

Gazette

officielle

^{DU} Québec

Part

2

No. 3

16 January 2002

Laws and Regulations

Volume 134

Summary

Table of Contents
Acts 2001
Coming into force of Acts
Regulations and other acts
Draft Regulations
Index

Legal deposit – 1st Quarter 1968
Bibliothèque nationale du Québec
© Éditeur officiel du Québec, 2002

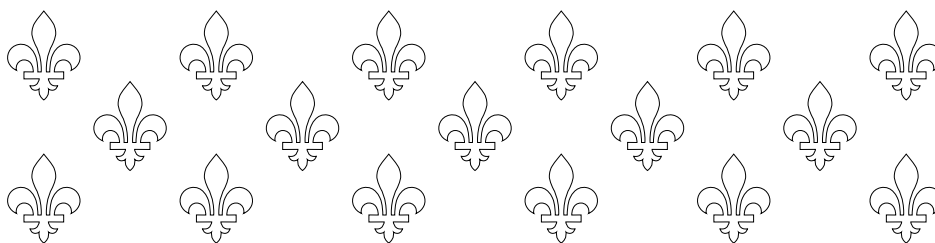
All rights reserved in all countries. No part of this publication may be translated, used or reproduced for commercial purposes by any means, whether electronic or mechanical, including micro-reproduction, without the written authorization of the Québec Official Publisher.

Index Statutory Instruments

Abbreviations : **A**: Abrogated, **N**: New, **M**: Modified

Regulations — Statutes	Page	Comments
Administrative justice, An Act respecting..., amended (2001, Bill 30)	327	
Conservation and development of wildlife, An Act respecting the... — Hunting (R.S.Q., c. C-61.1)	343	M
Conservation and development of wildlife, An Act respecting the... — York-Baillargeon Controlled Zone (R.S.Q., c. C-61.1)	364	N
Dentists — Code of ethics (Professional Code, R.S.Q., c. C-26)	367	Draft
Executive Power Act, amended (2001, Bill 30)	327	
Government Departments Act, amended (2001, Bill 30)	327	
Health services and social services and other legislative provisions, An Act respecting the... — Coming into force of certain provisions of the Act (2001, c. 24)	341	
Hunting (An Act respecting the conservation and development of wildlife, R.S.Q., c. C-61.1)	343	M
Income support, employment assistance and social solidarity and other legislative provisions, An Act to amend the Act respecting... (2001, Bill 30)	327	
Income support, employment assistance and social solidarity, An Act respecting..., amended (2001, Bill 30)	327	
Industrial accidents and occupational diseases, An Act respecting..., amended (2001, Bill 30)	327	
Medical technologists — Issue of the permit — Replacement (Professional Code, R.S.Q., c. C-26)	368	Draft
Ministère de l'Emploi et de la Solidarité and establishing the Commission des partenaires du marché du travail, An Act respecting the..., amended (2001, Bill 30)	327	
National Assembly — Extract from the Standing Orders	363	
Notaries — Ethics (Professional Code, R.S.Q., c. C-26)	369	Draft
Nurses — Code of ethics (Nurses Act, R.S.Q., c. I-8)	375	Draft
Nurses — Code of ethics (Professional Code, R.S.Q., c. C-26)	375	Draft

Nurses Act — Nurses — Code of ethics (R.S.Q., c. I-8)	375	Draft
Professional Code — Dentists — Code of ethics (R.S.Q., c. C-26)	367	Draft
Professional Code — Medical technologists — Issue of the permit — Replacement (R.S.Q., c. C-26)	368	Draft
Professional Code — Notaries — Ethics (R.S.Q., c. C-26)	369	Draft
Professional Code — Nurses — Code of ethics (R.S.Q., c. C-26)	375	Draft
York-Baillargeon Controlled Zone (An Act respecting the conservation and development of wildlife, R.S.Q., c. C-61.1)	364	N



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-SIXTH LEGISLATURE

Bill 27

(2001, chapter 43)

**An Act respecting the Health and Social
Services Ombudsman and amending
various legislative provisions**

Introduced 15 May 2001

Passage in principle 30 October 2001

Passage 5 December 2001

Assented to 11 December 2001

**Québec Official Publisher
2001**

EXPLANATORY NOTES

This bill creates the office of Health and Social Services Ombudsman to replace the office of complaints commissioner. The Health Services Ombudsman must see to it that users are respected and that their rights as defined by law are enforced. The main function of the Health Services Ombudsman is to examine user complaints. In addition, the Health Services Ombudsman must ensure that the complaint handling process in institutions and regional boards is in conformity with the law and may, by way of exception, intervene on behalf of certain individuals or groups, especially where they are particularly vulnerable or abandoned.

Amendments are made to the Act respecting health services and social services in order to speed up the handling of user complaints by establishing an examination process comprising two levels instead of three, the institutions generally being the first level and the Health Services Ombudsman being the second and final level. As for regional boards, they are to continue to exercise the first level of jurisdiction over complaints regarding services or activities coming under their authority.

To consolidate the first level of the complaint examination process, the bill introduces new provisions regarding the handling of complaints both as regards health and social services institutions, which are required to appoint a local service quality commissioner, and as regards regional boards, which are required to appoint a regional service quality commissioner. The functions of these service quality commissioners are defined, as is the minimum content of the complaint examination procedure that must be established by every institution and regional board.

Moreover, a special process is provided for the examination of any complaint concerning a physician, dentist or pharmacist, or a resident: the complaint is to be handled by a medical examiner and later possibly referred, on certain conditions, to a review committee.

Finally, the bill contains provisions to facilitate the transition between the former system and the new system as well as amendments for concordance to the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons.

LEGISLATION AMENDED BY THIS BILL :

- Act respecting health services and social services (R.S.Q., chapter S-4.2);
- Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5).

Bill 27

AN ACT RESPECTING THE HEALTH AND SOCIAL SERVICES OMBUDSMAN AND AMENDING VARIOUS LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

CHAPTER I

ESTABLISHMENT

1. The Government shall appoint a Health and Social Services Ombudsman.

The abbreviated title “Health Services Ombudsman” may be used to designate the Health and Social Services Ombudsman.

2. The Health Services Ombudsman shall be appointed for a maximum term of five years and, on expiry of this term, shall remain in office until reappointed or replaced. The salary or fees and the other conditions of appointment of the Health Services Ombudsman shall be determined by the Government.

3. If absent or temporarily unable to act, the Health Services Ombudsman may be replaced by a person appointed by the Government to exercise the Ombudsman’s functions and powers for the duration of the absence or inability to act. The Government shall determine the person’s salary or fees and other conditions of appointment.

CHAPTER II

ORGANIZATION

4. The personnel needed by the Health Services Ombudsman shall be appointed in accordance with the Public Service Act (R.S.Q., chapter F-3.1.1).

The Health Services Ombudsman shall define the duties of the personnel and direct their work. The exercise of any of the powers of the Health Services Ombudsman may be delegated in writing.

5. The Health Services Ombudsman may give a person who is not a member of the Ombudsman’s personnel a written mandate to examine a complaint and, where applicable, conduct an inquiry, or any other specific written mandate related to any of the Ombudsman’s functions. The Health

Services Ombudsman may delegate the exercise of any of the Ombudsman's powers to such a person.

The second paragraph of section 9, with the necessary modifications, applies to such a person conducting an inquiry.

6. Before beginning to exercise their functions, the Health Services Ombudsman, any mandatary of the Ombudsman and any personnel member to whom the exercise of powers of the Ombudsman are delegated shall take the oath provided in Schedule I.

The oath shall be received by the Minister in the case of the Health Services Ombudsman and by the Ombudsman in the other cases.

CHAPTER III

FUNCTIONS

7. The Health Services Ombudsman shall, by any appropriate means, see to it that users are respected and that their rights, as defined in Title II of Part I of the Act respecting health services and social services (R.S.Q., chapter S-4.2) and in any other Act, are enforced.

The main function of the Health Services Ombudsman is the examination of complaints made by users.

It is also the function of the Health Services Ombudsman to ensure that institutions and regional boards handle the complaints addressed to them in conformity with the procedures set out in Chapter III of Title II of Part I of the Act respecting health services and social services.

In addition, the Health Services Ombudsman may intervene specifically with the authorities concerned in cases described in section 20.

DIVISION I

EXAMINATION OF COMPLAINTS

8. It is the function of the Health Services Ombudsman to examine any complaint

(1) from a user who disagrees with the conclusions transmitted to the user by the local service quality commissioner pursuant to subparagraph 6 of the second paragraph of section 33 of the Act respecting health services and social services, or deemed to have been transmitted to the user under section 40 of that Act, or is dissatisfied with the actions taken as a result of the related recommendations ;

(2) from any person who disagrees with the conclusions transmitted to the person by the regional service quality commissioner pursuant to subparagraph 6 of the second paragraph of section 66 of that Act, or deemed to have been transmitted to the person under section 72 of that Act, or is dissatisfied with the actions taken as a result of the related recommendations ; and

(3) from any person who disagrees with the conclusions transmitted to the person by Corporation d'urgences-santé de Montréal Métropolitain in accordance with section 61 of that Act, or deemed to have been transmitted to the person under section 72 of that Act, or is dissatisfied with the actions taken as a result of the related recommendations.

It is also the function of the Health Services Ombudsman to examine any complaint from the heirs or the legal representatives of a deceased user regarding the services the user received or ought to have received, provided that the complaint was first submitted to the examination process provided for in Division I or Division III of Chapter III of Title II of Part I of that Act.

9. If deemed expedient by the Health Services Ombudsman, an inquiry may be held as part of the examination of a complaint. In that case, the Health Services Ombudsman shall determine the rules of procedure applicable to the inquiry and transmit them to any person who will be required to give evidence before the Ombudsman.

For the purposes of an inquiry, the Health Services Ombudsman is vested with the powers and immunity of commissioners appointed under the Act respecting public inquiry commissions (R.S.Q., chapter C-37), except the power to order imprisonment.

10. The Health Services Ombudsman shall establish a complaint examination procedure.

The procedure must in particular

(1) include the necessary details allowing rapid access to the services of the Health Services Ombudsman ;

(2) provide that the Health Services Ombudsman must give the necessary assistance or see to it that the necessary assistance is given to users or persons who so require for the formulation of a complaint or for any further step related to the complaint, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6 of the Act respecting health services and social services ;

(3) provide that complaints must be made in writing and filed together with the conclusions transmitted by the local commissioner or the regional commissioner, if any ;

(4) provide that the Health Services Ombudsman is to inform the institution or the regional board in writing of the receipt of a complaint in its regard or, if the Ombudsman is of the opinion that no prejudice will be caused to the user, send a copy of the complaint to the institution or regional board; provide that such information is also to be sent in writing to the highest authority of any other organization, resource or partnership or to any other person holding the position of highest authority, if the complaint pertains to services they are responsible for;

(5) allow the complainant and the institution or regional board and, where applicable, the highest authority of the organization, resource or partnership or any other person holding the position of highest authority responsible for the services that are the subject of the complaint, to present observations; and

(6) provide that the Health Services Ombudsman, after examining the complaint, is to communicate his or her conclusions, including reasons, without delay to the complainant together with any recommendations made to the institution or the regional board and, where applicable, to the highest authority of the organization, resource or partnership or to any other person holding the position of highest authority responsible for the services that are the subject of the complaint; provide that the Ombudsman is also to forward a copy of his or her conclusions, including reasons, to the institution or regional board and to any other authority concerned.

Where the examination of a complaint referred to the Health Services Ombudsman pursuant to subparagraph 1 or 3 of the first paragraph of section 8 raises a matter that comes under a responsibility of regional boards listed in section 340 of the Act respecting health services and social services, including access to services or the organization or financing of services, the regional board may also be allowed to present observations under the procedure, in which case the Health Services Ombudsman shall inform the regional service quality commissioner of the elements of the complaint the Ombudsman considers relevant to the objects of the regional board and identify the authority concerned. The Ombudsman shall allow the board to present observations in all cases where the Ombudsman intends to make a recommendation to the board following the examination of the complaint.

11. The Health Services Ombudsman may make a memorandum of agreement with any regional board for the purposes of

(1) the application of the complaint examination procedure, within the scope of the functions of the board;

(2) the communication of his or her conclusions, including reasons, subject to the protection of any nominative information they contain; or

(3) any other activity of a regional board with a view to the improvement of the services provided to the population in the region, the satisfaction of the clientele and the enforcement of their rights.

12. Within five days after receiving a written communication under subparagraph 4 of the second paragraph of section 10, the institution or the regional board must forward a copy of the entire complaint record to the Health Services Ombudsman.

13. The Health Services Ombudsman may, upon summary examination, dismiss a complaint if, in the Ombudsman's opinion, it is frivolous, vexatious or made in bad faith.

The Health Services Ombudsman may also refuse or cease to examine a complaint

(1) if, in the Ombudsman's opinion, the Ombudsman's intervention would clearly serve no purpose ;

(2) if the length of time having elapsed between the events that gave rise to the dissatisfaction of the user and the filing of the complaint makes it impossible to examine the complaint ; or

(3) if more than two years have elapsed since the user received the conclusions and reasons of the local service quality commissioner or the regional service quality commissioner, or since the date on which negative conclusions are deemed to have been transmitted to the complainant under section 40 or 72 of the Act respecting social services and health services, unless the complainant proves to the Health Services Ombudsman that it was impossible for him or her to act sooner.

