



# Closing a Practice:

**A Guide For Physicians**





## About This Series

***“Closing a Practice: A Guide for Physicians”*** is part of a series of guides the OMA has made available to help physicians address a range of practice management topics. The guides walk you through issues and opportunities at various stages of practice, from opening up, managing, to winding down a medical practice.

**Other titles in the series, which you can find at [www.oma.org](http://www.oma.org), include:**

- First Impressions: Medical Facility Planning Guide
- First Impressions: The Patient Experience Guide
- Revenue Management: Prescriptions for a Profitable Medical Practice
- Starting a Practice: A Guide for New Physicians
- Managing Your Medical Office Staff: An HR Guide for Physicians
- Closing a Practice: When the Unexpected Happens

# Table of Contents

This guide contains the following sections and appendices:

<b>A. Introduction</b>	<b>5</b>
<b>B. The Practice — Patient and Medical Issues</b>	<b>6</b>
How much notice should I give patients?	6
How should I notify patients?	6
What phone messages do I leave for patients?	6
How do I maintain continuity of care?	6
How long do I have to retain medical records?	7
How do I retain medical records?	7
How do patients obtain their records?	7
How should drugs and hazardous waste be disposed?	8
How do I handle health information technology?	8
What do I do with medical equipment?	8
<b>C. The Practice — Business Issues</b>	<b>9</b>
How do I decide on a departure date?	9
How much notice should I give staff?	9
What happens to staff if another physician takes over?	9
How do I wind down business affairs with suppliers?	10
What happens to my lease?	10
What types of financial records do I need to retain?	10
What employee records do I need to retain?	10
What are the obligations for a Medicine Professional Corporation (MPC)?	10
How do I wind down financial affairs?	11
How do I decide whether to sell the practice?	11
What are sales considerations for physicians in a group practice?	11
What are sales considerations for solo practitioners?	12
<b>D. Medical Associations/Organizations</b>	<b>12</b>
Which bodies do I need to notify?	12
<b>E. Practice Closure Checklist</b>	<b>13</b>
<b>F. Conclusion</b>	<b>14</b>



# Table of Contents

## APPENDICES

Appendix A: Informing Patients – sample letters	15
Appendix B: Sample Authorization for Release of Medical Records	17
Appendix C: Informing Professional Bodies/Business Contacts – sample letter	18
Appendix D: Sample Pediatric Medical History Summary	19
Appendix E: Sample Adult Medical History Summary	20
Appendix F: Consultants Notification Template – sample letter	21



## A. Introduction

You may be looking to close your practice for any number of reasons – to retire, relocate, sudden illness, reduce your patient load or re-launch your career in another capacity. The motivations vary, but the tasks ahead are similar. When closing a practice, you must consider your patient, legal, business, financial and professional obligations.

To help you meet these obligations, the Ontario Medical Association (OMA) has prepared this guide. Here you will find information on everything from notifying patients, to handling business and medical records, to disposing of drugs and medical equipment.

For reference, we have also included a handy checklist, sample letters and forms, and valuable contact information.

This guide is only part of your planning, and provides general recommendations as each closing has its own considerations. As you gear up for your departure, we encourage you to seek advice around your specific situation:

- Talk to colleagues who have closed or left a practice. They can offer tips, help you avoid pitfalls, and raise issues that you may not have considered.
- Consult with professionals such as a lawyer and an accountant, who can help you to identify and tie up your loose ends.
- Email [practicemanagement@oma.org](mailto:practicemanagement@oma.org) or call us toll-free at 1.800.268.7215.
- Call the Physician Advisory Service of the College of Physicians and Surgeons of Ontario at 416.967.2606 or toll-free at 1.800.268.7096, ext. 606.

Once you have decided on a departure date, give yourself enough lead time to complete all necessary steps in an orderly manner. It is vital to understand all of the processes involved in closing down a practice. That will help ensure you handle your responsibilities effectively and professionally, and have a smooth transition to the next phase in your life or career.

## B. The Practice — Patient and Medical Issues

### How much notice should I give patients?

Informing patients that you are closing your practice can be difficult. You have likely developed a great deal of loyalty to your patients, and many of them will worry about the future of their personal medical care.

