



Questions or concerns about patient records

CPSM addresses matters relating to physicians’ professional and ethical obligations in documenting care and maintaining patient records. If you have questions or concerns about how your physician collects, uses, maintains, or discloses your personal health information or otherwise manages your patient record, then you may bring those questions or concerns to [CPSM](#).

You may also contact the Manitoba Ombudsman’s Office with concerns about the collection, use, disclosure, security, and access to our correction of your personal health information. The Ombudsman investigates compliance with [The Personal Health Information Act \(PHIA\)](#) by physicians and other health care providers who are considered “trustees” under PHIA.

In certain instances, the Ombudsman’s office may be better positioned to address your concerns. If appropriate, CPSM may refer you to the ombudsman’s office for further assistance, depending upon the issue raised.

The roles of CPSM and the Manitoba Ombudsman:

	CPSM	Manitoba Ombudsman
Primary focus	Professional standards and ethics of registrants, including relating to documentation of care and confidentiality.	Compliance with PHIA by any trustee and complaint resolution relating to collection, use, and disclosure of personal health information, as well as access to personal health information.
Enforcement tools	Informal processes, quality and remediation programs, and the complaints process.	Complaints and investigative process, recommendations, and reporting in some cases.
Scope	Applies to CPSM registrants only.	Applies to all PHIA trustees, including physicians.
Trigger	Compliance issues, professional conduct concerns and notifications, complains, CPSM audits.	Privacy or access complaints from individuals and own-initiative investigations launched by the Ombudsman’s office.

Applicable CPSM Standards of Practice

Standard of Practice for Documentation in Patient Records

This Standard of Practice sets out requirements for all registrants to ensure accurate, complete, and timely documentation in patient records, supporting:

- continuity and quality of care,
- patient safety, and
- legal and regulatory compliance under the *Regulated Health Professions Act* and the *Personal Health Information Act*.

Standard of Practice - Maintenance of Patient Records in All Settings

This Standard of Practice sets out requirements for registrants maintaining patient records in Manitoba across all practice settings (paper or electronic, in-person or virtual care). The Standard focuses on protecting the privacy and security of personal health information. It also clarifies custody, control, and transfer responsibilities to prevent abandoned or inaccessible records.

Progressive Steps for Addressing Concerns About Patient Records

- **Step 1 – Start with the source**

Many concerns about documentation and maintenance of patient records can be resolved effectively when addressed directly with the care provider or medical clinic.

Contact your physician or the medical clinic’s administrative staff directly to discuss your request and concerns. Often with a clear explanation about missing information, incorrect entries, delays in receiving copies, or privacy or security worries, the physician or clinic will be able to respond and resolve the issue in a professional way. You may ask for a copy of your patient records or the clinic policy for maintaining patients to understand how they handle such matters.

Note that medical clinics are required to have policies for responding to patient record requests and correcting errors under *The Personal Health Information Act* (PHIA).

- **Step 2 – Escalate within the clinic or facility**

Larger medical clinics and institutions have designated officials to handle PHI compliance and patient record concerns. These officials are often authorized to initiate internal reviews with the goal of resolving the concerns.

If the issue is not resolved, ask to speak to the Privacy Officer, Clinic Manager, or Medical Director. If the physician practises in a hospital or other institutional setting, then you may consider contacting the facility's Health Records Department or Privacy Office.

- **Step 3 – Seek external guidance**

If concerns remain, then you may consider contacting the Manitoba Ombudsman's Office or CPSM for information and guidance.

If the concern is about privacy, access, correction of records, use or unauthorized disclosure, you may contact the Manitoba Ombudsman. The Ombudsman investigates compliance with PHIA by physicians and other "trustees". The Ombudsman has authority to investigate legal compliance with PHIA and can recommend remedies that CPSM does not directly impose.

CPSM can explain physicians' professional obligations for maintaining, documenting, and securing patient records. We can also advise whether your concern might be dealt with through one of our information processes, Quality processes, or – in more serious cases – whether it falls under the complaints process. CPSM can sometimes resolve misunderstandings by clarifying requirements and encouraging physicians to address the issue before a formal process is necessary.

- **Step 4 – File a Formal Complaint with CPSM**

If the concern relates to a physician's professional or ethical handling of patient records and could not be resolved informally, then you may submit a complaint to CPSM. CPSM will review to determine whether there has been a breach of professional standards.

Abandoned patient records:

Abandoned patient records arise when a physician leaves suddenly (death, illness, abrupt resignation, clinic dispute/closure, etc.) and no one is clearly responsible for custodianship, access, or continuity. Charts may be locked in a closed clinic, stranded in an EHR, or sitting unsecured. Patients and other providers can't get timely information; recalls and abnormal results may be missed; and privacy/security obligations are at risk. This happens very rarely, but when it does it can be extremely challenging to address.