In such a case, the Health Services Ombudsman shall inform the complainant in writing.

14. The complainant, any other person and the institution or regional board, including any person working or practising on behalf of any organization, resource or partnership or person other than the institution or the regional board must supply all information and, subject to the second paragraph of section 190 and section 218 of the Act respecting health services and social services, all documents required by the Health Services Ombudsman for the examination of a complaint, including, notwithstanding section 19 of that Act, access to and the communication of the information or documents contained in the user's record ; all such persons must also, unless they have a valid excuse, attend any meeting called by the Health Services Ombudsman.

15. Within 30 days of the receipt of a recommendation from the Health Services Ombudsman, the institution or the regional board or the highest authority of the organization, resource or partnership or any other person to which or whom the recommendation is addressed must inform the Ombudsman and the complainant in writing of the actions to be taken as a result of the recommendation or, if it has decided not to act upon the recommendation, of the reasons for such a decision.

16. If, after having made a recommendation as referred to in section 15, the Health Services Ombudsman considers that no satisfactory action has been taken or that the reasons given for not acting upon the recommendation are unsatisfactory, the Ombudsman may advise the Minister in writing. The Health Services Ombudsman may also, if he or she sees fit, report the case in the Ombudsman's annual report or make it the subject of a special report to the Minister.

DIVISION II

CONFORMITY OF COMPLAINT HANDLING PROCESS

17. An institution or a regional board must transmit the complaint examination procedure established by the board of directors to the Health Services Ombudsman on request.

18. The Health Services Ombudsman shall ensure that the institutions and regional boards establish and apply a complaint examination procedure in accordance with the provisions of sections 29 to 72 of the Act respecting health services and social services.

The Health Services Ombudsman may recommend to the board of directors of an institution or a regional board any corrective action to ensure such conformity.

Within 30 days of the receipt of a recommendation for corrective action from the Health Services Ombudsman, the institution or the regional board must inform the Ombudsman in writing of the actions to be taken as a result of the recommendation or, if it has decided not to act upon the recommendation, of the reasons for such a decision.

19. The Health Services Ombudsman shall report to the Minister, as part of the report submitted at least once a year pursuant to section 38, on the nature of the corrective action the Ombudsman has recommended to institutions and regional boards during the year in order to ensure that their complaint handling process is in conformity with the law.

The report shall also identify any institution or regional board that has decided not to act upon a recommendation for corrective action made by the Health Services Ombudsman.

CHAPTER IV

INTERVENTION

20. The Health Services Ombudsman may, on his or her own initiative, intervene if the Ombudsman has reasonable grounds to believe that the rights of a natural person or a group of natural persons have been or may likely be adversely affected by an act or omission

(1) of any institution or any organization, resource, partnership or person to whom or which an institution has recourse for the provision of certain services ;

(2) of any regional board or any organization, resource, partnership or person whose services may be the subject of a complaint under section 60 of the Act respecting health services and social services ;

(3) of Corporation d'urgences-santé de Montréal Métropolitain in the provision of pre-hospitalization emergency services ; or

(4) of any person working or practising on behalf of a body referred to in subparagraph 1, 2 or 3.

The Health Services Ombudsman shall only intervene with respect to an act or omission of a body referred to in the first paragraph if, in the Ombudsman's opinion, recourse to the process provided for in Division I or Division III of Chapter III of Title II of Part I of the Act respecting health services and social services would likely be compromised, serve no purpose or be illusory, either owing to possible reprisals against the person or group of persons concerned, the special vulnerability or abandonment of the targeted clientele, or in any other case which, in the opinion of the Ombudsman, warrants an immediate intervention of the Ombudsman, especially where problems may interfere with the well-being of users and the recognition and enforcement of their rights.

Nothing in this section shall be construed as conferring jurisdiction on the Health Services Ombudsman over the supervision or assessment of medical, dental or pharmaceutical acts performed in a centre operated by an institution.

21. Where the Health Services Ombudsman sees fit to intervene, the Ombudsman shall inform the highest authority of the body concerned, specifying the act or omission that is the subject of the intervention and the facts or reasons warranting the intervention.

The body concerned must collaborate with the Health Services Ombudsman and be invited to present its observations.

22. The intervention of the Health Services Ombudsman shall be conducted equitably and in accordance with the intervention procedure established by the Ombudsman.

Sections 9, 14 and 29 to 36 apply to the intervention, with the necessary modifications.

23. The Health Services Ombudsman must advise the Public Curator immediately upon being apprised of the presence of a person represented by the Public Curator appointed under the Public Curator Act (R.S.Q., chapter C-81) in a facility maintained by a body that is the subject of an intervention under this chapter.

24. The Health Services Ombudsman must without delay communicate an intervention report, together with any recommendations, to the body concerned. The Ombudsman must also communicate the result of the intervention with diligence to the person or each of the persons on whose behalf the Ombudsman intervened, and to the Public Curator where one of those persons is represented by the latter. Lastly, the Ombudsman may communicate the result of the intervention to any other interested person.

25. Within 30 days of the receipt of a recommendation from the Health Services Ombudsman, the body concerned must inform the Ombudsman in writing of the actions to be taken as a result of the recommendation or, if it has decided not to act upon the recommendation, of the reasons for such a decision.

26. If, after having made a recommendation referred to in section 25, the Health Services Ombudsman considers that no satisfactory action has been taken or that the reasons given for not acting upon the recommendation are unsatisfactory, the Ombudsman may advise the Minister in writing. The Health Services Ombudsman may also, if he or she sees fit, report the case in the Ombudsman's annual report or make it the subject of a special report to the Minister.

CHAPTER V

ADVICE, RECOMMENDATIONS AND REPORTS

27. The Health Services Ombudsman may, whenever necessary, advise the Minister or any body referred to in section 20 on any matter relating to the respect shown to users and the enforcement of their legal rights and remedies or to the improvement of the quality of the services provided to the public and, if necessary, make recommendations for the appropriate corrective action.

If he or she sees fit, the Health Services Ombudsman may report the situation in the Ombudsman's annual report or make it the subject of a special report to the Minister.

The Health Services Ombudsman may, in any advice or report, identify any institution or regional board that has decided not to act upon a recommendation for corrective action made by the Ombudsman.

28. Thirty days after transmitting any advice, recommendation or report under section 16, 26 or 27 to the Minister, the Health Services Ombudsman shall release the document if the Ombudsman considers that the interest of the users involved so requires.

CHAPTER VI

VARIOUS PROVISIONS

29. No person shall take reprisals or attempt to take reprisals in any manner whatever against any natural person who files or intends to file a complaint under section 8 or otherwise applies to the Health Services Ombudsman under this Act.

The Health Services Ombudsman must act immediately upon being apprised of reprisals or of an attempt to take reprisals.

30. No civil action may be instituted by reason or in consequence of a complaint made in good faith under this Act, whatever the conclusions of the Health Services Ombudsman, or by reason or in consequence of the publication, in good faith, of any advice or report of the Ombudsman under this Act or of an extract from or summary of any such advice or report.

Nothing in this Act shall operate to restrict the right of any person or the person's successors to exercise a remedy based on the same facts as those on which a complaint is based.

31. No legal proceedings may be brought against the Health Services Ombudsman, a mandatary of the Ombudsman within the meaning of section 5 or a member of the Ombudsman's personnel exercising the powers of the Ombudsman for an act or omission made in good faith in the exercise of their functions.

32. Except on a question of jurisdiction, no extraordinary recourse under articles 834 to 846 of the Code of Civil Procedure (R.S.Q., chapter C-25) may be exercised and no injunction may be granted against any of the persons referred to in section 31 acting in their official capacity.

33. A judge of the Court of Appeal may, on a motion, summarily annul any writ, order or injunction issued or granted contrary to section 31 or 32.

34. The answers given or statements made by a person during the examination of a complaint, including any information or document supplied in good faith by the person in response to a request of the Health Services Ombudsman, a mandatary of the Ombudsman within the meaning of section 5 or a member of the Ombudsman's personnel exercising the powers of the Ombudsman, may not be used or be admitted as evidence against the person in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions.

35. Notwithstanding any inconsistent legal provision, the Health Services Ombudsman, a mandatary of the Ombudsman within the meaning of section 5 or a member of the Ombudsman's personnel exercising the powers of the Ombudsman may not be compelled to make a deposition in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions

concerning any confidential information obtained in the exercise of their functions, or to produce a document containing such information, except to confirm its confidential nature.

36. Nothing contained in a user's complaint record, including the conclusions with reasons and any related recommendations, may be construed as a declaration, recognition or extrajudicial admission of professional, administrative or other misconduct capable of establishing the civil liability of a party in a judicial proceeding.

37. The provisions of sections 17 to 28 of the Act respecting health services and social services apply to all user's complaint records kept by the Health Services Ombudsman for the purposes of the functions of the Ombudsman under this Act.

CHAPTER VII

ANNUAL REPORT

38. The Health Services Ombudsman must submit an activities report to the Minister once a year and whenever so required by the Minister.

The report shall describe the reasons for the complaints received by the Health Services Ombudsman under section 8 and shall indicate in respect of each type of complaint

(1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report; and

(2) the actions taken following the examination of the complaints.

The report shall specify the nature of the corrective action recommended and any institution or regional board identified pursuant to section 19.

Moreover, the report shall list the interventions of the Health Services Ombudsman pursuant to section 20 as well as the principal conclusions of the Ombudsman and any related recommendations.

Furthermore, the report must contain advice formulated by the Health Services Ombudsman and any appropriate recommendations for corrective action regarding any matter within the Ombudsman's purview, including the following:

(1) the action to be taken to improve the degree of satisfaction of the users or clientele of any body referred to in subparagraph 1, 2 or 3 of the first paragraph of section 20 and the enforcement of their rights;

(2) the application of the complaint examination procedure established by institutions and regional boards;

(3) the improvement of the quality of services ; and

(4) the standardization of the form and content of the annual reports issued by the boards of directors of institutions and regional boards.

39. The Minister shall table the annual report of the Health Services Ombudsman in the National Assembly within 30 days of receiving it or, if the Assembly is not in session, within 30 days of resumption.

CHAPTER VIII

FINAL PROVISION

40. The Minister of Health and Social Services is responsible for the administration of this Act.

SCHEDULE I

Oath

“I declare under oath that I will fulfil the duties of my office with honesty, impartiality and justice. I further declare under oath that I will not reveal or disclose, unless authorized by law, any confidential information that may come to my knowledge in the exercise of my functions.”

AMENDING PROVISIONS

41. The Act respecting health services and social services (R.S.Q., chapter S-4.2), amended by section 242 of chapter 8 of the statutes of 2000 and sections 1 and 2 of chapter 24 of the statutes of 2001, is again amended by replacing Chapters III and IV of Title II of Part I, comprising sections 29 to 76, by the following chapter :

“CHAPTER III

“USER COMPLAINTS

“DIVISION I

“EXAMINATION OF COMPLAINTS BY INSTITUTION

“29. The board of directors of every institution must make a by-law establishing a complaint examination procedure for the purposes of Division I and, after consulting with the council of physicians, dentists and pharmacists or the medical service concerned, for the purposes of Division II of this chapter.

“30. A local service quality commissioner must be appointed by the board of directors of every institution, on the recommendation of the executive director. If a board of directors administers two or more institutions, the local commissioner shall handle the complaints from the users of all the institutions administered by the board.

The local service quality commissioner reports to the executive director or directly to the board of directors, according to the organization plan of the institution.

On the recommendation of the executive director and after having obtained the opinion of the local service quality commissioner, the board of directors may, whenever necessary, appoint one or more assistant local service quality commissioners.

An assistant local service quality commissioner shall exercise the functions delegated by and act under the authority of the local service quality commissioner. In the exercise of his or her functions, an assistant local commissioner is vested with the same powers and immunity as a local service quality commissioner.

“31. The board of directors must take steps to preserve at all times the independence of the local service quality commissioner and the assistant local service quality commissioner in the exercise of their functions.

To that end, the board of directors must ensure that the local commissioner and the assistant local commissioner, having regard to the other functions they may exercise for the institution, are not in a conflict of interest situation in the exercise of their functions.

The local commissioner or assistant local commissioner may also exercise the same functions on behalf of any other institution, subject to the terms and conditions determined by agreement between the institutions concerned and approved by their boards of directors.

“32. In the exercise of his or her functions, the local service quality commissioner may consult any person whose expertise the commissioner requires, including, with the authorization of the board of directors, calling on an expert from outside the institution. Subject to the fourth paragraph of section 30, the functions of the local service quality commissioner may not be otherwise delegated.

“33. The local service quality commissioner is answerable to the board of directors for the enforcement of user rights and for the diligent handling of user complaints.