The Canadian Medical Protective Association (CMPA) states that reasonable notice to patients prior to elective departure is two to three months. This will give the patient time to arrange for a replacement in areas where there is a physician shortage. However, patients may be better served by a longer notification.

For information on notifying patients in the case of a physician's death or sudden illness, see the OMA's guide on "Closing a Practice: When the Unexpected Happens".

### How should I notify patients?

The College of Physicians and Surgeons of Ontario (CPSO) has a policy on acceptable methods of notification:

- Calls to active patients.
- Letters to active patients, which emphasize the importance of continuing care, and provide information on where to find another physician.  
For a sample letter, see Appendix A.
- Printed notice, posted in the office somewhere accessible (even when the office is closed).
- Newspaper advertisement.
- Recorded message on the office answering machine.
- Mail services (cross-reference patient information with billing information demographics, so you can send one notice to several patients living in one household).
- Post on your practice website (if you have one).
- If you are in an Electronic Medical Records (EMR) environment, most systems also allow the use of one-way email to patients.

Keep a log that includes the method and date of notification for all active patients. Save receipts from certified mail notices, and copies of any public advertisements you place. In case of a legal dispute around proper notice, you will need evidence of publication. (This could include an affidavit from a publisher, printer, etc. as to the publication of any legal notice.)

### What phone messages should I leave for patients?

If you are in solo practice, keep one phone line open ideally for up to three months after the practice is closed, with a message that:

- reminds patients that you have closed your practice;
- provides them with choices for finding another physician, which can include calling Health Care Connect 1.800.445.1822; and
- provides details on where patients can get copies of their medical records.

If you are leaving a group practice, change the voice mail to direct your former patients to a message that contains contact information. Also, notify your answering service about how to respond to any patients who want to speak to you once your doors are closed.

### How do I maintain continuity of care?

Physicians have a legal and professional duty to use reasonable efforts to arrange appropriate transfer and follow-up care for those patients who require it. Some patients need more than a notification that their physician is no longer available. You and/or the office staff should review a list of those patients, which would include:

- urgent referrals;
- patients waiting on lab/test results;
- chronic pain patients;
- patients on medications that require frequent ongoing monitoring;

- obstetrical patients (ideally, refer them to a physician at the delivery site); and
- patients who require ongoing care (e.g., in hospital, personal care homes, or other care facilities), or post-operative follow-up.

For patients in a hospital or other health facilities under your care, you must complete and document (in the medical record) the appropriate transfer of patient care to another physician.

It is especially important to make careful arrangements for alternate care and follow-up for patients with work in progress (e.g., recent tests and investigations), to avoid missed or delayed diagnoses.

Primary care physicians should send a notice to the consultants they refer to most frequently, as well as to laboratories and x-ray facilities. It's useful for these facilities to have: 1) the name of a contact physician or the physician's forwarding address; and 2) a direction of where to send a report if alternate arrangements have not been made. See Appendix F for a sample notification template.

For more details about continuity of care, patient notification and related issues, see:

- CPSO's policy on "Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation". The CPSO reviews this policy every three years, so ensure you are looking at the most current policy prior to taking any action.
- CMPA's information sheet called "Considerations when leaving a medical practice".

## How long do I have to retain medical records?

The CPSO's regulation requires that physicians keep medical records for the following periods:

- Adult patients: 10 years from the date of the last entry in the record.
- Patients who are children: 10 years after the day on which the patient reached, or would have reached 18 years.

Beyond these requirements, the CPSO states that it is prudent to maintain records for a minimum of 15 years. This is because of a provision in the Limitations Act which states that some legal proceedings against

physicians can be brought 15 years after the act or omission on which the claim is based took place.

## How do I retain medical records?

Medical records, whether paper or electronic, must be maintained in a safe and secure environment for physical integrity and patient confidentiality. You can enter into an agreement with medical records storage companies to store the records; however, physicians are still responsible for them and must adhere to the rules regarding retention and transfer. The storage company is the physician's agent, therefore in dealing with the public has to follow the same rules as the physician.

Ensure that the agreement contract:

- Permits you to access the records if needed, or if a patient requests.
- Includes a mutual understanding regarding timing and appropriate destruction of the medical records in a secure manner. Such methods would include shredding for paper charts, or permanently deleting hard drives, with all backup records destroyed, for electronic records.

