Record Retention and Destruction

The length and manner of the retention of records in any form[1,2] for patient care and pharmacy operations is controlled by federal and provincial laws. Federal laws include the *Controlled Drugs and Substances Act* (CDSA), *Food and Drugs Act* (FDA) and *Personal Information Protection and Electronic Documents Act* (PIPEDA). Provincial laws include *The Health Information Protection Act* (HIPA) and *The Health Information Protection Regulations* (HIPR).

Disclaimer

SCPP provides general guidance on record retention and privacy matters. This document is not a comprehensive list of records you must collect and retain, therefore you must be aware of the pertinent legislation that governs the area you are practising in. **For an overview of privacy legislation and concepts, see SCPP's Patient Confidentiality and the Collection, Use and Disclosure of Personal Health Information.**

Pharmacy professionals requiring more information are also encouraged to speak with their Privacy Officer, to refer to the Office of the Saskatchewan Information and Privacy Commissioner (OIPC) or the Office of the Privacy Commissioner of Canada websites, and/or to seek advice from their legal counsel. **For most current version check directly with applicable legislation.**

Patient Information

Description	Retention Requirements	Retention References
PRESCRIPTION **Prescription**[3,*,†] – as defined in *The Pharmacy and Pharmacy Disciplines Act* (PPDA), "*means an authorization given by a practitioner directing that a stated amount of any drug or mixture of drugs specified in it be dispensed for the person or animal named in the authorization.*"	**Options:** • Retain a copy of all prescriptions for at least **10 years** from last date of service, or until **age 20** if the patient is a minor – whichever is longer; OR • Create a detailed retention schedule that	***Federal References:*** *Narcotic Control Regulations* (NCR): s 40.1 *Food and Drug Regulations* (FDR): ss C.01.041 & G.03.010 *Benzodiazepines and Other Targeted*

[*] A Pharmacist Assessment Record (PAR) is always a patient record, however, may also serve as a 'prescription'. See "Patient Record/Medical Record" below.

[†] The federal regulations (BOTSR, FDR-Part G and NCR) essentially use the same definition of "prescription" as that in the PPDA. However in s C.01.001 of the FDR, "prescription" is defined as "*an **order** given by a practitioner directing that a stated amount of any drug or mixture of drugs specified therein be dispensed for the person named in the order*". Also see footnote on "orders" in "Pharmacy Operation Record (Federal)" below for more clarity.

Description	Retention Requirements	Retention References
	sets out all legitimate purposes for retaining the prescription and the retention period for each purpose. **Specific Requirements:** ***Federal Requirements:*** • **NCR, FDR, BOTSR** – Keep records for a period of at least **2 years** from the date the record is made, and in a manner that permits an audit to be made. Note: Prescriptions for targeted substances must be kept in Canada[4]. ***Provincial Requirements:*** • **HIPR** – Keep records for at least **10 years** after the date of the last pharmacy service provided, or until **age 20** if the patient is a minor – whichever is longer; OR Keep records according to the pharmacy's written retention schedule that sets out all legitimate purpose for retaining the information. • **SCPP Regulatory Bylaws** – Keep records in a retrievable location for **2 years** or longer from the last date of recorded pharmacy prescription service provided to the patient.	*Substances Regulations* (BOTSR): s 75 Health Canada's Controlled Substances Guidance for Community Pharmacists: Security, Inventory Reconciliation and Record-keeping PIPEDA: Has no specific retention periods but sets out principles. (See Office of the Privacy Commissioner of Canada's Personal Information Retention and Disposal: Principles and Best Practices). ***Provincial References:*** HIPA: s 17 HIPR: s 6 SCPP Regulatory Bylaws: ss 3, 7, & 11 of Part N See Drug Distribution by Prescription for a summary of federal and provincial requirements of a prescription. SCPP's Record Keeping Requirements for CDSA Drugs