To that end, the functions of the local service quality commissioner shall include

(1) applying the complaint examination procedure in keeping with the rights of users ; if necessary, making recommendations to the board of directors for any appropriate action to improve the handling of complaints in the institution, including a revision of the complaint examination procedure ;

(2) promoting the independent nature of the role of the local service quality commissioner within the institution, the rights and obligations of users and the code of ethics referred to in section 233, and publishing the complaint examination procedure ;

(3) giving assistance or seeing to it that assistance is given to users who require assistance for the formulation of a complaint or for any further step related to the complaint, including an application to the review committee established under section 51 ; informing users of the possibility of being assisted and supported by the community organization in the region to which a user assistance and support mandate has been given pursuant to the provisions of section 76.6 ; and lastly, providing on request any information on the application of the complaint examination procedure, and informing users of the legal protection afforded pursuant to section 76.2 to any person who cooperates in the examination of a complaint ;

(4) on receiving a complaint from a user, examining it with diligence ;

(5) if questions of a disciplinary nature in relation to a practice or the conduct of a personnel member are raised during the examination of a complaint, bringing these questions to the attention of the department concerned or the human resources manager within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of the complaint, for a more thorough investigation of the complaint, follow-up action or any other appropriate action ; making any appropriate recommendation to that effect in his or her conclusions ;

(6) not later than 45 days after receiving a complaint, communicating his or her conclusions, including reasons, in writing in the case of a written complaint, to the user, together with any recommendations made to the department or service manager concerned within the institution and, where applicable, to the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of the complaint, and informing the user of the procedure for applying to the Health and Social Services Ombudsman appointed under the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions ; communicating the same conclusions, including reasons, in writing in the case of a written complaint, to the department or service manager concerned within the institution and to the highest authority concerned ;

(7) supporting, on his or her own initiative, any action to improve the quality of the services provided to users, user satisfaction and the enforcement of user rights, and recommending such action to any department or any

service manager within the institution or, as the case may be, to the highest authority of any organization, resource or partnership or to the person holding the position of highest authority responsible for the services that may be the subject of a complaint under the first paragraph of section 34;

(8) giving advice on any matter within the purview of the local service quality commissioner submitted by the board of directors, any council or committee created by the board under section 181 or any other council or committee of the institution, including the users' committee;

(9) at least once a year and as needed, drawing up a summary of the activities of the local service quality commissioner together with a statement of any action recommended by the local commissioner to improve the quality of services, user satisfaction and the enforcement of user rights;

(10) preparing the report referred to in section 76.10, incorporating into the report the annual summary of the activities of the local service quality commissioner, the report of the medical examiner under section 50 and the report of the review committee under section 57, and presenting it to the board of directors for approval; and

(11) subject to section 31, carrying out any other function provided for in the organizational plan of the institution, provided that it is related to the enforcement of user rights or the improvement of the quality of services and the satisfaction of the clientele.

“34. The complaint examination procedure must enable a user to address a verbal or written complaint to the local service quality commissioner regarding the health services or social services the user received, ought to have received, is receiving or requires from the institution, an intermediary or family-type resource or any other organization, partnership or person to which or whom the institution has recourse, in particular by an agreement under section 108, for the provision of those services.

The procedure must also allow the heirs or the legal representatives of a deceased user to make a complaint regarding the services the user received or ought to have received.

The complaint examination procedure must in particular

(1) include the details allowing rapid access to the services of the local commissioner;

(2) provide that the local commissioner must give the necessary assistance or see to it that the necessary assistance is given to users who require assistance for the formulation of a complaint or for any further step related to the complaint, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6;

(3) ensure that the user receives a written notice of the date on which the verbal or written complaint is received by the local commissioner;

(4) establish a procedure for the examination of complaints regarding a physician, dentist or pharmacist, or a resident, in accordance with Division II, except the procedure to be followed by the board of directors in taking disciplinary measures in accordance with a regulation under paragraph 2 of section 506;

(5) provide for the prompt referral of any complaint concerning or involving a physician, dentist or pharmacist, or a resident, to the medical examiner designated under section 42;

(6) provide that, where a complaint is received regarding the services provided by a resource, organization, partnership or person referred to in the first paragraph, the local commissioner is to inform the authority concerned in writing of the receipt of the complaint or, if the local commissioner is of the opinion that no prejudice will be caused to the user, forward a copy of the complaint to the authority; provide that, if the complaint is verbal, the authority concerned is to be informed verbally;

(7) specify what communications must be made in writing in the case of a written complaint;

(8) allow the user and the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint referred to in the first paragraph to present their observations; and

(9) provide that the local commissioner, after examining the complaint, is to communicate his or her conclusions, including reasons, to the user within the time prescribed in subparagraph 6 of the second paragraph of section 33, together with the procedure for applying to the Health Services Ombudsman.

“35. The local service quality commissioner may, upon summary examination, dismiss a complaint if, in the commissioner’s opinion, it is frivolous, vexatious or made in bad faith.

The local service quality commissioner shall so inform the user, in writing in the case of a written complaint.

“36. The user and any other person, including any member of the personnel of the institution, any midwife having entered into a service contract with the institution under section 259.2 and any member of the council of physicians, dentists and pharmacists, must supply all information and, subject to the second paragraph of section 190 and section 218, all documents required by the local service quality commissioner for the examination of a complaint, including, notwithstanding section 19, access to and the communication of the information or documents contained in the user’s record; all such persons

must also, unless they have a valid excuse, attend any meeting called by the local commissioner.

“37. If, pursuant to subparagraph 5 of the second paragraph of section 33, the local service quality commissioner brings a practice or the conduct of a personnel member that raises questions of a disciplinary nature to the attention of the department concerned or the human resources manager within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under the first paragraph of section 34, the department, manager, authority or person must investigate and follow up the case diligently and report periodically to the local commissioner on the progress of the investigation.

The local service quality commissioner must be informed of the outcome of the case and of any disciplinary measure taken against the personnel member concerned. The local commissioner must in turn inform the user.

“38. The local service quality commissioner may bring any report or recommendation regarding the improvement of the quality of services, user satisfaction and the enforcement of user rights to the attention of the board of directors, in particular where the department or service manager concerned within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under the first paragraph of section 34 has decided not to act upon a recommendation accompanying the conclusions and reasons communicated by the local commissioner.

The local commissioner must bring such a report or recommendation to the attention of the board of directors if warranted by the gravity of the complaint, in particular where the commissioner has been informed by the department concerned of a disciplinary measure taken against a personnel member of the institution.

The executive director of the institution must transmit to the board of directors any report or recommendation transmitted for that purpose by the local commissioner.

“39. If warranted, in the opinion of the board of directors, by the gravity of a complaint against an employee of the institution who belongs to a professional order or against a midwife, the board shall transmit the complaint to the professional order concerned.

If any disciplinary measure is taken against the professional, the executive director must inform the professional order in writing. The local commissioner must also be informed and in turn must inform the user in writing.

“40. If the local service quality commissioner fails to communicate his or her conclusions to the user within 45 days after receiving a complaint from

the user, the commissioner is deemed to have communicated negative conclusions to the user on the date of expiry of the time limit.

Such failure gives rise to the right to apply to the Health Services Ombudsman.

“DIVISION II

“EXAMINATION OF COMPLAINTS CONCERNING A PHYSICIAN, DENTIST OR PHARMACIST

“41. In this division, unless the context indicates otherwise, the word “professional” includes a resident.

“42. For the purposes of the examination procedure applicable to complaints concerning a physician, dentist or pharmacist, or a resident, the board of directors of every institution shall designate a medical examiner, possibly the director of professional services, on the recommendation of the council of physicians, dentists and pharmacists.

Where an institution operates two or more centres or maintains two or more facilities, the board of directors may, where necessary and on the recommendation of the council of physicians, dentists and pharmacists, designate one medical examiner for each centre or facility.

Where a board of directors administers two or more institutions, it may, on the recommendation of the council of physicians, dentists and pharmacists, designate a single medical examiner for the group of institutions it administers.

If no council of physicians, dentists and pharmacists has been established for an institution, the board of directors shall designate a medical examiner after consulting with the physicians, dentists and pharmacists practising in the centre or centres operated by the institution.

In the cases described in the preceding paragraphs, if there are fifteen or fewer physicians, dentists and pharmacists practising in the centre or centres operated by the institution or group of institutions administered by the board of directors, a physician who does not practise in any of those centres or exercise other functions for any of those institutions may, by way of exception, be designated as medical examiner.

“43. The board of directors must take steps to preserve at all times the independence of the medical examiner in the exercise of his or her functions.

To that end, the board of directors must ensure that the medical examiner, having regard to the other functions he or she may exercise for the institution, is not in a conflict of interest situation in the exercise of his or her functions.

“44. In addition to his or her functions relating to the complaint examination procedure provided for in this division, the medical examiner

shall examine in the same manner any complaint concerning a physician, dentist or pharmacist, or a resident, made by any person other than a user or the representative of a user.

This division applies to every such complaint and the word “user” includes any person referred to in the first paragraph, with the necessary modifications.

“45. Where a user makes a complaint concerning a physician, dentist or pharmacist, or a resident, the local service quality commissioner shall without delay refer the complaint for investigation to the medical examiner designated pursuant to section 42 and shall inform the user in writing, indicating the date of the referral.

However, where a user makes a complaint regarding administrative or organizational problems involving medical, dental or pharmaceutical services, the complaint shall be examined by the local service quality commissioner in accordance with the provisions of Division I unless the local service quality commissioner, after consulting with the medical examiner, is of the opinion that one or more physicians, dentists or pharmacists, or residents, are the subject of the complaint, in which case the commissioner shall proceed in accordance with the first paragraph.

Any complaint that involves the supervision or assessment of medical, dental or pharmaceutical acts remains within the jurisdiction of the medical examiner.

Where a complaint is examined by the local commissioner, the medical examiner must collaborate to find solutions to the administrative or organizational problems underscored by the complaint.

“46. According to the nature of the facts and their significance in terms of the quality of medical, dental or pharmaceutical care or services, the medical examiner, on receiving a complaint, must decide whether to

- (1) examine the complaint in accordance with this division ;
- (2) where the complaint concerns a physician, dentist or pharmacist who is a member of the council of physicians, dentists and pharmacists, refer the complaint to that council for a disciplinary investigation by a committee established for that purpose, and transmit a copy of the complaint to the professional concerned ; if there is no such council, the complaint shall be handled according to the procedure determined by a regulation under paragraph 2 of section 506 ;
- (3) where the complaint concerns a resident and raises questions of a disciplinary nature, refer the complaint, with a copy to the resident, to the authority determined by a regulation made under paragraph 2 of section 506 ;
or

(4) dismiss the complaint if, in the medical examiner's opinion, it is frivolous, vexatious or made in bad faith.

Where the medical examiner chooses to proceed pursuant to subparagraph 2, 3 or 4, the medical examiner must inform the user and the local service quality commissioner.

“47. Where the medical examiner chooses to proceed pursuant to subparagraph 1 of the first paragraph of section 46, the medical examiner shall send a copy of the complaint to the professional concerned.

The user and the professional must be allowed to present observations during the examination of the complaint. The professional shall have access to the user's complaint record.

The obligations set out in section 36 apply, with the necessary modifications, to any information required or meeting called by the medical examiner.

The medical examiner must examine the complaint within 45 days of its referral and attempt to conciliate the interests involved. The medical examiner may consult any person whose expertise the medical examiner requires, including, with the authorization of the board of directors, an expert from outside the institution. Before the expiry of the time limit, the medical examiner must transmit his or her conclusions, including reasons, in writing to the user and the professional concerned, together with any appropriate recommendations, and inform the user of the conditions and procedure for applying to the review committee established under section 51. The conclusions, reasons and recommendations must also be communicated to the local service quality commissioner.

“48. If, during the examination of a complaint concerning a physician, dentist or pharmacist who is a member of the council of physicians, dentists and pharmacists, the medical examiner is of the opinion that, owing to the nature of the facts under examination and their significance in terms of the quality of medical, dental or pharmaceutical care or services, the complaint ought to be referred for a disciplinary investigation by a committee established for that purpose by the council of physicians, dentists and pharmacists, the medical examiner must send a copy of the complaint and of the record to the council. If there is no such council, the complaint shall be handled according to the procedure determined by a regulation under paragraph 2 of section 506.

However, where the complaint concerns a resident and raises questions of a disciplinary nature, the medical examiner must refer a copy of the complaint and of the record to the authority determined by a regulation made under paragraph 2 of section 506.

The medical examiner must inform the user, the professional concerned and the local service quality commissioner of the decision to so refer the complaint.

“49. If the medical examiner fails to communicate his or her conclusions to the user within 45 days after being referred a complaint, the medical examiner is deemed to have communicated negative conclusions to the user on the date of expiry of the time limit. Such failure gives rise to the right to apply to the review committee established under section 51.

“50. At least once a year and whenever warranted in his or her opinion, the medical examiner must submit a report to the board of directors and to the council of physicians, dentists and pharmacists, describing the reasons for the complaints examined since the last report, and the medical examiner’s recommendations, in particular for the improvement of the quality of medical, dental and pharmaceutical care or services provided in a centre operated by the institution.

A copy of the report shall also be sent to the local service quality commissioner so that its contents may be incorporated into the report submitted under section 76.10.