Verify the rates that the storage company will charge the patient for record reproduction. You can include that information in the practice closure information letter. Ensure that the storage company will follow CPSO and OMA's guidelines for such charges.

For a list of medical storage companies, visit OMA's eMarketplace online directory at [www.oma.org](http://www.oma.org).

It is advisable to notify the CPSO of where you plan on storing medical records, and how patients may access them. Patients often contact the CPSO seeking such information after their physician has stopped practising.

## How do patients obtain their records?

Patients must have access to their medical records, even if their physician will not be practising for some time or has closed a practice. (Subject to the limited exceptions set out in the provincial Personal Health Information Protection Act, 2004.) To facilitate patient access, the physician must make appropriate arrangements for the retention, storage or transfer of patient medical records.

While patients have a right to copies of their medical records, the records themselves are the property of the physician. You should not give originals to patients.

To release copies of the records, you need written authorization, which you should retain with the original records. You can enclose an authorization form in the notification letter sent to patients. See Appendix II for a sample form. In cases where patients request their records for a future date, include in the notification letter details on where the records will be stored, and for how long.

It may be more efficient to give the patient a summary of the records rather than a copy of the entire record. The CPSO states that a summary is acceptable to the College as long as it is acceptable to all involved parties. However, the physician is required to retain the original complete patient record, for the time period as outlined above. See summary examples in Appendices IV and V.

Patients may request records to be transferred to a specific physician. The Canadian Medical Protective Association (CMPA) recommends that the transfer takes place as soon as possible, usually within six weeks of the request. Physicians have a duty to always act in the best interest of their patients.

The OMA guidelines for billing uninsured services include recommended fees for transferring/copying medical records. Call the OMA's Response Centre at 1.800.268.7215 for the current suggested rates.

For more information on patient access to medical records and the transfer and retention of medical records, please refer to CPSO's policy on "Medical Records" at [www.cpso.on.ca](http://www.cpso.on.ca), and CMPA's information sheet called "A matter of records: retention and transfer of clinical records" at [www.cmpa-acpm.ca](http://www.cmpa-acpm.ca).

## How should drugs and hazardous waste be disposed?

The disposal of all health products must be undertaken with sufficient care to avoid contamination of local water and ground systems. Also keep in mind municipal, provincial and federal legislative requirements. Options include: transferring custody to a physician successor; returning them to the appropriate pharmaceutical representative; or hiring a medical waste company.

For information on the disposal of drug samples, please refer to the Controlled Drugs and Substances Act (CDSA) at: <http://laws-lois.justice.gc.ca>.

For information on hazardous waste, and on the management of biomedical waste in particular, please refer to "Hazardous waste management: business and industry" at [www.ene.gov.on.ca](http://www.ene.gov.on.ca), and "The management of biomedical waste in Ontario" at [www.ontario.ca](http://www.ontario.ca).

It is advisable that prescription pads be safely secured or destroyed once the practice is closed.

## How do I handle health information technology?

If your practice has scheduling, billing and/or EMR systems, contact the computer software vendor to:

1. Cancel the contractual obligations; and
2. Get assistance on how to maintain patient confidentiality of the medical records on the systems.

You may be interested in selling your computer hardware; however, all patient information must be removed. Simply "deleting files" does not remove confidential data. Consider hiring an information technology company, as they will ensure that no protected health information remains on the computer before it is sold or discarded.

For information on storing or disposing of medical information, contact the CPSO's Physician Advisory Service at 1.800.268.7096, ext. 606, or the Canadian Medical Protective Association at 1.800.267.6522.

## What do I do with medical equipment?

There are several options for selling or passing on your medical equipment:

- Contact your medical equipment suppliers and ask for a reasonable estimate of your equipment's worth. If it is in good condition, your suppliers may purchase it from you.
- Consider donating your equipment to non-profit organizations that perform medical mission work.
- Advertise it in medical publications (e.g., the Ontario Medical Review) or on hospital notice boards.
- Inform your colleagues. They may be interested or know of other physicians who might want what is available. If you are in a group practice, you may be able to sell any portion of equipment (for which you are part owner) to the group or to any new physician coming into the group.