Description	Retention Requirements	Retention References
PATIENT RECORD / MEDICAL RECORD All documentation and information on services provided to the patient, which may include: • Record of all disclosures of personal health information (PHI)[5] (e.g. disclosure to: another health care provider, a substitute-decision maker, the PRP, the police); • Patient profiles that capture prescriptions dispensed[6], including low-dose codeine sales[7]; • Pharmacist Assessment Record (PAR)[8,‡]; • Medical Records for Advanced Prescribing "B"[9]; • Record of prescriptions transferred to another pharmacy professional[10]; • Record of drugs administered by injection or other routes[11]; • Laboratory related activities (e.g. requisition records, follow up)[12]; • Counselling / consultation records; • Saskatchewan Medication Assessment Program (SMAP); • Compliance packaging records; • Daily witness or take-home dosage records; • Medication Incident Report records; • Health Canada Side Effect Reporting form,	**Options:** • Retain a copy of all records for at least **10 years** from last date of service, or until **age 20** if the patient is a minor – whichever is longer; OR • Create a detailed retention schedule that sets out all legitimate purposes for retaining the prescription and the retention period for each purpose. **Specific Requirements:** ***Federal Requirements:*** • **PIPEDA** – Personal information that has been used to make a decision about a patient shall be retained long enough to allow the patient access to the information after the decision has been made. ***Provincial Requirements:*** • **HIPR** – Keep records for at least **10 years** after the date of the last pharmacy service provided, or until **age 20** if the patient is a minor – whichever is longer; OR Keep records according to the pharmacy's written retention schedule that sets out all legitimate	***Federal References:*** PIPEDA: Has no specific retention periods but sets out principles. (See Office of the Privacy Commissioner of Canada's Personal Information Retention and Disposal: Principles and Best Practices). ***Provincial References:*** HIPA: s 17 HIPR: s 6 SCPP Regulatory Bylaws: subsection 18(1) of Part K OIPC's Guide to HIPA

‡ By definition, a PAR is a clinical record as per s 1(j) of Part K, and is required in s 3 of Part K when a pharmacist is exercising their prescribing authority. A PAR is always a patient record.

Description	Retention Requirements	Retention References
Adverse Events Following Immunization (AEFI) form, or other adverse event records; • Speciality supplies records (e.g. ostomy, surgical, compression stockings); and • Documents pertaining to the termination of a pharmacist-patient relationship.	purpose for retaining the information. • **SCPP Regulatory Bylaw and Policy –** Keep records in a retrievable location for **10 years** after the date of the last entry in the record, or until age 20, whichever is longer. Note: Record retention for the COVID-19 Immunization Delivery Plan is a minimum of **7 years**.	

Pharmacy Operation Records (With and Without Patient Information)

Description	Retention Requirement	Retention References
Pharmacy Operation Record (Federal) Records to comply with federal requirements pertaining to controlled substances and prescription drugs in a pharmacy, which may include: • purchase records[13]; • dispensing/sales records[14]; • record of narcotic preparations[15]; • orders[§] for: emergency transactions to pharmacists[16], sales to practitioners (office-	**Options:** • If the record contains PHI, see "Patient Record / Medical Record" section above for federal and provincial requirements that apply. Otherwise, keep all records for a period of at least 2 years or longer from the date the record is made, and in a manner that permits an audit to be made. **Specific Requirements:** ***Federal Requirements[**]:***	***Federal References:*** See "Prescription/Order" section above for federal references. Also see: Health Canada's Guidance Document: Handling and Destruction of Post-consumer Returns Containing Controlled Substances Health Canada's Guidance Document for Pharmacists, Practitioners and Persons in Charge of

[§] Note: The term "order" is used to refer to a request issued by a practitioner, pharmacist, or licensed dealer to obtain a **drug** from the pharmacist (i.e., "sales to practitioners" for office-use, "emergency sales/transfers" between pharmacists for the purposes of filling a prescription or "returning unserviceable stock" to licensed dealers). An **"order" refers to a request issued by a practitioner, pharmacist, or licensed dealer to obtain a stated amount of drug, that does not contain a named patient,** whereas a **"prescription"** is issued by a practitioner, for a stated amount of a drug, to be dispensed **for a specific patient** as named on the prescription (See "Prescription" section above).