“51. A review committee shall be established for each institution operating one or more centres where physicians, dentists or pharmacists practise.

If a board of directors administers two or more institutions, the board may establish a single review committee for the group of institutions it administers, after consulting with the council of physicians, dentists and pharmacists or, where there is no such council, with the physicians, dentists and pharmacists concerned.

The review committee shall be composed of three members appointed by the board of directors. The chair of the review committee shall be appointed from among the elected or co-opted members of the board of directors. The other two members shall be appointed from among the physicians, dentists and pharmacists who practise in a centre operated by an institution administered by the board of directors, on the recommendation of the council of physicians, dentists and pharmacists or, where no such council has been established for an institution, after consulting with the physicians, dentists and pharmacists concerned.

However, if there are fifteen or fewer physicians, dentists and pharmacists practising in the centre or centres operated by the institution or group of institutions administered by the board of directors, the other two members of the review committee may be recruited among physicians, dentists and pharmacists who do not practise in any of those centres or exercise other functions for any of those institutions.

The board of directors shall fix the term of appointment of the members of the review committee and determine its operating rules.

“52. Except where a complaint is referred for a disciplinary investigation, the function of the review committee is to review the handling of a user

complaint by the medical examiner. To that end, the review committee must acquaint itself with the entire complaint record and examine whether the complaint was examined properly, diligently and equitably and whether the reasons for the medical examiner's conclusions, if any, are based on the enforcement of user rights and compliance with standards of professional practice. At the conclusion of its review and within 60 days after receiving a review application, the review committee must communicate a written opinion, including reasons, to the user, to the professional concerned and to the medical examiner. The local service quality commissioner must also be given a copy.

In its opinion, and the reasons therefor, the review committee must either

- (1) confirm the conclusions of the medical examiner;
- (2) require that the medical examiner carry out a supplementary examination within the time specified and transmit his or her new conclusions to the user and a copy to the review committee and to the professional concerned as well as to the local service quality commissioner;
- (3) where the complaint concerns a physician, dentist or pharmacist who is a member of the council of physicians, dentists and pharmacists, forward a copy of the complaint and of the record to that council for a disciplinary investigation by a committee established for that purpose; if there is no such council, the complaint shall be handled according to the procedure determined by a regulation under paragraph 2 of section 506;
- (4) where the complaint concerns a resident and raises questions of a disciplinary nature, forward a copy of the complaint and of the record to the authority determined by a regulation made under paragraph 2 of section 506;
- (5) recommend any action that is likely to resolve the matter to the medical examiner or, if appropriate, to the parties themselves.

“53. A user who disagrees with the conclusions transmitted by the medical examiner, or deemed to have been transmitted by the medical examiner under section 49, may apply in writing for a review of the complaint by the review committee.

The review application must be filed within 60 days after receipt of the medical examiner's conclusions or after the date on which the conclusions are deemed to have been transmitted to the user under section 49. The time limit is definitive, unless the user proves to the review committee that it was impossible for him or her to act sooner.

The local service quality commissioner must give assistance or see to it that assistance is given to users who require assistance for the formulation of their application for review or for any further step related thereto, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6.

The user shall address the application to the chair of the review committee and include the conclusions and reasons transmitted by the medical examiner, if any.

The chair must give the user a written notice of the date of receipt of the application for review and send a copy to the medical examiner, the professional concerned and the local commissioner.

“54. Within five days after receiving a copy of a review application, the medical examiner shall forward a copy of the entire complaint record to the chair of the review committee.

“55. The review committee must allow the user, the professional concerned and the medical examiner to present observations.

The obligations set out in section 36 apply, with the necessary modifications, to any information required or meeting called by the review committee or a member of the review committee.

“56. Subject to the information that must be transmitted to the user where the complaint is referred to the council of physicians, dentists and pharmacists, the opinion of the review committee is final.

“57. At least once a year and whenever warranted in the opinion of the review committee, the review committee must submit a report to the board of directors, sending a copy to the council of physicians, dentists and pharmacists, in which it describes the reasons for the complaints having given rise to an application for review since the last report, sets out its conclusions and reports on the speed of its review process; the committee may also make recommendations, in particular for the improvement of the quality of medical, dental and pharmaceutical care or services provided in a centre operated by the institution.

A copy of the report shall also be sent to the local service quality commissioner so that its contents may be incorporated into the report submitted under section 76.10, and to the Health Services Ombudsman.

“58. Subject to the provisions of the second and third paragraphs, where pursuant to subparagraph 2 of the first paragraph of section 46, section 48 or subparagraph 3 of the second paragraph of section 52, a complaint is referred to the council of physicians, dentists and pharmacists for a disciplinary investigation by a committee formed by the council, the procedure determined by a regulation under paragraph 2 of section 506 shall be followed.

During the investigation of the complaint, the user must be allowed to present observations. The medical examiner shall be kept informed of the progress of the investigation on a regular basis or at the very least on completion of each of the key stages of the investigation. The medical examiner must inform the user periodically. Every 60 days from the date on which the user

was informed of the referral of the complaint until the completion of the investigation, the medical examiner must inform the user in writing on the progress of the investigation.

If, following the investigation of the complaint, the council of physicians, dentists and pharmacists is of the opinion that no disciplinary measures are called for, it shall communicate its conclusions, including reasons, to the professional concerned and the medical examiner. If the complaint was referred to the council by the review committee, the council shall also communicate its conclusions to the review committee. If the council of physicians, dentists and pharmacists is of the opinion that the board of directors should impose disciplinary measures, the executive director of the institution shall notify the professional concerned and the medical examiner of the decision of the board of directors and the reasons therefor. If the complaint was referred to the council by the review committee, the executive director shall also notify the review committee. In all cases, the medical examiner must inform the user, in writing in the case of a written complaint. The medical examiner must also inform the local service quality commissioner.

“59. If warranted, in the opinion of the board of directors, by the gravity of the complaint, the board shall transmit the complaint to the professional order concerned.

If the board of directors takes disciplinary measures against a physician, a dentist or a pharmacist, the executive director must notify the professional order in writing. In such cases, the medical examiner shall inform the user and the local service quality commissioner in writing.

“DIVISION III

“EXAMINATION OF COMPLAINTS BY REGIONAL BOARD

“60. A complaint may be addressed directly to the regional board

(1) by any person who uses the services of a community organization within the meaning of section 334 or resides in a nursing home operated by a person accredited for the purposes of subsidies within the meaning of section 454, regarding the services the person received or ought to have received from the organization or nursing home;

(2) subject to section 61, by any person who requires or uses the pre-hospitalization emergency services required or provided in the person's region as part of the system provided for in Division VI.1 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5), regarding the services that the person received or ought to have received;

(3) by any natural person regarding a function or an activity of the regional board by which the person is personally affected owing to the fact that the person receives or ought to receive services provided by institutions, intermediary resources, family-type resources, community organizations or residences accredited for the purposes of subsidies within the meaning of section 454;

(4) by any natural person regarding any clientele assistance provided by the regional board itself as part of its functions as regards services to the public and user rights;

(5) by any natural person requires or uses services provided by an organization, partnership or person whose services or activities relate to the field of health and social services and with which or whom a service agreement has been made by the regional board for the provision of services, and who cannot otherwise apply to an institution under Division I. Such an agreement must provide for the carrying out of the provisions of Divisions III to VII of this chapter and of the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions (2001, chapter 43) concerning such services.

“61. Any person who requires or uses the services provided under the pre-hospitalization emergency system of Corporation d’urgences-santé de la région de Montréal Métropolitain established under subdivision 1 of Division VI.1 of the Act respecting health services and social services for Cree Native persons shall address a complaint regarding any service the person received or ought to have received from the Corporation to the Corporation.

The board of directors of Corporation d’urgences-santé de la région de Montréal Métropolitain must appoint a member of its personnel to exercise the functions of regional service quality commissioner and make a by-law establishing a complaint examination procedure; Divisions III to VII of this chapter apply, with the necessary modifications, to complaints referred to in the first paragraph.

“62. The board of directors of every regional board must make a by-law establishing a complaint examination procedure for the purposes of this division.

“63. A regional service quality commissioner shall be appointed by the board of directors, on the recommendation of the president and executive director.

The regional service quality commissioner comes under the authority of the president and executive director. The regional service quality commissioner alone is answerable to the board of directors for the application of the complaint examination procedure. A member of the personnel of the regional board may act under the authority of the regional service quality commissioner provided that it is permitted by the organization plan of the regional board.

“64. The board of directors must take steps to preserve at all times the independence of the regional service quality commissioner in the exercise of his or her functions.

To that end, the board of directors must ensure that the regional commissioner, having regard to the other functions he or she may exercise for the regional board, is not in a conflict of interest situation in the exercise of his or her functions.

“65. In the exercise of his or her functions, the regional service quality commissioner may consult any person whose expertise the commissioner requires, including, with the authorization of the board of directors, an expert from outside the institution.

“66. The regional service quality commissioner is answerable to the board of directors for the enforcement of the rights of persons who apply to the regional commissioner pursuant to this division and for the diligent handling of their complaints.

To that end, the functions of the regional service quality commissioner shall include

(1) applying the complaint examination procedure established by by-law of the board of directors in keeping with personal rights ; if necessary, making recommendations to the board of directors for any appropriate action to improve the handling of complaints, including a revision of the complaint examination procedure ;

(2) promoting the independent nature of the role of the regional service quality commissioner within the regional board, and publishing the complaint examination procedure for the public in the region ;

(3) giving assistance or seeing to it that assistance is given to persons who require assistance for the formulation of a complaint or for any further step related to the complaint ; informing users of the possibility of being assisted and supported by the community organization in the region to which a user assistance and support mandate has been given pursuant to the provisions of section 76.6 ; and lastly, providing on request any information on the application of the complaint examination procedure of the regional board and on the other remedies provided for in this chapter, and informing users of the legal protection afforded pursuant to section 76.2 to any person who cooperates in the examination of a complaint ;

(4) on receiving a complaint, examining it with diligence ;

(5) if questions of a disciplinary nature in relation to a practice or the conduct of a personnel member are raised during the examination of a complaint, bringing these questions to the attention of the department concerned or the human resources manager within the regional board or the highest authority of the organization, resource or partnership or the person holding the

position of highest authority responsible for the services that are the subject of the complaint, for a more thorough investigation of the complaint, follow-up action or any other appropriate action ; making any appropriate recommendation to that effect in his or her conclusions ;

(6) not later than 45 days after receiving a complaint, communicating his or her conclusions, including reasons, in writing in the case of a written complaint, to the complainant, together with any recommendations made to the department or service manager concerned within the regional board and to the highest authority of the organization, resource or partnership or to the person holding the position of highest authority responsible for the services that are the subject of the complaint, and informing the complainant of the procedure for applying to the Health Services Ombudsman ; communicating the same conclusions, including reasons, in writing in the case of a written complaint, to the department or manager concerned within the regional board and to the highest authority concerned ;

(7) supporting, on his or her own initiative, any action to improve the quality of the services provided to the clientele, clientele satisfaction and the enforcement of the rights of the clientele, and recommending such action to any department or any service manager within the board or, as the case may be, to the highest authority of any organization, resource or partnership or to the person holding the position of highest authority responsible for the services that may be the subject of a complaint under section 60 ;

(8) giving advice on any matter within the purview of the regional service quality commissioner submitted by the board of directors, any council or committee created under section 407 or any department or service or other council or committee of the regional board ;

(9) at least once a year and whenever necessary, drawing up a summary of the activities of the regional service quality commissioner, together with a statement of any action recommended by the regional commissioner to improve the quality of services, clientele satisfaction and the enforcement of the rights of the clientele ;

(10) seeing to it that the board of directors of every institution in the region prepares a report under section 76.10 and submits it to the regional board ;

(11) preparing the report referred to in section 76.12, incorporating into the report the annual summary of the activities of the regional service quality commissioner and all other reports referred to in section 76.10, and presenting the report to the board of directors for approval ; and

(12) subject to section 64, carrying out any other function provided for in the organization plan of the regional board.

“67. The complaint examination procedure must enable any person referred to in section 60 to address a verbal or written complaint to the regional service quality commissioner.

The procedure must also allow the heirs or the legal representatives of a deceased person to make a complaint regarding the services the person received or ought to have received.

The complaint examination procedure must in particular

(1) include the details allowing rapid access to the services of the regional commissioner;

(2) provide that the regional commissioner must give assistance or see to it that assistance is given to users or persons who require assistance for the formulation of a complaint or for any further step related to the complaint, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6;

(3) ensure that the complainant receives a written notice of the date on which the verbal or written complaint is received by the regional commissioner;

(4) provide that, where a complaint is received regarding the services provided by a resource, organization, partnership or person other than the regional board, the regional commissioner is to inform the authority concerned in writing of the receipt of the complaint or, if the regional commissioner is of the opinion that no prejudice will be caused to the user, forward a copy of the complaint to the authority; provide that, if the complaint is verbal, the authority concerned is to be informed verbally;

(5) specify what communications must be made in writing in the case of a written complaint;

(6) allow the complainant and the highest authority of the organization, resource or partnership or the person holding the position of highest authority who is responsible for the services that may be the subject of a complaint under section 60 to present observations; and

(7) provide that the regional commissioner, after examining the complaint, is to communicate his or her conclusions, including reasons, to the complainant within the time prescribed in subparagraph 6 of the second paragraph of section 66, together with the procedure for applying to the Health Services Ombudsman.