## C. The Practice — Business Issues

### How do I decide on a departure date?

There are a number of reasons why you may have to close your medical practice; regardless of the reason, it is never too early to start planning. Whether you plan one, two or five years ahead, the first step you must take is to decide on a departure date. If possible, give yourself enough time so that you can decide what would be the best option for your transition and succession planning. For example, you may want to bring in a physician to take over the practice within a year. Engaging him/her over the year would be beneficial for your patients to maintain continuity of care, and ease their anxiety about finding a new physician. Also, the terms of your lease may affect your decision on when to close the practice. You want as much lead time as possible to close down a practice in an orderly manner and give sufficient notification to the people and bodies affected. For more information on retirement planning, contact OMA's Practice Management & Education at [practicemanagement@oma.org](mailto:practicemanagement@oma.org).

### How much notice should I give staff?

Employment law remains applicable to physicians closing down a practice. When you have to terminate any employment, consider these two scenarios.

- If there was a formal employment contract: Check the contract for information on notice requirements. Does the contract limit notice requirements to the Employment Standards Act (ESA)? If so, contact the Ontario Ministry of Labour at 1.800.531.5551 or visit [www.labour.gov.on.ca](http://www.labour.gov.on.ca).
- If there was no employment agreement: Case law will determine the obligations toward the employee, which may exceed those requirements dictated by the ESA. If you have no formal agreement, it is advisable to contact a lawyer before proceeding.

In some cases, the amount of pay in lieu of notice may be very high. Try to provide enough working notice to line up the date for the closing of the practice with the

notice requirement for terminating staff. For example, if you want to close the practice within a year, it is best to advise staff in writing as soon as possible. Giving your staff sufficient advance notice – whether the practice will close entirely, or another physician will take over – provides them with the time they need to make plans of their own.

Depending on the job market, your staff may start looking for another position quickly, and even tender their resignations. You may want to pre-empt this by offering bonuses, severance packages, or other incentives to stay with you until the end.

In any situation, discuss with your lawyer your obligations toward your staff regarding the closure. Beyond your legal obligations, consider the moral obligations you may feel. For instance, you may want to help staff find other employment with colleagues, offer testimonial letters, or even give staff a financial bonus for their efforts on your behalf.

### What happens to staff if another physician takes over?

If you are selling your practice, discuss staffing with the physician taking over. Does the buyer want to start with his or her own staff? Use some or all of yours? Your own staff may not want to remain in the practice with a new physician, but need to know if it is an option.

If you are in a group and no one is taking over your practice, your colleagues may want to reduce staff hours. This raises many of the same legal considerations as termination; it is prudent to contact a lawyer.

If another physician is taking over your practice, you will need an agreement in place to govern the retention, transfer, and access of the medical records. Contact your lawyer or OMA Legal Services for further information.

## How do I wind down business affairs with suppliers?

You will need to inform all of your services and product providers about when you want to close all outstanding accounts/agreements. For a sample letter, see Appendix C. The list of suppliers could include, but is not limited to:

- landlord (if leasing, see below)
- Canada Post
- computer vendor
- equipment vendors (if leasing)
- janitorial service
- medical/office supply vendors (e.g., business cards, letterhead, prescription pads)
- utility companies (e.g., telephone, Internet, hydro, etc.)
- answering service
- linen service
- landscaping/plant service (if applicable), and
- subscriptions (e.g., magazine and journals)

## What happens to my lease?

If you have an office lease agreement, review it to check:

- whether it allows for termination prior to the expiry date; or
- when you must provide notice to indicate that you will not renew the lease (to avoid the automatic extension of the lease).

If your lease permits, plan on closing at the end of it to avoid penalty fees. If the terms of the lease are unclear to you, it is advisable to speak with a lawyer prior to giving notice to terminate the agreement.

If you own the building, consult with a lawyer and/or real estate consultant to plan an appropriate sale of the premises.

## What types of financial records do I need to retain?

The Ontario Ministry of Finance's Tax Office states that you must keep (manual or electronic) books and documents with enough information to support your financial records for at least seven years. That includes financial statements, general ledger, bank statements, cancelled cheques, etc. Consult your accountant, or call the Ministry of Finance at 1.866.ONT.TAXS (1.866.668.8297).

## What employee records do I need to retain?

Under the Employment Standards Act, you must retain employee records for a minimum of three years from when staff cease to be employed. You must also retain the number of hours the employee worked (in each day and week) for three years after providing that information to the employee. Consult a lawyer regarding your legal obligations.

