

Guidance for requests to transfer patient care

Background and legislation

ACP has received many inquiries from registrants and the public about the requirements and best practices for transferring patient care. A transfer of patient care includes activities such as transferring prescriptions, providing copies of care plans or other clinical information, and transferring care upon termination of the patient relationship. The college views any transfer of care as an opportunity for regulated members to collaborate to maintain and optimize patient care. The acceptance of the requesting and transferring regulated members' mutual responsibilities is key to ensuring that care is transferred seamlessly without disruption to the patient. It is not the role of ACP to mediate the transfer of care between two pharmacies. Regulated members should ensure they do not act as a barrier to patient care, and when a regulated member receives a request to transfer care, it is the expectation of ACP that they will honour the request of the patient and work respectfully and professionally with their colleagues to make this transfer as soon and as effective as reasonably possible.

Code of Ethics and Standards of Practice

Patients have the right to choose which pharmacy they receive their pharmacy services from. This includes the ability to request their care and prescriptions be transferred to another pharmacy of their choice. Regulated members have an obligation through the [ACP Code of Ethics](#) and the [Standards of Practice for Pharmacists and Pharmacy Technicians](#) to work collaboratively, cooperate with their colleagues and other health professionals to assist a patient to achieve their health care goals, and to ensure their professional judgment is not influenced by personal or commercial benefits.

ACP Code of Ethics (applicable principles)

Principle 1: Hold the well-being of each patient to be my primary consideration

1. Act in the best interest of each patient.
7. Safeguard the well-being of each patient and in particular any patient who is vulnerable.
8. Prevent harm to each patient; but, should harm occur, disclose it to the patient, and initiate steps to mitigate/treat the harm.
9. Do not exploit a patient for personal advantage.
11. Resolve any conflict of interest that may arise in the interest and for the well-being of the patient affected.
12. Do not allow my professional judgment to be impaired by personal or commercial benefits such as monetary or financial gain or incentive targets. I do not ask for or accept gifts, inducements, hospitality or referrals that may affect or be perceived to affect my professional judgment.

14. Cooperate with colleagues and other health professionals to assist a patient to achieve the patient's health care goals.

Principle 2: Respect each patient's autonomy and dignity

5. Respect the right of a competent patient to accept or reject any treatment, care or other professional services.

Principle 4: Respect each patient's right to confidentiality

4. Use information obtained in the course of professional practice only for the purposes for which it was obtained, unless otherwise authorized by law.
4. Seek only information that is necessary to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.

Principle 10: Act with honesty and integrity

11. Share formulations that are important to the care of a specific patient.

Standards of Practice for Pharmacists and Pharmacy Technicians

Working collaboratively with colleagues

Standard 1.4

When required to serve the best interests of the patient, each pharmacist and pharmacy technician must work collaboratively with colleagues, including other regulated health professionals, in the provision of pharmacist and pharmacy technician services. This obligation includes but is not limited to

- a) treating colleagues with respect,
- b) acting as a positive role model,
- c) fulfilling obligations to colleagues in a timely manner,
- d) making appropriate and efficient use of the expertise and availability of colleagues, and
- e) developing and maintaining collaborative relationships.

Termination of patient relationship at the patient's request

Standard 2.7

A pharmacist and a pharmacy technician must honour a patient's request to transfer care to another health professional.

Standard 2.8

As soon as reasonably possible after receipt of a request from a patient to transfer care to another pharmacist, the pharmacist or the pharmacy technician must provide to the pharmacist of the patient's choice

- a) transfer of active prescriptions with remaining refills that can be legally transferred; and
- b) other information that, in the opinion of the transferring pharmacist, may be required to ensure continuity of care, including but not limited to
 - i) current prescriptions with no refills remaining,
 - ii) current prescriptions that cannot be legally transferred,
 - iii) inactive or discontinued prescriptions that may affect current care,
 - iv) drug therapy problems identified, and
 - v) monitoring and follow-up plans currently in place.

Termination by the pharmacist

Standard 2.9

A pharmacist who terminates a relationship with a patient must:

- a) do so in accordance with Principle V of the Alberta College of Pharmacy Code of Ethics,
- b) have reasonable grounds for ceasing to provide care to the patient and document those reasons on the patient record, and
- c) give advance notice of the intention to terminate care and provide a timeline that is commensurate with the continuing care needs of the patient.