[**] **Canada Revenue Agency (CRA)** generally requires you to keep specific records and supporting documents for a period of **six years** from the end of the last tax year they relate to. See the CRA's Keeping Records for more information.

Description	Retention Requirement	Retention References
use)[17], return of unserviceable stock to a licensed dealer[18]; • Health Canada's Loss or Theft Report Form[19], and SCPP's Forgery Report Form; • local destruction records (unserviceable stock and post-consumer returns)[20]; • physical inventory counts, including change of manager – physical inventory count report; and • discrepancies reports.	• **NCR, FDR, BOTSR** – Keep all records for a period of at least **2 years** from the date the record is made, and in a manner that permits an audit to be made. Note: Records related to targeted substances must be kept in Canada[21].	Hospitals: Handling and Destruction of Unserviceable Stock Containing Narcotics, Controlled Drugs or Targeted Substances ***Provincial References:*** See Drug Distribution by Prescription for a summary of federal and provincial drug record-keeping requirements. SCPP's Record Keeping Requirements for CDSA Drugs
Pharmacy / Pharmacist Operation Record (Provincial) Pharmacy operation records to comply with provincial laws, policies, NAPRA/SCPP standards of practice, and requirements of other authorities (e.g. Ministry of Health), which may include: • fridge temperature logs; • cold chain breaks and drug/vaccine loss records; • PIP audits; • prescription delivery logs; • central fill contracts; and • long-term care facility contracts; and • laboratory lab license and agreements[22]. Pharmacist-specific records that may be retained by the pharmacist or pharmacy, which may include: • information sharing or access agreements (e.g. Pharmaceutical	**SCPP Recommendation –** If the record contains PHI, see "Patient Record/Medical Record" section above for federal and provincial requirements that apply. Unless otherwise specified, recommend keeping all records in a retrievable location for **2 years** from the date of last event.	

Description	Retention Requirement	Retention References
Information Program[23] and eHR Viewer[24] Joint Service & Access Policy); and • collaborative practice agreements (CPAs)[25].		
Destruction Log of PHI Anytime PHI is destroyed, HIPA requires that a log be kept of the destruction[26]. See FAQ #1 below for the information that must be retained in the destruction log.	Retention period not specified in federal or provincial legislation. **SCPP Recommendation –** Recommend keeping destructions logs permanently in a secure location.	***Federal References:*** No requirement in PIPEDA to record what has been destroyed. ***Provincial References:*** HIPA: No retention period specified. HIPR: No retention period specified.

Frequently Asked Questions

1. **How should patient records (i.e. PHI) be destroyed?**
   Paper records must be destroyed in manner that maintains confidentiality and ensures that the records cannot be reconstructed. This can be achieved by cross shredding, pulverizing, or incinerating the expired documents.

   Before destroying records, HIPR requires a destruction log to be made, which includes the names of the patients whose PHI is to be destroyed, a summary of what PHI was destroyed, the time period of the PHI, the method of destruction of the PHI, and the name and job title of the individual responsible for supervising the destruction of the PHI. The information needs to be specific enough so that you can demonstrate what was or wasn't destroyed during a particular period of time.

   Although HIPR does not specify a retention period for the destruction log, the SCPP recommends that these logs be kept permanently in a secure location. The purpose is to be able to later determine that a patient record has been destroyed and has not simply been lost or misplaced. Also see the "Destruction Log of PHI" section above, SCPP's Trustee Checklist to Ensure Compliance with 2023 HIPA Regulations, and refer to the Office of the Saskatchewan Information and Privacy Commissioner and Office of the Privacy Commissioner of Canada for additional guidance.