“68. The regional service quality commissioner may, upon summary examination, dismiss a complaint if, in the commissioner’s opinion, it is frivolous, vexatious or made in bad faith.

The regional service quality commissioner shall so inform the complainant, in writing in the case of a written complaint.

“69. The complainant and any other person, including any person working or practising on behalf of any institution, resource, organization, partnership or person other than the regional board, must supply all information and,

subject to the second paragraph of section 190 and section 218, all documents required by the regional service quality commissioner for the examination of a complaint, including, notwithstanding section 19, access to and the communication of the information or documents contained in the user's record; all such persons must also, unless they have a valid excuse, attend any meeting called by the regional service quality commissioner.

“70. If, pursuant to subparagraph 5 of the second paragraph of section 66, the regional service quality commissioner brings a practice or the conduct of a personnel member that raises questions of a disciplinary nature to the attention of the department concerned or the human resources manager within the regional board or the highest authority of the resource, organization or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under section 60, the department, manager, authority or person must investigate and follow up the case diligently and report periodically to the regional commissioner on the progress of the investigation.

The regional service quality commissioner must be informed of the outcome of the case and of any disciplinary measure taken against the personnel member concerned. The regional commissioner must in turn inform the complainant.

“71. The regional service quality commissioner may bring any report or recommendation regarding the improvement of the quality of services provided to the public, clientele satisfaction and the enforcement of the rights of the clientele to the attention of the board of directors of the regional board, in particular where the department or service manager concerned within the regional board or the highest authority of the resource, organization or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under section 60 has decided not to act upon a recommendation accompanying the conclusions and reasons communicated by the regional commissioner.

The regional commissioner must bring such a report or recommendation to the attention of the board of directors if warranted by the gravity of the complaint, in particular where the commissioner has been informed of a disciplinary measure taken against a personnel member of the department or authority concerned.

The president and executive director of the regional board must transmit to the board of directors any report or recommendation transmitted for that purpose by the regional commissioner.

“72. If the regional service quality commissioner fails to communicate his or her conclusions to the complainant within 45 days after receiving a complaint, the commissioner is deemed to have communicated negative conclusions to the complainant on the date of expiry of the time limit.

Such failure gives rise to the right to apply to the Health Services Ombudsman.

“DIVISION IV

“OTHER PROVISIONS

“73. No person shall take reprisals or attempt to take reprisals in any manner whatever against any person who makes or intends to make a complaint under section 34, 44, 45, 53 or 60.

The person responsible for examining the complaint must intervene without delay upon being apprised of reprisals or of an attempt to take reprisals.

“74. No civil action may be instituted by reason or in consequence of a complaint made in good faith under this chapter, whatever the conclusions issued following its examination.

Nothing in this provision shall operate to restrict the right of any person or the person's successors to exercise a remedy based on the same facts as those on which a complaint is based.

“75. No legal proceedings may be brought against the following persons or entities for an act or omission made in good faith in the exercise of their functions :

(1) a local service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32, a medical examiner, a consultant or an outside expert referred to in section 47, a review committee established under section 51 or a member of such a committee, a council of physicians, dentists and pharmacists or a member of such a council, an outside expert referred to in section 214 or the board of directors of an institution or a member of such a board ;

(2) a regional service quality commissioner, a person acting under the authority of a regional service quality commissioner or a consultant or outside expert referred to in section 65.

“76. Except on a question of jurisdiction, no extraordinary recourse under articles 834 to 846 of the Code of Civil Procedure (R.S.Q., chapter C-25) may be exercised and no injunction may be granted against any of the persons referred to in section 75 acting in their official capacity.

“76.1. A judge of the Court of Appeal may, on a motion, summarily annul any writ, order or injunction issued or granted contrary to section 75 or 76.

“76.2. The answers given or statements made by a person for the purposes of the examination of a complaint, including any information or document supplied in good faith by the person in response to a request of a

local service quality commissioner or a regional service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32 or 65, a person acting under the authority of a regional service quality commissioner, a medical examiner, a consultant or an outside expert referred to in section 47, a review committee established under section 51 or a member of such a committee may not be used or be admitted as evidence against the person in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions.

“76.3. Before beginning to exercise their functions under this Title or in accordance with the procedure determined by a regulation under paragraph 2 of section 506, a local service quality commissioner or a regional service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32 or 65, a person acting under the authority of a regional service quality commissioner, a medical examiner, a consultant or an outside expert referred to in section 47, a member of a review committee established under section 51, a member of a committee of a council of physicians, dentists and pharmacists, an outside expert referred to in section 214 and a member of the board of directors of an institution must take the oath provided in Schedule I.

“76.4. Notwithstanding any inconsistent legislative provision, a local service quality commissioner or a regional service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32 or 65, a person acting under the authority of a regional service quality commissioner, a medical examiner, a consultant or an outside expert referred to in section 47, a review committee established under section 51 or a member of such a committee may not be compelled to make a deposition in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions concerning any confidential information obtained in the exercise of their functions, or to produce a document containing such information, except to confirm its confidential nature.

“76.5. Nothing contained in a user’s complaint record, including the conclusions with reasons and any related recommendations, may be construed as a declaration, recognition or extrajudicial admission of professional, administrative or other misconduct capable of establishing the civil liability of a party in a judicial proceeding.

“DIVISION V

“ASSISTANCE BY COMMUNITY ORGANIZATION

“76.6. The Minister, after consulting with the regional board, shall give a community organization in the region the mandate to assist and support, on request, users residing in the region who wish to address a complaint to an institution in the region, to the regional board or to the Health Services Ombudsman.

Where a complaint is made by a user regarding the services of an institution or board of another region than the region in which the user resides, the community organization in the region of the user's residence shall provide any assistance and support requested, unless the user requests assistance and support from the community organization in the region of the institution or board concerned.

In all cases, the community organizations involved must collaborate in providing any assistance and support requested by a user.

“76.7. Every community organization to which a mandate under section 76.6 is given shall, on request, assist a user in any step undertaken to file a complaint with an institution or regional board or with the Health Services Ombudsman, and provide support to the user throughout the proceeding. The community organization shall provide information on the complaints process, help the user define the subject of the complaint, draft the complaint where necessary and provide assistance and support on request to the user at each stage of the proceeding, facilitate conciliation between the user and any authority concerned and contribute, through the support so afforded, to the enforcement of the user's rights and the improvement of the quality of services.

“DIVISION VI

“USER'S COMPLAINT RECORD

“76.8. The contents of a user's complaint record shall be determined by a regulation under paragraph 23 of section 505.

Notwithstanding any contrary provision of this Act, no document contained in a user's complaint record may be filed in the record of a personnel member or a member of the council of physicians, dentists and pharmacists.

The preceding paragraph does not apply to the conclusions and reasons of the medical examiner or to any related recommendations.

“76.9. The provisions of sections 17 to 28 apply to all records kept by the institution or regional board in the exercise of their respective functions under Divisions I, II and III.

“DIVISION VII

“REPORTS

“76.10. Once a year and whenever so required by the regional board, the board of directors of an institution must transmit a report on the application of the complaint examination procedure and the improvement of the quality of services to the regional board.

“76.11. The report shall incorporate the activities summary of the local service quality commissioner referred to in subparagraph 9 of the second paragraph of section 33, the medical examiner’s report referred to in section 50 and the review committee’s report referred to in section 57.

The report shall describe the reasons for the complaints received and shall indicate in respect of each type of complaint

- (1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report ;
- (2) the time taken for the examination of complaints ;
- (3) the actions taken following the examination of complaints ; and
- (4) the number of complaints that gave rise to an application to the Health Services Ombudsman and the reasons for those complaints.

The report must also give an account of any action recommended by the local service quality commissioner and of any action taken to improve the quality of services, user satisfaction and the enforcement of user rights.

The board of directors shall also include in the report, where required, any mandatory objectives relating to the enforcement of user rights and the diligent handling of user complaints.

“76.12. Once a year and whenever so required by the Minister, the board of directors of a regional board must transmit a report summarizing all the reports received from the boards of directors of institutions.

The report shall describe the types of complaints received, including any complaints concerning physicians, dentists or pharmacists, and shall indicate in respect of each type of complaint

- (1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report ;
- (2) the actions taken following the examination of complaints ;
- (3) the names of the institutions concerned ; and
- (4) the time taken for the examination of complaints.

The report shall also incorporate the activities summary of the regional service quality commissioner referred to in subparagraph 9 of the second paragraph of section 66, describe the reasons for the complaints received by the regional board itself and indicate in respect of each type of complaint

- (1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report;
- (2) the time taken for the examination of complaints;
- (3) the actions taken following the examination of complaints; and
- (4) the number of complaints that gave rise to an application to the Health Services Ombudsman and the reasons for those complaints.

The report must also give an account of the most significant actions recommended by local service quality commissioners and by the regional service quality commissioner and of the most significant actions taken by the institutions and by the regional board to improve the quality of services to the public in the region, clientele satisfaction and the enforcement of the rights of the clientele.

The board of directors shall also include in the report, where required, any mandatory objectives relating to the enforcement of the rights of persons who apply to the regional service quality commissioner under Division III and the diligent handling of their complaints.

A copy of the report must be sent at the same time to the Health Services Ombudsman.

“76.13. Whenever so required by the Health Services Ombudsman, the board of directors of an institution or a regional board must transmit a report to the Ombudsman regarding any item of information referred to in section 76.11 or 76.12 recorded since the last report and on any matter relating to the application of the complaint examination procedure, including the provisions applicable to any user complaint concerning a physician, dentist or pharmacist.

“76.14. The Minister shall table the reports of the regional boards in the National Assembly within 30 days of receiving them or, if the Assembly is not in session, within 30 days of resumption.”

42. Section 108 of the said Act is amended by inserting the following paragraph after the first paragraph:

“The agreement must recognize the jurisdiction of the local service quality commissioner and that of the medical examiner as regards the examination of the complaints of the clientele concerned by the agreement. The agreement must allow the carrying out of the provisions of Chapter III of Title II of Part I of this Act and of the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions concerning the services covered by the agreement, with the necessary modifications.”

43. The said Act is amended by inserting the following section after section 133 replaced by section 21 of chapter 24 of the statutes of 2001 :

“133.O.1. For the purposes of paragraph 5 of each of sections 129, 131 to 132.1 and 133 and of paragraph 3 of each of sections 129.1 and 130, the persons who perform nursing assistant activities for an institution are deemed to be members of the institution’s multidisciplinary council.”

44. Section 173 of the said Act is amended by replacing paragraph 2 by the following paragraph :

“(2) appoint the local service quality commissioner in accordance with the provisions of section 30;”.

45. Section 177 of the said Act is amended by replacing “referred to in section 68” in the fourth paragraph by “and the improvement of the quality of services referred to in section 76.10”.

46. Section 182 of the said Act is amended by replacing “29, 38 to 41” in the first paragraph by “29 to 34, 38, 39”.

47. Section 212 of the said Act is amended by replacing “Divisions I, II and IV of Chapter III of Title II” in subparagraph 4 of the first paragraph by “Divisions I, II and III of Chapter III of Title II of this Act or the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions”.

48. Section 214 of the said Act is amended by replacing the second paragraph by the following paragraph :

“In exercising the functions described in subparagraphs 1 and 2 of the first paragraph and in exercising functions following the filing of a complaint in a case described in section 249, the council of physicians, dentists and pharmacists may, with the authorization of the board of directors, call on an expert from outside the institution. The expert shall have access to the user's record where the expert needs the information contained in the record for the exercise of his or her functions.”

49. Section 218 of the said Act is amended by inserting the following paragraphs after the first paragraph :

“However, a medical examiner and the members of the review committee established under section 51 may examine the professional record of a member of the council of physicians, dentists and pharmacists where the information contained in the record is needed for the exercise of their functions.

Moreover, the members of the board of directors may have access to relevant extracts from the professional record of a member of the council of physicians, dentists and pharmacists that contain information needed for the

making of a decision regarding possible disciplinary measures against a physician, dentist or pharmacist in accordance with the procedure determined by a regulation under paragraph 2 of section 506.”

50. Section 249 of the said Act is amended by adding the following sentence at the end of the second paragraph: “They may also include a recommendation that the physician or dentist serve a period of refresher training, take a refresher course or both, and may, if necessary, restrict or suspend some or all of the physician’s or dentist’s privileges for the duration of the refresher period.”

51. Section 250 of the said Act is amended by adding the following sentence at the end of the second paragraph: “They may include a recommendation that the pharmacist serve a period of refresher training, take a refresher course or both, and may, if necessary, restrict or suspend the pharmacist’s activities for the duration of the refresher period.”

