

NEW BRUNSWICK DENTAL SOCIETY

RULE 5

TRANSFER OF PATIENT DENTAL RECORDS

1. Transfer of Records: Records are only transferred on the written request of the patient or the patient's legal guardian. The enclosed "Transfer of Patient Records Consent Form" is the template endorsed by NBDS and includes categories so that patients may limit their request to some or all Records.
2. Items included: Records may include patient charts, radiographs, models, photographs and all written referral forms and correspondence with specialists and/or insurance companies;
3. Timely reply: Dentists have a legal and professional responsibility to provide the patient with a copy of their records in a timely manner. NBDS' position is that all requests be satisfied in a timely manner and no longer than the limit set out in the *Personal Health Information Privacy Access Act (PHIPAA)* (as of this date 30 business days from the date of the request);
4. Originals vs Copies: Dentists should retain original Records and only provide copies;
5. Professional Complaints: Original Records may be released to the Registrar, or his designate in connection with Complaints under the Act;
6. Police Warrants: Original Records may be released to the police in connection with investigations and/or the identification of persons upon presentation of a legal warrant. If possible, it is suggested that Dentists retain a copy of the Records released to police;
7. Fees: Dentists are referred to the NBDS Fee Guide (USC&LS codes (93211) and (02911-02919)) regarding the copying of records and the duplication of radiographs; (code 04912) for duplication of models. NBDS does not endorse "administration fees" as the patient should not be required to incur costs over and above the direct costs associated with the copying, duplicating, and transfer of their Records. Dentists may waive any fees payable. A maximum acceptable amount for fee should be \$15.00 for each half-hour beyond the initial 2 hours (there can be no charge permitted for the first 2 hours). Custodians are also permitted to charge \$0.25 per page copied.

8. Financial Disputes: If there is an unpaid account then Dentists may withhold the transfer of a patient's record to another custodian/dentist. However, Dentists must still make the record available to the patient if they request to examine it and must provide the patient with a copy as long as the fees permitted by the *PHIPAA*, and set out in the regulation, are paid. Further, Dentists have the overriding professional responsibility to transfer a patient's record despite an outstanding account or financial dispute if there is a possibility of harm to the patient if the patient's record is not transferred. In these situations, Dentists can seek payment of unpaid invoices and accounts through a small claim or other civil action.
9. Destruction of Records: The **Limitations of Actions Act**, effective May 2010, permits civil actions for 15 years and Dentists are required not to destroy Records during this 15 year period (15 years after the patient's 19th birthday, if a minor);
10. Electronic Records: A patient may consent to their Records being transmitted electronically, as long it is done in a secure and confidential manner.
11. Office Business Disputes: Copies of Records must be released at the patient's request. Dentists are not permitted to withhold the release of a patient's records with respect to a business dispute relating to a former partner or associate.

(Updated December 2022---following recommendation from lawyer Fred McElman, and adopted by Executive Committee---December 9th, 2022)



Transfer of Patient Records Consent Form

Dental office/Address:

Date: _____

I, _____, hereby request the following from my dental records...
(Patient's name)

Check the following boxes(s):

Chart Only

Recent Radiographs (last 2 years)

Models

Complete dental records including patient chart, radiographs, scans, models, photographs, and any other documents including referral letters and correspondence with specialists and/or insurance companies.

Check one of the following:

Released into my possession

Sent electronically (where possible) to the following email address _____

F Forwarded to the following dental office/dentist address:

I understand that only copies of my records and duplicates of my radiographs and models will be provided, and that if no duplicates can be made, that the originals will be forwarded to the address above and returned to the sending dentist. I agree to pay any fees related to the copying and transfer of my records, including the duplication of radiographs and models, if necessary.

(Patient's signature)