

HEALTH LEAVE

CONDITIONS OF TEMPORARILY INACTIVE – HEALTH

I authorize the College of Physicians and Surgeons of British Columbia to change my licensure temporarily inactive for health reasons.

I understand that by going temporarily inactive I authorize the College to notify any health authority and/or non-hospital facility where I have medical staff privileges, the Provider Service Registry (MSP and PharmaNet) and any jurisdiction where I hold a medical licence.

Registrant full name: _____ CPSID: _____

Signature _____ Date: _____

My status change to temporarily inactive is effective as of (YYYY-MM-DD): _____

LOCATION OF MEDICAL RECORDS

All registrants who cease to practise are required to inform the College of the location of their medical records. The location of your medical records will be made available to the public upon request. Should the location of the medical records change, the College must be informed via mail or email.

My patient records have been transferred to:

- another physician – please enter the name and address of the physician(s) below
- a secure file storage facility – please enter the name and address of the storage facility below
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