For more information, contact the Ontario Ministry of Labour at 1.800.531.5551 or visit [www.labour.gov.on.ca](http://www.labour.gov.on.ca).

## What are the obligations for a Medicine Professional Corporation (MPC)?

When a physician ceases to practise, the MPC will no longer be eligible to remain as is. However, physicians will likely want the corporation to continue for income and tax planning purposes. Accordingly, the MPC must make changes to continue as a standard business corporation. That involves the corporation name and scope of activities.

As required by the Business Corporations Act and Regulation 39/02 of the Regulated Health Professions Act, MPCs are required to:

- have a name that contains the physician's surname and the words "Medicine Professional Corporation"; and
- the Articles of Incorporation must state that the corporation "may not carry on a business other than the practice of the profession."
- Therefore, physicians need to formally change the name of the corporation and remove the restriction on corporate activities. Both changes are made through Articles of Amendment. This requires the corporation to:
  - pass resolutions in accordance with its bylaws to amend the Articles of Incorporation; and
  - file Articles of Amendment with the Ministry of Government Services.

It is desirable to change the corporation's name to its corporate numbered name. This type of name change does not require a formal corporate name search (NUANS). If you wish to use a different corporate name, you will need to conduct a NUANS before proceeding with the Articles of Amendment form.

Section 5 of the Articles of Incorporation set out what a corporation can carry out. For MPCs, this section would include a restriction on participating in activities beyond the practice of medicine. Hence, the Articles of Amendment would delete this restriction.

The OMA Medicine Professional Corporation Retirement Service, along with additional information, can be accessed online at [www.oma.org](http://www.oma.org).

### **How do I wind down financial affairs?**

Inform financial institutions of your practice closure. You may want to cancel your business credit cards, and should close all bank accounts used in connection with your medical practice. Note that accounts may need to remain open for some time following your practice closure (e.g., 60-90 days) to pay final bills and resolve any outstanding issues related to accounts payable and receivable.

If you change banking institutions or accounts, inform the Ministry of Health and Long-Term Care (MOHLTC) so that outstanding claims payments can be deposited in the correct account.

If anyone owes you money, i.e. patients, insurance companies, or lawyers for medical services rendered, collect as much as possible before your last day in the office. Alternatively, you can hire a casual billing clerk to collect for you.

Notify your insurance companies that you are closing, and that you want all relevant insurance policies (e.g., overhead expense, professional liability, etc.) cancelled on the day of the practice closure. You may want to continue certain coverages such as malpractice and disability insurance. Speak with your insurance advisor.

### **How do I decide whether to sell the practice?**

If selling your practice appears to be the best option, look at enlisting an accountant's assistance. The accountant will determine not only the book value of your practice's hard assets, but the value associated with the "goodwill" of your practice. The overall value becomes a calculation that will inform potential purchasers and provide you with knowledge of the practice's theoretical value.

Some factors to consider when thinking about selling your practice:

- The history and specialties of the medical practice
- The current and forecasted economic climate
- Physician supply and demand, locally and provincially
- Estimated value of intangibles
- Estimated cost of equipment and other materials
- Location and historic ability to recruit physicians to the area
- Marketability of the practice
- Desirable assets, such as an Electronic Medical Records (EMR) system

### **What are sales considerations for physicians in a group practice?**

If you practice in a group setting with other physicians, you may have an agreement that provides for the buyout of a departing partner/or shareholder. If not, you may have to negotiate the purchase price for your interest in the practice.

It is important to review the agreement to determine the notice required prior to the act of withdrawal, and any obligations upon departure (e.g., dealing with assets, patients' medical records, etc.).

If a group corporation will continue to exist after the physician's departure, you must transfer shares of ownership to another physician licensed in Ontario. Directors of MPC have to be licensed members of the CPSO. You should consult with a lawyer during this phase.

If you are in a group practice without an agreement, give plenty of notice to your partners and/or associates. Ideally, try to arrange to leave at the end of the current lease (if your name is on it). This gives your colleagues time to decide what they want to do with the practice.

Depending on your arrangement or agreement, it may also be possible to sell your individual practice on your own; similar to if you were practising on your own.

## What are sales considerations for solo practitioners?

You may wish to hire a broker, or try to sell the practice yourself through word of mouth or advertising in medical journals and with HealthForceOntario (HFO).