CPSM's takes various measures to mitigate the risk of abandonment. CPSM requires registrants to keep, control, retain and securely store records; give notice before closing/relocating; and tell patients where records will be and how to obtain copies. Every practice must name a designated custodian who is responsible maintaining patient records. Physicians must have a contingency plan in place to avoid abandonment,

including by having a named successor trustee. A clinic policy clarifying how records are secured and maintained is required. Despite these efforts, abandonment can still occur.

There are limits on what CPSM can do when abandonment occurs. CPSM is not the “trustee” of patient records and does not have a mechanism to assume long-term custody or act as the PHIA decision-maker for patient access requests. We also do not have regulatory authority over non-registrants, including EMR vendors. In this context, our approach is to collaborate as best we can with appropriate individuals and systems to find resolution where possible and reduce harm.

Who “owns” charts is a civil/PHIA issue; CPSM can insist that registrants meet their professional/PHIA duties but cannot adjudicate business and property disputes.

Examples of patient records issues:

Issue	Description	CPSM Approach, or Ombudsman
Incomplete documentation	Failing to record clinical information in accordance with expected standards.	Reviewed under the Standards of Practice for <i>Documentation in Patient Records and Good Medical Care</i> .
Inaccurate entries	Recording incorrect diagnoses, test results, or treatment details.	CPSM and PHIA legislation require that registrants ensure documentation is complete, accurate, and contemporaneous, enabling continuity of care and auditability. Physicians must comply with PHIA’s requirements for collection, use, and disclosure, of personal health information.
Delayed documentation, failing to maintain up to date records	Entering records days or weeks after the encounter, risking errors or omissions.	In most cases, issues regarding incomplete documentation can be addressed informally. CPSM may recommend or require remedial education. In more serious cases, CPSM may require audits, conditions on practice, and/or monitoring.
Misuse of templates/macros	Entering or copying forward irrelevant, erroneous, or outdated information into patient charts.	If an individual made a request for personal health information to be corrected by a trustee but has concerns about how the trustee handled that request, they may make a complaint to the Ombudsman. Where there is substantial evidence of repeated or blatant disregard for documentation

		<p>requirements, CPSM may take disciplinary action, particularly if it affects patient safety.</p> <p>Intentional falsification of patient records could lead to serious disciplinary proceedings. This would also be considered an offence under PHIA.</p>
Failure to provide copy to patient	Unreasonably delaying or refusing patient access to a copy of their records.	<p>Reviewed under the CMA Code of Ethics and Professionalism and the Standards of Practice for <i>Maintenance of Patient Records in All Settings, Practice Environment, and Practice Management</i>.</p> <p>CPSM may consider directing concerns to the Manitoba Ombudsman. There is no right of complaint to the Ombudsman about a failure to transfer patient records.</p>
Failure to transfer records	Unreasonably delaying or refusing to transfer patient records to another provider.	
Breach of confidentiality	Sharing patient information without consent or legal authority.	<p>Issues regarding access to records and record transfers can often be addressed informally through communication. CPSM can offer information to the patient about how to approach the issue with their physician or medical clinic or may intervene as appropriate.</p> <p>CPSM may require compliance and address non-compliance in its complaints process when necessary.</p> <p>Where there is substantial evidence of repeated or blatant disregard for professional requirements, CPSM may take disciplinary action.</p> <p>Significant breaches of confidentiality could lead to serious disciplinary proceedings.</p> <p>If an individual feels that their personal health information was not protected or was used or disclosed in a way that is unauthorized by PHIA, then they can make a complaint to the Ombudsman. Trustees may also be required to report a privacy breach to the Manitoba Ombudsman and to notify affected individuals.</p>

Improper record storage	Leaving paper charts unsecured or failing to encrypt EMR systems.	<p>Reviewed under the CMA Code of Ethics and Professionalism and the Standards of Practice for <i>Maintenance of Patient Records</i> in All Settings, Practice Environment, and Practice Management.</p> <p>Physicians (as PHIA “trustees”) who have custody or control over patient records and must ensure security, proper storage, retention, and destruction protocols. Maintenance responsibilities can only be transferred to another PHIA trustee, and written agreements are required when using information managers or when transferring maintenance responsibilities.</p> <p>CPSM may refer significant privacy breaches to Manitoba Ombudsman while assessing whether it also constitutes unprofessional conduct. Serious breach under <i>Maintenance of Patient Records</i>; may lead to urgent intervention to protect records and discipline.</p> <p>CPSM would assess compliance with PHIA and CPSM retention standards; sanctions possible if patient rights are impaired.</p> <p>If an individual feels that their personal health information was not protected or was used or disclosed in a way that is unauthorized by PHIA, then they can make a complaint to the Ombudsman. Trustees may also be required to report a privacy breach to the Manitoba Ombudsman and to notify affected individuals.</p>
Unauthorized access	Viewing patient records without a professional need to know.	
Record abandonment	Closing a practice without arranging proper custody or control of records.	
Failure to maintain retention requirements	Destroying records before the required retention period.	