52. Section 344 of the said Act is amended by replacing “42 to 53.1” in the second line by “60 to 72”.

53. Section 345 of the said Act is repealed.

54. Section 405 of the said Act, amended by section 75 of chapter 24 of the statutes of 2001, is again amended by replacing “and the senior management officers and confirming the designation, made by the executive director, of the complaints officer responsible for applying the users’ complaint examination procedure provided for in section 43” in subparagraph 3 of the second paragraph by “, the senior management officers and the regional service quality commissioner in accordance with the provisions of section 63”.

55. Section 506 of the said Act is amended by adding “or a resident to whom a status has been assigned by the board” after “pharmacist” in the third line of paragraph 2.

56. Section 530.5 of the said Act is amended

(1) by replacing “31” in the first paragraph by “34”;

(2) by replacing “the services that have or should have been provided to him by” in the third and fourth lines of the first paragraph by “the services that have been, should have been or are being provided to the user by or that the user requires from”;

(3) by replacing “complaints officer responsible for the application of the complaint examination procedure” in the first and second lines of the second paragraph and “complaints officer in charge of the application of the complaint examination procedure” in the third and fourth lines of that paragraph by “local service quality commissioner”;

(4) by replacing “in the manner set out in sections 32 to 41” in the fifth line of the second paragraph and in the seventh line of the third paragraph by “in accordance with the applicable complaint examination procedure”;

(5) by replacing “complaints officer” in the sixth line of the second paragraph and in the first, fifth and eighth lines of the third paragraph by “local commissioner”.

57. Section 530.7 of the said Act is amended

(1) by replacing “complaints officer responsible for the application of the complaint examination procedure of the regional board referred to in section 530.25” in the third, fourth and fifth lines of the first paragraph by “Health Services Ombudsman, who shall examine the complaint in accordance with the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions”;

(2) by striking out the second and third paragraphs.

58. Section 530.8 of the said Act is amended

(1) by replacing “complaints officer responsible for the application of the complaint examination procedure” in the sixth and seventh lines of the first paragraph by “regional service quality commissioner”;

(2) by replacing “the services that have or should have been provided to the person by” in the eighth and ninth lines of the first paragraph by “the services that have been, should have been or are being provided to the person by or that the person requires from”;

(3) by replacing “complaints officer” in the first, second and third and sixth lines of the second paragraph and in the first and fifth lines of the third paragraph by “regional commissioner”;

(4) by replacing “in the manner set out in sections 73 to 76” in the fifth line of the second paragraph and in the sixth and seventh lines of the third paragraph by “in accordance with the applicable complaint examination procedure”.

59. The said Act is amended by replacing “COMPLAINTS COMMISSIONER” in the heading of Division III of Chapter II of Title I of Part IV.1 by “HEALTH SERVICES OMBUDSMAN”.

60. Section 530.9 of the said Act is amended by replacing “complaints commissioner” in the first line by “Health Services Ombudsman”.

61. Section 530.10 of the said Act is amended by replacing “54” in the first line by “76.6”.

62. Section 530.47 of the said Act is repealed.

63. Section 530.48 of the said Act is replaced by the following section :

“530.48. Complaints under section 60 shall be filed with the institution to which this Part applies and shall be examined in accordance with the provisions of sections 29 to 59, 73 to 76.9 and 76.13.”

64. Section 530.49 of the said Act is amended

(1) by replacing “68 to the Minister” in the first paragraph by “76.10 to the Minister. The report must contain the items listed in section 76.11”;

(2) by replacing “71” in the second paragraph by “76.14”.

65. Section 530.91 of the said Act, enacted by section 1 of chapter 33 of the statutes of 2000, is amended

(1) by replacing “31 and 42” in the first line of the first paragraph by “34 and 60”;

(2) by replacing “the services that have or should have been provided to the user by” in the fourth and fifth lines of the first paragraph by “the services that have been, should have been or are being provided to the user by or that the user requires from”;

(3) by replacing the second and third paragraphs by the following paragraphs :

“Where such a complaint is filed, the local commissioner who receives the complaint must transmit it with diligence to the local commissioner of the institution concerned or, as the case may be, the regional commissioner of the regional board concerned, who shall then examine the complaint and communicate with the local commissioner of the institution referred to in section 530.89, who shall in turn inform the user with diligence of the action taken following the user’s complaint.

If a complaint concerning an institution situated outside the territory described in section 530.89 is filed directly with the local commissioner of the institution or, as the case may be, the regional commissioner of the regional board, the complaint shall be examined by that local or regional commissioner, who shall inform the local commissioner of the institution referred to in section 530.89. Any information relating to the follow-up of the complaint shall be communicated to the local commissioner of the latter institution, who shall communicate the information to the user with diligence.”

66. Section 530.92 of the said Act, enacted by section 1 of chapter 33 of the statutes of 2000, is amended by replacing “complaints commissioner” in the first line by “Health Services Ombudsman”.

67. Section 530.93 of the said Act, enacted by section 1 of chapter 33 of the statutes of 2000, is amended by replacing “68” in the second line by “76.10”.

68. The said Act is amended by adding the following schedule at the end:

“SCHEDULE I

“Oath

“I declare under oath that I will fulfil the duties of my office with honesty, impartiality and justice. I further declare under oath that I will not reveal or disclose, unless authorized by law, any confidential information that may come to my knowledge in the exercise of my functions.”

69. Section 149.32.1 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) is repealed.

TRANSITIONAL AND FINAL PROVISIONS

70. The complaints commissioner in office on 1 January 2002 shall remain in office as the Health and Social Services Ombudsman until the expiry of his or her term of office.

71. The personnel of the complaints commissioner referred to in section 65 of the Act respecting health services and social services shall become the personnel of the Health and Social Services Ombudsman, and delegations made under section 65 shall be deemed to be delegations made under section 4 of this Act.

72. The complaint examination procedure established by the complaints commissioner pursuant to the provisions of section 57 of the Act respecting health services and social services shall continue to apply to the Health Services Ombudsman until 1 April 2002 or any later date determined by the Government; the new complaint examination procedure established by the Health Services Ombudsman under the provisions of section 10 of this Act shall apply from that date.

73. The examination of any complaint filed with the complaints commissioner before 1 January 2002 shall be continued by the Health Services Ombudsman in accordance with this Act.

74. The records and other documents held by the complaints commissioner on 1 January 2002 shall be transferred to the Health Services Ombudsman without further formality.

75. The complaints officer responsible for the application of the complaint examination procedure designated by the executive director of an institution under section 29 of the Act respecting health services and social services shall be deemed to be the local service quality commissioner of the institution until the board of directors makes the appointment provided for in section 30 of the Act respecting health services and social services enacted by section 41 of this Act on or before 1 April 2002 or any later date determined by the Government.

76. The complaint examination procedure established by an institution pursuant to the provisions of section 29 of the Act respecting health services and social services shall continue to apply to the institution until 1 April 2002 or any later date determined by the Government; the new complaint examination procedure established by by-law of the board of directors under the provisions of section 29 of the Act respecting health services and social services enacted by section 41 of this Act, shall apply from that date.

77. The provisions of sections 29 to 40 of the Act respecting health services and social services enacted by section 41 of this Act shall apply to the continuation of the examination of a complaint received by the institution before 1 April 2002 or any later date determined by the Government.

78. On or before 1 April 2002 or any later date determined by the Government, the board of directors of every institution must designate a medical examiner as provided for in section 42 of the Act respecting health services and social services enacted by section 41 of this Act.

79. Complaints concerning a physician, dentist or pharmacist received from 1 April 2002 or any later date determined by the Government shall be examined in accordance with the provisions of sections 41 to 59 of the Act respecting health services and social services enacted by section 41 of this Act.

80. The institutions referred to in section 51 of the Act respecting health services and social services enacted by section 41 of this Act shall have until 1 April 2002 or any later date determined by the Government to establish a review committee as provided for in that section.

81. The complaint examination procedure established by a regional board pursuant to the provisions of section 43 of the Act respecting health services and social services shall continue to apply to the regional board until 1 April 2002 or any later date determined by the Government; the new complaint examination procedure established by by-law of the board of directors under the provisions of section 62 of the Act respecting health services and social services enacted by section 41 of this Act shall apply from that date.

82. The complaints officer responsible for the application of the complaint examination procedure designated by the executive director of a regional board pursuant to the provisions of section 43 of the Act respecting health services and social services shall be deemed to be the regional service quality

commissioner of the regional board until the board of directors makes the appointment provided for in section 63 of the Act respecting health services and social services enacted by section 41 of this Act on or before 1 April 2002 or any later date determined by the Government.

83. The examination of any complaint received by a regional board before 1 April 2002 or any later date determined by the Government shall be continued by the regional board pursuant to the provisions of sections 42 to 53.1 of the Act respecting health services and social services as they read before that date, in accordance with the complaint examination procedure and time limits applicable at that time.

Any complaint received by a regional board on or after 1 April 2002 or any later date determined by the Government which, under the provisions of the Act respecting health services and social services enacted by section 41 of this Act, is within the purview of the Health Services Ombudsman shall be referred without delay to the Health Services Ombudsman in accordance with this Act.

84. Corporation d'urgences-santé de la région de Montréal Métropolitain shall have until 1 April 2002 or any later date determined by the Government to appoint a member of its personnel to exercise the functions of regional service quality commissioner and to make a by-law establishing a complaint examination procedure in accordance with the provisions of section 61 of the Act respecting health services and social services enacted by section 41 of this Act.

Until that date, the applicable procedure shall continue to produce its effects.

85. The employees of a regional health and social services board within the meaning of the Act respecting health services and social services who are in office on 1 November 2001 and are assigned duties relating to the complaint handling process or the promotion of users' rights, shall become members of the personnel of the Health Services Ombudsman insofar as they are covered by a decision of the Conseil du trésor made before the date that is one year after the date of coming into force of this section, in conformity with the conditions and procedure determined in the decision. Employees so transferred are deemed to have been appointed in accordance with the Public Service Act (R.S.Q., chapter F-3.1.1).

The Conseil du trésor may determine the classification, remuneration and any other condition of employment applicable to the employees referred to in the first paragraph.

86. The Government may, by a regulation made before 1 January 2004, adopt any other transitional provision to rectify any omission and ensure the carrying out of this Act.

A regulation under this section is not subject to the publication requirement provided for in section 8 of the Regulations Act (R.S.Q., chapter R-18.1). Notwithstanding section 17 of that Act, it comes into force on the date of its publication in the *Gazette officielle du Québec* or on any later date fixed therein.

87. The provisions of this Act come into force on 1 January 2002, except the provisions of sections 7 to 9, 12 to 28, 38 and 39 and the provisions of sections 33, 35 to 40, 44 to 50, 52 to 61, 66, 68 to 72 and 76.8 to 76.14 of the Act respecting health services and social services enacted by section 41 of this Act, which come into force on the date or dates to be fixed by the Government.

Coming into force of Acts

Gouvernement du Québec

O.C. 1575-2001, 19 December 2001

An Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24)

— Coming into force of certain provisions

COMING INTO FORCE of certain provisions of the Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24)

WHEREAS the Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24) was assented to on 21 June 2001;

WHEREAS under section 128 of the Act, its provisions come into force on the date or dates to be fixed by the Government, except sections 3, 4, 35, 43, 44, 45, 48, 53, 54, 57, 62, 79, 83, 86, 88, 89, 93, 102, 103, 105 and 110 to 127, and section 397.2 of the Act respecting health services and social services replaced by section 67, which came into force on 21 June 2001;

WHEREAS the coming into force of the provisions of section 6, the second paragraph of section 126.2 of the Act respecting health services and social services (R.S.Q., c. S-4.2), enacted by section 7, and sections 8 and 11 of that Act was fixed at 29 June 2001 by Order in Council 844-2001 dated 29 June 2001;

WHEREAS it is expedient to fix the date of coming into force of the provisions of sections 1, 2, 55, 56, 58 to 61, 63, 65, 66, section 397.3 of the Act respecting health services and social services (R.S.Q., c. S-4.2) replaced by section 67 and sections 68 to 78, 80 to 82, 85, 87, 92, 106, 108 and 109 of the Act to amend the Act respecting health services and social services and other legislative provisions;

IT IS ORDERED, therefore, on the recommendation of the Minister of State for Health and Social Services and Minister of Health and Social Services:

THAT 19 December 2001 be fixed as the date of coming into force of the provisions of sections 1, 2, 55, 56, 58 to 61, 63, 65, 66, section 397.3 of the Act respecting health services and social services (R.S.Q., c. S-4.2) replaced by section 67 and sections 68 to 78, 80 to 82, 85, 87, 92, 106, 108 and 109 of the Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24).