For example, in retirement, some physicians have found it advantageous to take on an associate for a year or two prior, with the intent that he/she will then buy the practice. Consult with an accountant or other tax advisors concerning the tax considerations involved in the disposition of a practice.

## D. Medical Associations/Organizations

### Which bodies do I need to notify?

Physicians belong to, or do business with, a number of professional associations and organizations. Try to notify them at least three months before the effective date of your practice closure (unless the stakeholder specifies another timeline).

Provide all of your new contact information (if possible), so they can update their system and/or refund any unused portion of payments. See Appendix C for a sample notification template.

Beyond the key stakeholders listed here, consider other health affiliations and organizations that you have contact with (e.g. hospitals, nursing homes, labs, alumni, etc.). Provide them with appropriate updates of your status as well.

### College of Physicians and Surgeons (CPSO)

CPSO states that a member of the College can resign from membership at any time by submitting a signed, written notice of resignation. Include additional information about where your charts will be stored for patient access and retrieval.

Once you resign, your certificate of registration that authorizes you to practise medicine in Ontario expires. You must immediately cease all practice activities, including prescribing medications. If you resign and later wish to regain registration with the College, you must apply and meet all requirements for registration in force at that time. If you want to keep your medical license active, contact CPSO. For more information on resignation from membership, please refer to CPSO's policy "*Resignation from Membership*" at [www.cpso.on.ca](http://www.cpso.on.ca).

### Ontario Medical Association (OMA)

You can retain membership in the OMA under the fee category of Retired and continue with OMA services. If you do not wish to continue with membership and no longer need any OMA services, e.g. OMA Insurance, you can cancel your membership. For questions, please contact the Membership Department at 1.800.268.7215.

### Canadian Medical Protective Association (CMPA)

The CMPA's occurrence-based protection means that even after you cease to practise, you will be eligible for CMPA assistance at no additional cost. For information on membership resignation, contact CMPA or refer to CMPA's article on "*Interrupt or end your membership*" at: [www.cmpa-acpm.ca](http://www.cmpa-acpm.ca).

### Ministry of Health and Long-Term Care (MOHLTC)

You must notify the MOHLTC of your intent to cease practise at least 30 days prior to your practice closure date. You should send a letter, on your letterhead, and include your name, address, phone number, OHIP provider number, date of closure and original signature. Before your last day in the office, submit any outstanding claims before they become stale-dated (six months from the date of service). Contact OHIP office at 1.800.262.6524, or visit [www.ontario.ca/health](http://www.ontario.ca/health).

### Royal College of Physicians and Surgeons of Canada (RCPSC) – for physician specialists

Call 1.800.668.3740, or visit [www.royalcollege.ca](http://www.royalcollege.ca)

### Ontario College of Family Physicians (OCFP) – for Ontario family physicians

Call 416.867.9646 or 1.800.670.6237, or visit [www.ocfp.on.ca](http://www.ocfp.on.ca).

## E. Practice Closure Checklist

Use this handy checklist as a guide to close down the practice. Keep track of whether you have notified, or considered in your planning, the following:

### Legal and financial:

- Lawyer
- Credit card companies
- Banks or trust companies
- Canada Revenue Agency
- Municipal tax office
- Insurance companies (e.g., life, residence, business, auto)
- Accountant
- Financial advisor

### Patient-related and medical:

- Patients and their medical records
- Physicians to whom patients are commonly referred
- Hospitals where you work or have privileges (on-call group)
- Nursing homes where you may have provided visits
- Community Care Access Centre (CCAC)
- Laboratories where you send patient tests
- Local pharmacies
- Medical record storage company
- Health information technology (e.g., electronic medical record software or computer hardware)
- Disposal of drugs

### Business issues:

- Staff employed or otherwise working in the practice
- Ministry of Health and Long-Term Care – OHIP office where you submit claims
- Ministry of Labour – for employee issues (e.g., notice and pay in lieu for staff)
- Canada Post
- Pharmaceutical companies
- Landlord
- Computer vendor
- Janitorial service
- Medical and office supply vendors (business cards, letterhead, prescription pads, etc.)
- Utility companies (phone, internet, hydro, etc.)
- Linen service (if applicable)
- Landscaping service (if applicable)
- Plant service (if applicable)
- Biological waste removal service (if applicable)
- Website administrator (for content and web address)
- Magazine subscriptions
- Office equipment and furniture

