

RAPSON PAIN AND ACUPUNCTURE CLINIC

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STORAGE OF YOUR CHART AFTER MARCH 31, 2024
Patient Information (please print clearly)

Name: _____

Address: _____

Phone Number: _____ Chart # _____

Email: _____

Please note well:

() I acknowledge and agree that Dr. Linda Rapson will securely store my original chart for 10 years, after which it will be shredded. The College of Physicians and Surgeons of Ontario (CPSO) mandates that all original charts be retained by the custodial physician, and only copies be transferred with written consent and in a secure manner.

() Photocopy chart and send a copy to desired practitioner (please note this includes continuing treatment at Rapson Pain Clinic).

Name of Practitioner: _____

Mailing Address: _____

Telephone number: _____

Estimated cost of copying (\$0.07 per page) _____ and sending via courier \$40.00 (based on 1 pound shipped via Purolator) for total estimated cost of: _____

Patient's

Signature: _____ Date: _____

Witness'

Witness' Name (please print):

Signature: _____

For office use only:

<u>No response received as of:</u>	
<u>Date chart copied:</u>	
<u>Date chart shipped to new practitioner (Attach Tracking Slip):</u>	
<u>Date original can be shredded:</u>	
