

## CLOSING A PHARMACY INFORMATION

Every pharmacy owner/manager who **permanently** discontinues the operation of a pharmacy shall:

- I. complete and submit the Pharmacy Closing Forms prior to closure
- II. notify all patients as soon as possible, by signage, newspaper/ radio ads, personal phone calls, mail or otherwise, of the upcoming closure and of the steps taken/proposed for the preservation of patient records and of any intended transfer of these records,
- III. provide for the preservation of all patient records according to the law and the return of patient records to any patients who so requests. To ensure compliance with federal and provincial privacy legislation, personal patient information must not be disclosed without the patient's consent. Therefore it is recommended that a joint agreement be reached between the closing/selling pharmacy and the acquiring pharmacy whereby the acquiring pharmacy agrees to maintain the newly acquired computerized patient records in a confidential manner on the original computer and not access these records until/unless the patient so requests.
- IV. provide for the orderly continuation of patient care
- V. immediately remove all signs and symbols related to the practice of pharmacy
- VI. immediately remove and dispose of all drugs and devices according to law
  - narcotic and controlled drugs and substances may only be sold or transferred to another pharmacist/pharmacy or a licensed dealer in accordance with federal legislation. An accurate inventory of the narcotic and controlled drugs must be completed and verified by the managers of the closing pharmacy and the purchasing pharmacy.
  - narcotic and controlled drugs may only be destroyed in accordance with federal legislation
  - scheduled drugs (non narcotic and controlled) may be sold or transferred only to another pharmacy or licensed dealer



## PHARMACY CLOSURE FORM

Date: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ NSCP License #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Closure: \_\_\_\_\_

Pharmacy will be permanently closed ☐ **OR** acquired by a new pharmacy owner ☐

Name of new pharmacy owner: \_\_\_\_\_

Name of new owner's representative: \_\_\_\_\_

(s.25 Registration, Licensing & Professional Accountability Regulations)

Disposition of Drugs:

(i) Controlled Drugs \_\_\_\_\_  
\_\_\_\_\_

(ii) Scheduled Drugs \_\_\_\_\_  
\_\_\_\_\_

Disposition of "Narcotic Register"/Controlled Drug Records:

\_\_\_\_\_  
\_\_\_\_\_

Disposition of Patient Records:

\_\_\_\_\_  
\_\_\_\_\_

Description & Date(s) of Public Notification(s):

\_\_\_\_\_  
\_\_\_\_\_

I hereby request that the certificate of accreditation and pharmacy license of the pharmacy named above be cancelled effective the date of closing.

\_\_\_\_\_  
Pharmacy Manager (print & sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacy Owner (print & sign)

\_\_\_\_\_  
Date

By signing above, I confirm that I have the authority to bind the pharmacy's owner in undertakings provided to the College with respect to the pharmacy.

**NOTE: Pharmacies must ensure that third party payers, including MSI, the Prescription Monitoring Program (PMP) and DIS are notified as soon as possible about anticipated pharmacy openings, changes in ownership/address, or closures and the associated change in pharmacy NSCP licence number.**