JEAN ST-GELAIS,
Clerk of the Conseil exécutif

4773

Regulations and other acts

M.O., 2001-026

Order of the Minister responsible for Wildlife and Parks dated 20 December 2001

An Act respecting the conservation and development of wildlife
(R.S.Q., c. C-61.1)

Regulation to amend the Regulation respecting hunting

THE MINISTER RESPONSIBLE FOR WILDLIFE AND PARKS,

CONSIDERING the second, third and fourth paragraphs of section 56 of the Act respecting the conservation and development of wildlife (R.S.Q., c. C-61.1) which provide that the Société may make regulations on the matters set forth therein;

CONSIDERING the fifth paragraph of section 56 of the Act which provides that a regulation made by the Société under that section must be submitted to the Minister for approval;

CONSIDERING section 164 of the Act which provides that a regulation made by the Société under sections 54.1 and 56 of the Act is not subject to the publication requirements set out in section 8 of the Regulations Act (R.S.Q., c. R-18.1);

CONSIDERING that the Regulation respecting hunting, which prescribes the conditions for hunting any animal or any class of animals, was made by Minister's Order 99021 dated 27 July 1999;

CONSIDERING that, by resolution No. 01-49 of its board of directors on November 28, 2001, the Société made the Regulation to amend the Regulation respecting hunting, attached hereto;

ORDERS:

THAT the Regulation to amend the Regulation respecting hunting, attached hereto, be approved.

Québec, 20 December 2001

GUY CHEVRETTE,
Minister responsible for Wildlife and Parks

Regulation to amend the Regulation respecting hunting*

An Act respecting the conservation and development of wildlife
(R.S.Q., c. C-61.1, s. 54.1 and s. 56, 2nd, 3rd and 4th pars.)

1. Section 10 of the Regulation respecting hunting is amended by inserting "the part of territory," after "part of area," in the second paragraph.

2. Section 13 is amended by inserting ", parts of territories, wildlife sanctuaries or controlled zones" after "or parts of area" in the first paragraph.

3. Section 14 is amended

(1) by striking out "the wildlife sanctuary of Île d'Anticosti and" in the first paragraph; and

(2) by striking out the number "2" wherever it appears in the second paragraph.

4. Section 17 is amended by adding "; and in the Maison-de-Pierre Controlled Zone, only moose with antlers may be hunted in 2002 and 2003" after "2003" at the end of the fourth paragraph.

5. The following is substituted for section 18:

"18. A resident who holds the licences provided for in paragraphs *a* and *c* of section 2 of Schedule I may hunt female white-tailed deer or the male with antlers less than 7 cm using a Type 2 or Type 12 implement in an area or part of area other than Area 20.

The resident who holds those licences may also hunt those animals:

(1) with a Type 6 implement in the southern part of Area 7 shown on the plan in Schedule CXXXIV during the hunting season provided for in subparagraph *d* of paragraph 1 of section 3 of Schedule III;

* The Regulation respecting hunting, made by Minister's Order 99021 dated 27 July 1999 (1999, *G.O.* 2, 2451), was last amended by the Regulations approved by Minister's Orders 2001-014 dated 19 June 2001 (2001, *G.O.* 2, 3450) and 2001-017 dated 31 July 2001 (2001, *G.O.* 2, 4779). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2001, updated to 1 September 2001.

(2) with a Type 9 implement in the western part of Area 3 shown on the plan in Schedule X and in Area 10 during the hunting season provided for in Schedule III;

A non-resident may hunt female white-tailed deer or the male with antlers less than 7 cm during a hunting season when a resident may hunt them without holding the licence provided for in paragraph *c* of section 2 of Schedule I.”.

6. Section 23 is amended by striking out “or in the parts of Area 19 and of Area 23 shown on the plan in Schedule IX” in paragraph 3.

7. Section 31 is amended by adding the following after paragraph 11 :

“(12) Type 12:

(a) bows with a torque of at least 18 kilograms within a draw of 0 to 71 centimetres and arrows having a cutting diameter of at least 22 millimetres ;

(b) crossbows with a torque of at least 54 kilograms with a bowstring extension of at least 25 centimetres and equipped with a safety catch ; the vire must have a length of at least 40 centimetres and the point must have a cutting diameter of at least 22 millimetres ;

(c) 10-, 12-, 16- or 20-gauge shotguns used with shells loaded with slugs or shot of a diameter equal to or greater than 7.6 millimetres ;

(d) black powder muzzle-loading rifles, single barrel, of a gauge or calibre equal to or greater than 11 millimetres that uses only one bullet at a time.”.

8. Schedule I is amended by deleting paragraph *f* of section 1.

9. Schedule II is amended

(1) by substituting the following for section 1 :

“1. For hunting female white-tailed deer or the male with antlers less than 7 cm using a Type 2 or Type 12 implement:

Area	Number of licences
2, except the western part shown on the plan in Schedule IX	100
2, western part shown on the plan in Schedule IX	300
3, western part shown on the plan in Schedule X	700
4	1000
5, western part shown on the plan in Schedule XXXVIII	890
6	1000
7, southern part shown on the plan in Schedule CXXXIV	1000
8, southern part shown on the plan in Schedule XIII	2400
9, western part shown on the plan in Schedule CXXXII	200
10, except the western part shown on the plan in Schedule XVI	1500
10, western part shown on the plan in Schedule XVI, and 12	4500
11 and 15, western part shown on the plan in Schedule CXXXIII	4000

”;

(2) by striking out “19 and 23, parts shown on the plan in Schedule IX” and “1600, that is, 2 licences per hunter selected by a drawing of lots” in section 2 ;

(3) by substituting, in paragraph *ii* of section 3,

— in the Chic-Chocs Wildlife Sanctuary, “30” for “20” ;

— in the La Vérendrye Wildlife Sanctuary, “289” for “300” ;

— in the Mastigouche Wildlife Sanctuary, “40” for “60” ; and

— in the Rimouski Wildlife Sanctuary, “56” for “28” ; and

(4) by inserting the “Duchénier” Wildlife Sanctuary and the number of licences “15” after the Chic-Chocs Wildlife Sanctuary in paragraph *ii* of section 3.

10. Schedule III is amended

(1) by deleting subparagraphs *e* of section 2 in Column III and Column IV ; and

(2) by substituting the following for sections 3, 4 and 5 :

“

3	White-tailed deer	(1) 6	(a) 2, except the parts of territories shown on the plans in Schedules XIX, XXIV to XXVI and the western part of Area 11 shown on the plan in Schedule XV	(a) from the Saturday on or closest to 27 September to the Friday on or closest to 10 October
			(b) 4, 5 and 6	(b) from the Saturday on or closest to 20 September to the Friday on or closest to 10 October
			(c) 7, except the part of territory shown on the plan in Schedule XXVII, the southern part of Area 8 shown on the plan in Schedule XIII and Area 9, except the part of territory shown on the plan in Schedule XXI	(c) from the Saturday on or closest to 27 September to the Sunday on or closest to 19 October
			(d) the southern part of Area 7 shown on the plan in Schedule CXXXIV	(d) from the Saturday on or closest to 1 November to the Friday on or closest to 7 November
			(e) 8, except the parts of territories shown on the plans in Schedules XIII and XX	(e) from the Saturday on or closest to 27 September to the Sunday on or closest to 26 October
			(f) 10, except the parts of territories shown on the plans in Schedules XVI and XXII	(f) from the Saturday on or closest to 22 September to the Sunday on or closest to 7 October
			(g) the western part of Area 10 shown on the plan in Schedule XVI and Area 12	(g) from the Saturday on or closest to 22 September to the Friday on or closest to 5 October
			(h) the eastern part of Area 11 shown on the plan in Schedule XIV	(h) from the Saturday on or closest to 27 September to the Sunday on or closest to 12 October
			(i) the western part of Area 15 shown on the plan in Schedule CXXXIII	(i) from the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
(2) 11 3			From the Saturday on or closest to 27 September to the Friday on or closest to 10 October	
(3) 2	(a) 2, except the parts of territories shown on the plans in Schedules XIX, XXIV to XXVI, the western part of Area 3 shown on the plan in Schedule X, Area 4, Area 6, the southern part of Area 8 shown on the plan in Schedule XIII, the western part of Area 9 shown on the plan in Schedule CXXXII, except the part of territory shown on the plan in Schedule XXI, Area 10, except the part of territory shown on the plan in Schedule XXII, and Area 12		(a) from the Saturday on or closest to 1 November to the Sunday on or closest to 16 November	

		(b) the western part of Area 5 shown on the plan in Schedule XXXVIII	(b) from the Saturday on or closest to 1 November to the Friday on or closest to 14 November
		(c) 11 and the western part of Area 15 shown on the plan in Schedule CXXXIII	(c) from the Saturday on or closest to 1 November to the Sunday on or closest to 23 November
		(d) 20, except the part of territory shown on the plan in Schedule XXXIV	(d) from 1 September to 24 December
	(4) 9	(a) the western part of Area 3 shown on the plan in Schedule X	(a) from the Saturday on or closest to 22 November to the Friday on or closest to 28 November
		(b) 8, except the parts of territories shown on the plans in Schedules XIII, XX and XXIX	(b) from the Saturday on or closest to 8 November to the Sunday on or closest to 23 November
		(c) 10, except the part of territory shown on the plan in Schedule XXII	(c) from the Saturday on or closest to 25 October to the Wednesday on or closest to 29 October
	(5) 12	the southern part of Area 7 shown on the plan in Schedule CXXXIV	From the Saturday on or closest to 8 November to the Sunday on or closest to 16 November
4	White-tailed deer with antlers 7 cm or more	(1) 6 (a) 1	(a) from the Saturday on or closest to 27 September to the Friday on or closest to 3 October
		(b) 7, except the part of territory shown on the plan in Schedule XXVII	(b) from the Saturday on or closest to 1 November to the Friday on or closest to 7 November
	(2) 2	(a) 1	(a) from the Saturday on or closest to 1 November to the Friday on or closest to 7 November
		(b) 3 and 9, except the part of territory shown on the plan in Schedule XXI	(b) from the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
		(c) 5	(c) from the Saturday on or closest to 1 November to the Friday on or closest to 14 November
		(d) 20, except the part of territory shown on the plan in Schedule XXXIV	(d) from 1 August to 31 August
	(3) 12	7, except the part of territory shown on the plan in Schedule XXVII	From the Saturday on or closest to 8 November to the Sunday on or closest to 16 November
	(4) 11	the eastern part of Area 15 shown on the plan in Schedule CXXXVI	From the Saturday on or closest to 1 November to the Thursday on or closest to 6 November
	(5) 9	the eastern part of Area 15 shown on the plan in Schedule CXXXVI	From the Friday on or closest to 7 November to the Sunday on or closest to 9 November

5 White-tailed deer, female or male with antlers less than 7 cm	(1) 9	(a) 4 and 6, except the part of territory shown on the plan in Schedule XXXIX	(a) from the Saturday on or closest to 22 November to the Friday on or closest to 28 November
		(b) 5 and the northern part of Area 6 shown on the plan in Schedule XXXIX	(b) from the Saturday on or closest to 22 November to the Sunday on or closest to 30 November
		(c) the southern part of Area 8 shown on the plan in Schedule XIII	(c) from the Wednesday on or closest to 19 November to the Sunday on or closest to 23 November
		(d) the eastern part of Area 8 shown on the plan in Schedule CXXXV	(d) from the Wednesday on or closest to 26 November to the Sunday on or closest to 30 November

”.

11. Schedule IV is amended

(1) by substituting the following for the hunting season in Column IV of section 1 for the York-Baillargeon Zec :

“From the Saturday on or closest to 15 October to the Wednesday on or closest to 19 October”; and

(2) by adding the following after the Chapeau-de-Paille Zec at the end of section 1 in Columns III and IV :

“

Column III Zec	Column IV Hunting season
Anse-Saint-Jean	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Boullé	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Cap-Chat	From the Saturday on or closest to 27 September to the Sunday on or closest to 5 October
Collin	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October

Column III Zec	Column IV Hunting season
Dumoine	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Lac-Brébeuf	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Lac-de-la-Boiteuse	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Lavigne	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Lièvre	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Mazana	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Rivière-aux-Rats	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September

”;

(3) by deleting section 2;

(4) by striking out the Type 2 implement and related Zecs and hunting seasons in section 2.1;

(5) by striking out the Dumoine Zec and related hunting season in respect of the Type 6 implement in section 2.1; and

(6) by adding the following in Columns II, III and IV after the Restigo Zec at the end of section 2.1:

“

Column II	Column III	Column IV
11	Cap-Chat	From the Saturday on or closest to 27 September to the Friday on or closest to 3 October
	Dumoine	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October

”.

12. Schedule V is amended

(1) by substituting “XLVI” for “XLV” for the Type 1 implement in Column II; and

“

Animal	Type of implement	Bag limit	Hunting season
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 9 September to the Friday on or closest to 6 October
Spruce grouse	3	See s. 27	From the Saturday on or closest to 9 September to the Friday on or closest to 6 October
Snowshoe hare	3	None	From the Saturday on or closest to 9 September to the Friday on or closest to 6 October

”;

(2) by adding the following after the Type 11 implement in Columns I, II and III:

“

Column I Type of implement	Column II Parts of territories	Column III Hunting season
1	Part of the territory shown on the plan in Schedule XLV	From the Saturday on or closest to 27 September to the Sunday on or closest to 19 October

”.