2. **Who is responsible for retaining and destroying PHI?**
   The pharmacy proprietor is the trustee of the PHI and therefore must ensure compliance with all the federal and provincial legislation and the practice standards. Written policy and procedures must be established for the retention, storage, and destruction of all PHI. However, whether you are the trustee, or you are employed by the trustee, or you are otherwise authorized to access PHI by the trustee**, you are nevertheless obligated to follow the rules in HIPA when collecting, using and disclosing PHI**. Also see SCPP's Trustee Checklist to Ensure Compliance with 2023 HIPA Regulations and OIPC's Blog: "A" Trustee vs. "THE" Trustee.

3. **May I destroy paper records (e.g. prescriptions) if they are electronically scanned into the pharmacy's computer software system?**
   If the paper and electronic record are exact copies (and any notes made on the prescription are captured in the scan), and there is no other requirement to retain the paper copy, then you may destroy it. According to Health Canada, the legal requirements to store a "written" prescription is considered to be met if the prescription is scanned into a secure electronic database††. Also see additional record-keeping guidance from Health Canada.

Unless otherwise specified, the sections below refer to the SCPP Regulatory Bylaws.

[1] For the purposes of HIPA, as defined in clause 2(1)(p) "record" means a record of information in any form and includes information that is written, photographed, recorded, digitized or stored in any manner, but does not include computer programs or other mechanisms that produce records.

[2] For the purposes of PIPEDA, as defined in subsection 2(1) "record" includes any correspondence, memorandum, book, plan, map, drawing, diagram, pictorial or graphic work, photograph, film, microform, sound recording, videotape, machine-readable record and any other documentary material, regardless of physical form or characteristics, and any copy of any of those things.

[3] Collection Reference: s 31 of NCR; ss C.01.041, C.01.041.2 & G.03.002 of FDR; ss 51 & 54 of BOTSR; subsection 3(1) of Part K, & ss. 3 & 6 of Part N

[4] Retention Location Reference: s 76 of BOTSR

[5] Collection Reference: s 10 of HIPA

[6] Collection Reference: s 11 of Part J

[7] Collection Reference: s 8 of Part J

[8] Collection Reference: subsection 3(1) of Part K

[9] Collection Reference: subsection 18(1) of Part K

[10] Collection Reference: s 54 of BOTSR; s C.01.041.3 of FDR; s 8 of Part N

[11] Collection Reference: s 7 of Part L

[12] Collection Reference: Part M & policy

[13] Collection Reference: ss 30 & 45 of NCR; ss G.03.001 & G.03.015 of FDR; s 50 of BOTSR

[14] Collection Reference: ss 38-39 & 45 of NCR; ss C.01.042.1, G.03.004, G.03.006-G.03.008 & G.03.015 of FDR; ss 52-53 & 55 of BOTSR; s10 of Part N

[15] Collection Reference: s 44 of NCR

[16] Collection Reference: s 45 of NCR; ss C.01.043 & G.03.014 of FDR; s 55 of BOTSR; s 11 of Part N

[17] Collection Reference: s 31 of NCR; ss C.01.043 & G.03.003 of FDR; s 55 of BOTSR; s 11 of Part N

[18] Collection Reference: s 45 of NCR; ss C.01.043 & G.03.014 of FDR; s 55 of BOTSR, s 11 of Part N

[19] Collection Reference: s 42 of NCR; s G.03.013 of FDR; s 72 of BOTSR

[20] Collection Reference: s 73 of BOTSR

[21] Retention Location Reference: s 76 of BOTSR

[22] Collection Reference: Government of Saskatchewan: Operate a Medical Laboratory

[23] Collection Reference: eHealth: PIP Account Registration

[24] Collection Reference: eHealth: eHR Viewer Account Registration

[25] Collection Reference: subsection 12(7) of Part K

[26] Collection Reference: subsection 6(c) of HIPR

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†† Source: Nova Scotia College of Pharmacists