### Professional associations:

- Ontario Medical Association (OMA)
- Ministry of Health and Long Term Care (MOHLTC)
- College of Physicians and Surgeons of Ontario (CPSO)
- Royal College of Physicians and Surgeons of Canada (RCPSC) – for specialists
- College of Family Physicians of Canada (CFPC) – for family physicians
- Ontario College of Family Physicians (OCFP) – for Ontario family physicians
- Canadian Medical Protective Association (CMPA)
- Canadian Medical Association (CMA)

## F. Conclusion

Closing a practice for whatever reason can be an emotional time, not just for the physician, but for partners, employees, patients and families as well. This guide aims to help the physician and his/her representatives close the practice as painlessly and professionally as possible.



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# Appendix A:

## Informing Patients — sample letters

*(Note: these letters refer to a retiring physician. If you are closing down the practice for other reasons, revise accordingly.)*

### **Closing a medical practice with no physician taking over:**

Dear Patient,

With mixed emotions, I wish to inform you that I will *(be retiring from the practice of medicine OR closing my practice of medicine)* on \_\_\_\_\_.

It is advisable that you find a new physician for future care as soon as possible. For your convenience, I have enclosed an authorization form for the transfer of your medical records to a physician of your choice. *(If there will be a cost to patients, please indicate here.)*

I recognize that changing physicians may be stressful, but I encourage you to seek continuity of care by contacting Health Care Connect at 1.800.445.1822, for information on other physicians in the area.

After \_\_\_\_\_, all my medical records will be transferred and stored at \_\_\_\_\_. They can provide a copy of your records for a fee which I have negotiated with the company. *(It is advisable to negotiate a fee with the company so that it reduces the cost for patients.)*

I will miss my patients and friends because I truly enjoyed practising medicine. I wish you all the best and a healthy life.

Sincerely,

## Closing a medical practice with another physician taking over:

Dear Patient,

With mixed emotions, I wish to inform you that I will (*be retiring from the practice of medicine OR closing my practice of medicine*) on \_\_\_\_\_.

I feel very fortunate in finding Dr. \_\_\_\_\_ to take over my practice. Dr. \_\_\_\_\_ received training at \_\_\_\_\_ and completed residency in \_\_\_\_\_.

It is very gratifying to have found such a caring and competent doctor to take my place. Dr. \_\_\_\_\_ will begin working with me on \_\_\_\_\_. If you are visiting the office before I leave, I will be pleased to introduce you to (*him/her*).

Your medical records will automatically remain with Dr. \_\_\_\_\_ unless I receive written authorization (form enclosed) from you to transfer them to another physician. I recognize that changing physicians may be stressful, but I encourage you to seek continuity of care by contacting Health Care Connect at 1.800.445.1822, for information on other physicians in the area.

I will miss my patients and friends because I truly enjoyed practising medicine. I wish you all the best and a healthy life.

Sincerely,



# Appendix B: Sample Authorization for Release of Medical Records

## 1. Patient (complete in full):

Name – Last, First, Middle		Health Card Number
Address		Date of Birth
City	Province	Postal Code
Home Phone	Cell Phone	Email

## 2. Records Released From:

Name – Last, First, Middle		
Address		Telephone
City	Province	Postal Code

## 3. Records Released To:

Name – Last, First, Middle		
Address		Telephone
City	Province	Postal Code

4. I hereby authorize (*name of physician*) to make all of my medical records and reports available to Dr: \_\_\_\_\_ located at \_\_\_\_\_.

5. I understand that this is an uninsured service not covered by my medical insurance plan. I realize there may be a charge for this service and that I am responsible for it. Please contact me concerning the fee prior to copying my records.

