:
 1. another member practicing in the locality; or
 2. a medical records department of a health care facility; or
 3. a secure storage area with a person designated to allow physicians and patients reasonable access to the records, after publication of a newspaper advertisement indicating when the transfer will take place.
- (h) A member who attends a patient at a hospital shall complete the medical records for which that member is responsible in accordance with the requirements of Saskatchewan legislation and regulations and the bylaws of the Regional Health Authority.

College of Physicians and Surgeons of Saskatchewan

Bylaw 23.2 Privacy Policy

The regulatory bylaws of the College of Physicians and Surgeons are amended with an effective date of December 31, 2012 by adding the following as paragraph 23.2:

23.2 Privacy Policy

- (a) All physicians who regularly practise in a location where there is a privacy policy have an obligation to read and be aware of the contents of that privacy policy.
- (b) All physicians who are trustees as defined by **The Health Information Protection Act** shall ensure that:
 - (i) The practice locations in which they practise have established a written privacy policy that complies with **The Health Information Protection Act**;
 - (ii) The privacy policy is reviewed on a regular basis and is amended if required; and,
 - (iii) The privacy policy is provided to all persons who have access to personal health information as defined in **The Health Information Protection Act**.
- (c) the written privacy policy referred to in paragraph (a) shall, at a minimum, address the following topics:
 - (i) Who the designated privacy officer in the practice location is;
 - (ii) The obligations of physicians and staff to protect the confidentiality and security of patient health information;
 - (iii) Policies and procedures to obtain signed confidentiality agreements from individuals who have access to patient health information;
 - (iv) Policies and procedures to restrict access to personal health information unless access is required for a purpose authorized by **The Health Information Protection Act**;
 - (v) Policies and procedures for patients to access and obtain copies of their records;
 - (vi) Policies and procedures for third parties to access and obtain copies of patient records to which they have access pursuant to **The Health Information Protection Act**;
 - (vii) Policies and procedures for the collection of personal health information;
 - (viii) Policies and procedures respecting the use of personal health information;
 - (ix) Policies and procedures respecting the disclosure of personal health information;
 - (x) Policies and procedures to protect the integrity, accuracy and confidentiality of patient health information;

- (xi) Policies and procedures to protect against reasonably anticipated threats to the security, integrity or loss of personal health information;
- (xii) Policies and procedures to protect against unauthorized access to or use, disclosure or modification of personal health information.

The regulatory bylaws of the College of Physicians and Surgeons are amended by adding the following to paragraph 3.1(b):

16. Do you practise in a practice location where you have custody and control of patient health information? Yes _____ No _____

If you practise in a location where someone else - a physician, a Regional Health Authority or some other third party - controls all of the patient health information, then you are not a "trustee" as defined by Saskatchewan privacy legislation, **The Health Information Protection Act**

17. Does each of the practice locations where you regularly practise have a written privacy policy? Yes _____ No _____

If you have answered "No" to this question, identify the practice location and the individual primarily responsible for management of that practice location.
College bylaws require all facilities that are controlled by physicians to have a written privacy policy that is available to the individuals working in that location.

18. For each practice locations where you regularly practise that has a written privacy policy – Have you read and are you familiar with that privacy policy? Yes _____ No _____ Not Applicable _____

College bylaws require if there is a privacy policy available at a practice location, the physicians who work at that practice location should read and be familiar with that privacy policy.