Standard 2.10

Notwithstanding Standard 2.9, a pharmacist may terminate a relationship with a patient without providing advance notice if:

- a) the patient poses a risk to the pharmacist, pharmacy staff or other patients;
- b) the patient fails to respect professional boundaries;
- c) the pharmacist is leaving the practice location and another pharmacist will assume the practice in the same location; or
- d) the pharmacist is leaving practice because of personal illness or other urgent circumstances; and

the pharmacist provides for continuity of care by offering to provide information to another pharmacist.

Health Information Act

The *Health Information Act* (HIA) allows pharmacists, as custodians, to disclose patient information for the purpose of providing a health service to other custodians without requiring written or electronic patient consent¹. Therefore, a signed document or a verbal authorization from the patient is not required for a regulated member to transfer health information to a requesting regulated member.

In addition, the HIA requires that custodians collect, use, and disclose the least amount of information as necessary and preserve the highest degree of patient anonymity possible to carry out the intended purpose and that health information collected may only be used in accordance with uses listed in the HIA. Custodians cannot use health information for marketing or solicitation purposes².

Guidance

1. When transferring patient care, both the transferring and the receiving regulated members are expected to facilitate the transfer expeditiously and collaboratively in a manner that minimizes care disruption³. Although no specific timeframe is mentioned, the standards require the transfer to occur as soon as reasonably possible and the regulated members should prioritize continuity of patient care.
2. Requests to transfer care can be made to a pharmacy
 - verbally by the regulated member on behalf of the patient,
 - verbally by the patient, or
 - in writing as a transfer request signed by the patient.

In some situations, a written transfer request may be beneficial as this is less likely to be misinterpreted and creates a proper record, however it is not a requirement⁴.

3. The receiving regulated member
 - should be respectful of the time and workload of the transferring pharmacy when making the request, and
 - should be as specific as possible when requesting a transfer and provide
 - a list of exactly which prescriptions or records are required to be transferred,
 - the time and date when the patient requires the information transferred, and
 - a request for when the transfer is likely to be completed⁵.

For example: the transfer needs to be completed by March 20, 2019, as the patient will require medication for the morning of March 21, 2019.

4. The transferring regulated member
 - Should not unduly pressure the patient to continue the patient's care at their pharmacy⁶.
 - Should provide a time to the patient or the requesting pharmacist when they expect the transfer to occur.

¹[Health Information Act](#), ss 27(1) and 35(1)

²[Health Information A Personal Matter: A Practical Guide to the Health Information Act](#)

³ACP Code of Ethics, Principles 1(1), 1(8) and 1(14); Standards of Practice for Pharmacists and Pharmacy Technicians, ss 1.4 and 2.8

⁴[Health Information Act](#), ss 27(1) and 35(1)

⁵ACP Code of Ethics, Principle 4(5)

⁶ACP Code of Ethics, Principle 2(5); Standards of Practice for Pharmacists and Pharmacy Technicians, s 2.7

- Should respect that consent to transfer is implied and it is not generally necessary for the pharmacy to contact the patient to verify the transfer when the request comes from a regulated member acting on behalf of a patient. Delaying a transfer for this reason disrupts continuity of care and can unduly interfere with patient autonomy⁷.

If a regulated member contacts a patient after they have transferred away patient information, the regulated member should be prepared to demonstrate the reason for contact was to enhance patient care, and not to solicit the patient to advance the commercial interests of the pharmacy⁸.

5. Regulated members should not request the transfer of any health information or prescriptions that the patient did not ask to be transferred or that are not required to perform the services that were requested⁹.

Disclaimer: This document is intended to provide advice to the profession and information for the public. In the case of any conflict or omission, the Standards of Practice, the ACP's Code of Ethics, and the requirements in legislation prevail over this document. Please also note that transfer of patient care may have other limitations or requirements set in federal or provincial legislation and must only occur in compliance with any applicable laws¹⁰.

⁷Health Information Act, ss 27(1) and 35(1)

⁸ACP Code of Ethics, Principle 4(4)

⁹ACP Code of Ethics, Principle 4(5)

¹⁰Applicable laws include but may not be limited to the *Pharmacy Drug Act*, s 1(1)(z.1)(iii); Food and Drug Regulations, ss C.01.041.1 - C.01.041.4; Narcotic Control Regulations, ss 31-32; and Benzodiazepines and Other Targeted Substances Regulations, s 54