Signature of patient \_\_\_\_\_ Date \_\_\_\_\_

If not signed by the patient, please indicate relationship:  
(Parent or guardian of minor patient, or guardian or conservator of an incompetent patient)

Name of Guardian/Representative \_\_\_\_\_

Legal Relationship \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

# Appendix C: Informing Professional Bodies/ Business Contacts — sample letter

Date \_\_\_\_\_

Name and Address of Organization

To whom it may concern:

**I wish to notify the practice closure for:**

Dr. \_\_\_\_\_

Membership/Account # \_\_\_\_\_

Old Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please amend your records. If you need further information, please contact:**

Name \_\_\_\_\_

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

**Please forward all correspondence to:**

New Address \_\_\_\_\_

Sincerely,

# Appendix D: Sample Pediatric Medical History Summary

**Name of patient:** \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Significant past medical history & ongoing medical issues:** \_\_\_\_\_

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Primary immunization: (D/M/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Penta (TDPPH) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Pevnar \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Menjugate \_\_\_\_\_

Measles/Mumps /Rubella, \_\_\_\_\_, \_\_\_\_\_ Varicella \_\_\_\_\_

Hepatitis A \_\_\_\_\_, \_\_\_\_\_ Hepatitis B \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Twinrix (A&B) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Other \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

Last Check Up: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ B.P \_\_\_\_\_

**Issues and recommendations:** \_\_\_\_\_

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With Best Wishes: (insert name) MD

Date: \_\_\_\_\_

*Disclaimer: This document is courtesy of Dr. Thomas R. Faloon, CCFP FCFP, Ottawa, Ontario. Please review with your regulatory body if using this document.*

# Appendix E: Sample Adult Medical History Summary

**Medical history summary for:** \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Significant past medical history & ongoing medical issues:

- See photocopy of Cumulative Patient Profile
- See copies of significant consultations and reports
- See copies of significant lab & diagnostic reports

Personal status: Single \_\_\_ Married \_\_\_ Common Law \_\_\_ Unknown \_\_\_ Other \_\_\_\_\_

**Immunization update:** D/M/Y

Last Tetanus Shot \_\_\_\_\_ Pneumovax \_\_\_\_\_ Flu Shot \_\_\_\_\_ MMR \_\_\_\_\_

Hepatitis A \_\_\_\_\_, \_\_\_\_\_ Hepatitis B \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Twinrix (A&B) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Menjugate \_\_\_\_\_ Other \_\_\_\_\_

**Allergies:**      **Smoker Y / N**      **ETOH Y / N**      **Other Y / N** \_\_\_\_\_

**Family history:** ASHD \_\_\_\_\_ Hypertension \_\_\_\_\_

Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_ Thyroid \_\_\_\_\_

Psych \_\_\_\_\_ Neurological \_\_\_\_\_ Arthritis \_\_\_\_\_

Other \_\_\_\_\_

**Last preventative screening:** Mammogram \_\_\_\_\_ Pap Test \_\_\_\_\_ BMD \_\_\_\_\_

Stool for Occult Blood \_\_\_\_\_ PSA \_\_\_\_\_ Colonoscopy \_\_\_\_\_ Other \_\_\_\_\_

**Medications:** See copy of Cumulative Medication summary (D/M/Y)

Last Check Up: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ B.P \_\_\_\_\_ Last BP \_\_\_\_\_ = \_\_\_\_\_

**Issues and recommendations:** \_\_\_\_\_  
\_\_\_\_\_

With Best Wishes: (insert name) MD

Date: \_\_\_\_\_

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# Appendix F: Consultants Notification Template — sample letter

## **(Use on doctor's letterhead)**

### **Dr. (insert name) is Closing (his/her) Practice on (insert date)**

Date

To: **All Consultant Physicians:** Send to all consultants you use. Managers of: Insert names of all private labs and medical diagnostic and imaging centers you use.

**Managers of:** Medical Record Departments, Diagnostic Services, Laboratories, Cancer clinics, Physiotherapy Clinics & out-patients services of the hospitals you are affiliated with.

#### **Allied Health Care Professionals and Pharmacies:**

Dear Colleagues,

I will be closing my medical practice as of \_\_\_\_\_.

All diagnostic reports and consult letters that have not been sent to my office as of \_\_\_\_\_ (N.B. recommend a date at least 2 weeks before your last clinical day) must be sent directly to the patient – not to my office.

This directive is to ensure that patients receive their reports so that they can seek medical advice that I have not been able to address before my practice closure.

All reports received as of (insert date) will be returned to sender with direction to send directly to the patient.

Your assistance in ensuring continuity of care is greatly appreciated.

Thank you all for the excellent service you have provided over the last \_\_\_\_ years.

Yours truly,

(Insert name) MD

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