13. Schedule VI is amended

(1) by substituting the following for the hunting season for moose and snowshoe hare in the Ashuapmushuan Wildlife Sanctuary:

“From the Saturday on or closest to 9 September to the Friday on or closest to 6 October”;

(2) by adding the following after moose in the Ashuapmushuan Wildlife Sanctuary:

(3) by substituting the following for the hunting season for moose in the Chic-Chocs Wildlife Sanctuary:

“From the Tuesday on or closest to 5 September to the Wednesday on or closest to 11 October”;

(4) by substituting the following for the hunting season for white-tailed deer in the Duchénier Wildlife Sanctuary:

“From the Tuesday on or closest to 28 October to the Sunday on or closest to 16 November”;

(5) by adding the following after snowshoe hare in the La Vérendrye Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
White-tailed deer	2	See s. 24	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
Spruce grouse	3	See s. 27	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
Snowshoe hare	3	None	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November

”;

(6) by substituting the following for the hunting season for white-tailed deer, ruffed grouse, spruce grouse, snowshoe hare and eastern cottontail in the Papineau-Labelle Wildlife Sanctuary:

“From the Monday on or closest to 20 October to the Wednesday on or closest to 12 November”;

(7) by adding the following after black bear in the Port-Cartier-Sept-Îles Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October
Spruce grouse	3	See s. 27	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October
Snowshoe hare	3	None	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October
Snowshoe hare	7	None	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October

”;

(8) by adding the following after moose in the Port-Daniel Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
White-tailed deer	2	See s. 24	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October
Spruce grouse	3	See s. 27	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October
Snowshoe hare	3	None	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October

”;

(9) by substituting the following for the hunting season for moose in the Rimouski Wildlife Sanctuary:

“From the Tuesday on or closest to 5 September to the Friday on or closest to 6 October”;

(10) by substituting the following for the hunting season for white-tailed deer with a Type 11 implement in the Rimouski Wildlife Sanctuary:

“From the Tuesday on or closest to 5 September to the Friday on or closest to 6 October”;

(11) by substituting the following for the hunting season for white-tailed deer with a Type 2 implement, and for ruffed grouse, spruce grouse and snowshoe hare in the Rimouski Wildlife Sanctuary:

“From the Thursday on or closest to 26 October to the Sunday on or closest to 19 November”;

(12) by substituting the following for the hunting season for moose in the Rouge-Matawin Wildlife Sanctuary:

“From the Friday on or closest to 8 September to the Thursday on or closest to 12 October”;

(13) by substituting “white-tailed deer” for “white-tailed deer with antlers 7 cm or more” in the Rouge-Matawin Wildlife Sanctuary; and

(14) by substituting the following for the hunting season for white-tailed deer, ruffed grouse, spruce grouse and snowshoe hare in the Rouge-Matawin Wildlife Sanctuary:

“From the Saturday on or closest to 1 November to the Monday on or closest to 17 November”.

14. Schedule VII is amended

(1) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Ashuapmushuan Wildlife Sanctuary:

“From the Saturday on or closest to 28 September to the Sunday on or closest to 12 November”;

(2) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Ashuapmushuan Wildlife Sanctuary:

“From the Saturday on or closest to 7 October to 1 March”;

(3) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Chic-Chocs Wildlife Sanctuary:

“From the Thursday on or closest to 12 October to the Sunday on or closest to 30 October”;

(4) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Chic-Chocs Wildlife Sanctuary:

“From the Thursday on or closest to 12 October to 1 March”;

(5) by substituting Type of implement “11” for Type “6” for hunting white-tailed deer in the Duchénier Wildlife Sanctuary;

(6) by adding the following after white-tailed deer in the Duchénier Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
White-tailed deer	2	See s. 24	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November

”;

(7) by substituting “From the Friday on or closest to 17 October to the Monday on or closest to 27 October” for “From the Friday on or closest to 17 October to the Friday on or closest to 31 October” for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Duchénier Wildlife Sanctuary;

(8) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Dunière Wildlife Sanctuary:

“From the Monday on or closest to 16 October to the Sunday on or closest to 5 November”;

(9) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the La Vérendrye Wildlife Sanctuary:

“From the Saturday on or closest to 17 September to 30 November”;

(10) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Matane Wildlife Sanctuary:

“From the Monday on or closest to 16 October to the Sunday on or closest to 5 November”;

(11) by substituting “From the Thursday on or closest to 13 November to 31 December” for “From the Thursday on or closest to 6 November to 31 December” for the hunting season for ruffed grouse, spruce grouse and

snowshoe hare (Type 3 implement) and eastern cottontail (Type 3 implement) in the Papineau-Labelle Wildlife Sanctuary;

(12) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) and eastern cottontail (Type 7 implement) in the Papineau-Labelle Wildlife Sanctuary:

“From the Thursday on or closest to 13 November to 1 March”;

(13) by striking out the Plaisance Wildlife Sanctuary, and the animals, type of implement, bag limit and hunting season for that wildlife sanctuary;

(14) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Port-Daniel Wildlife Sanctuary:

“From the Friday on or closest to 15 September to the Friday on or closest to 13 October”;

(15) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Port-Daniel Wildlife Sanctuary:

“From the Monday on or closest to 23 October to 1 March”;

(16) by adding the following after snowshoe hare (Type 7 implement) in the Port-Daniel Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
Black bear	2	See s. 26	From 1 June to 30 June

”;

(17) by striking out the Type 11 hunting implement and the related bag limit and hunting season for white-tailed deer in the Rimouski Wildlife Sanctuary;

(18) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Rimouski Wildlife Sanctuary:

“From the Saturday on or closest to 7 October to the Wednesday on or closest to 25 October”;

(19) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Rouge-Matawin Wildlife Sanctuary:

“From the Friday on or closest to 13 October to 31 October””; and

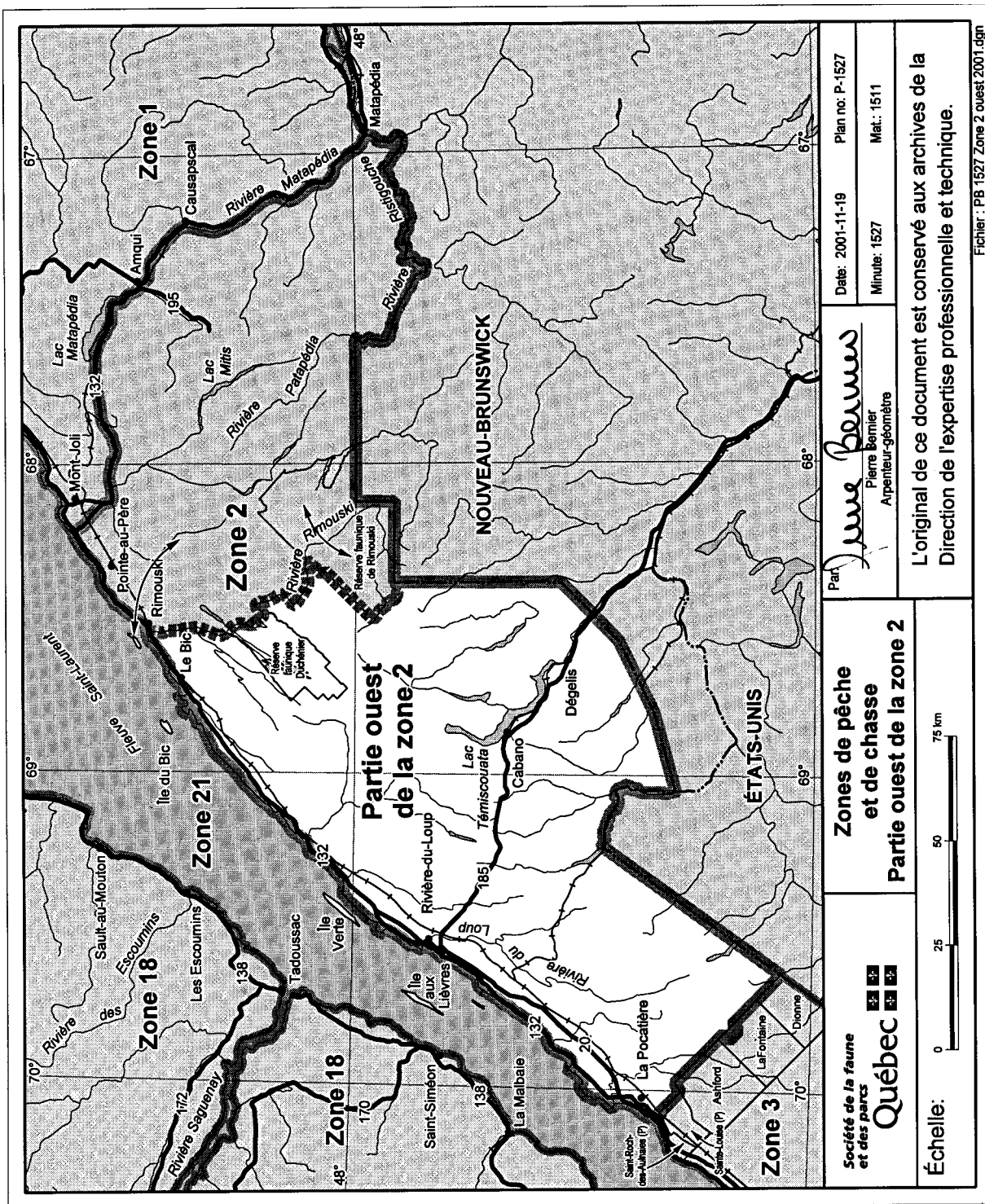
(20) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Rouge-Matawin Wildlife Sanctuary:

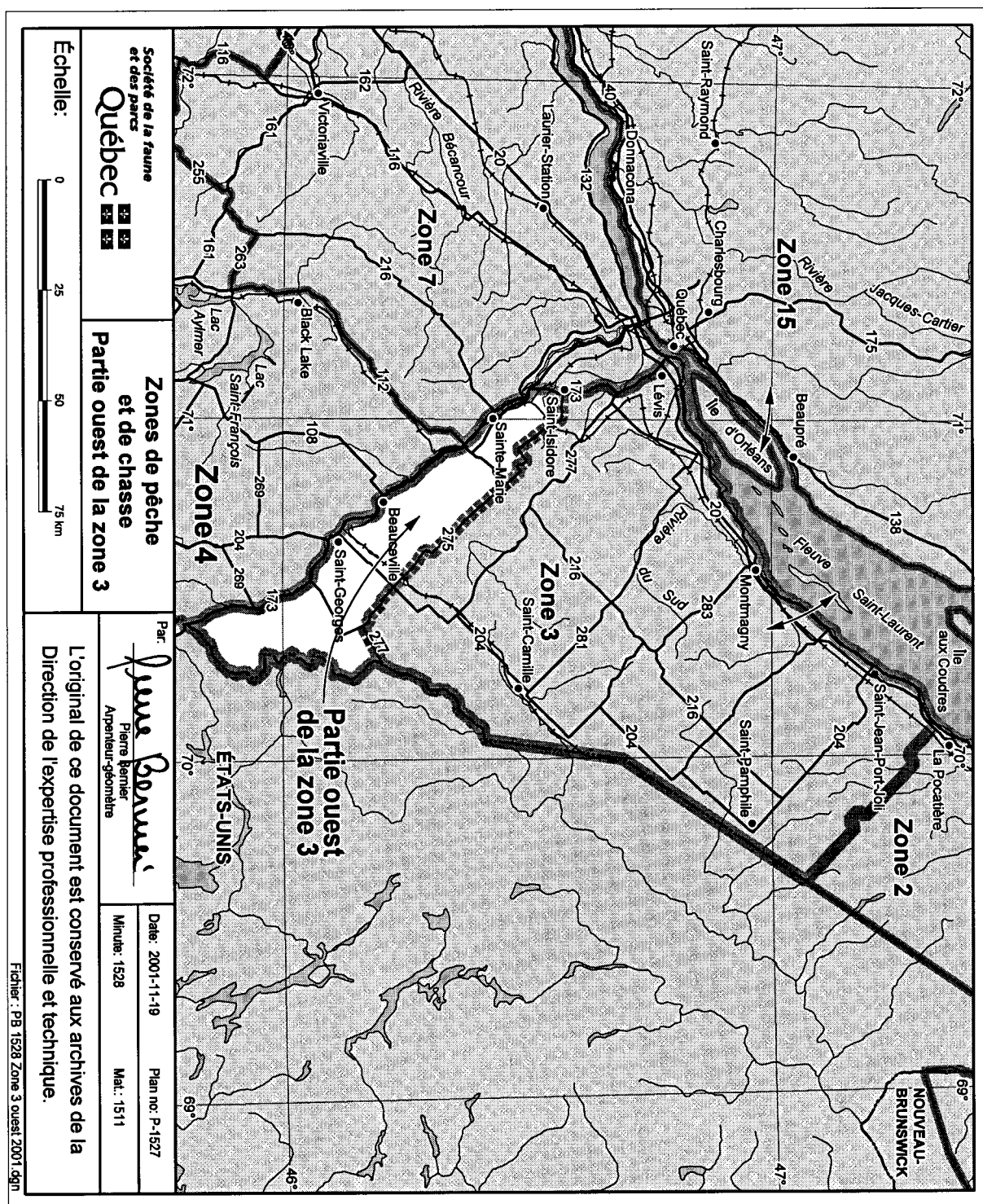
“From the Tuesday on or closest to 18 November to 1 March”.

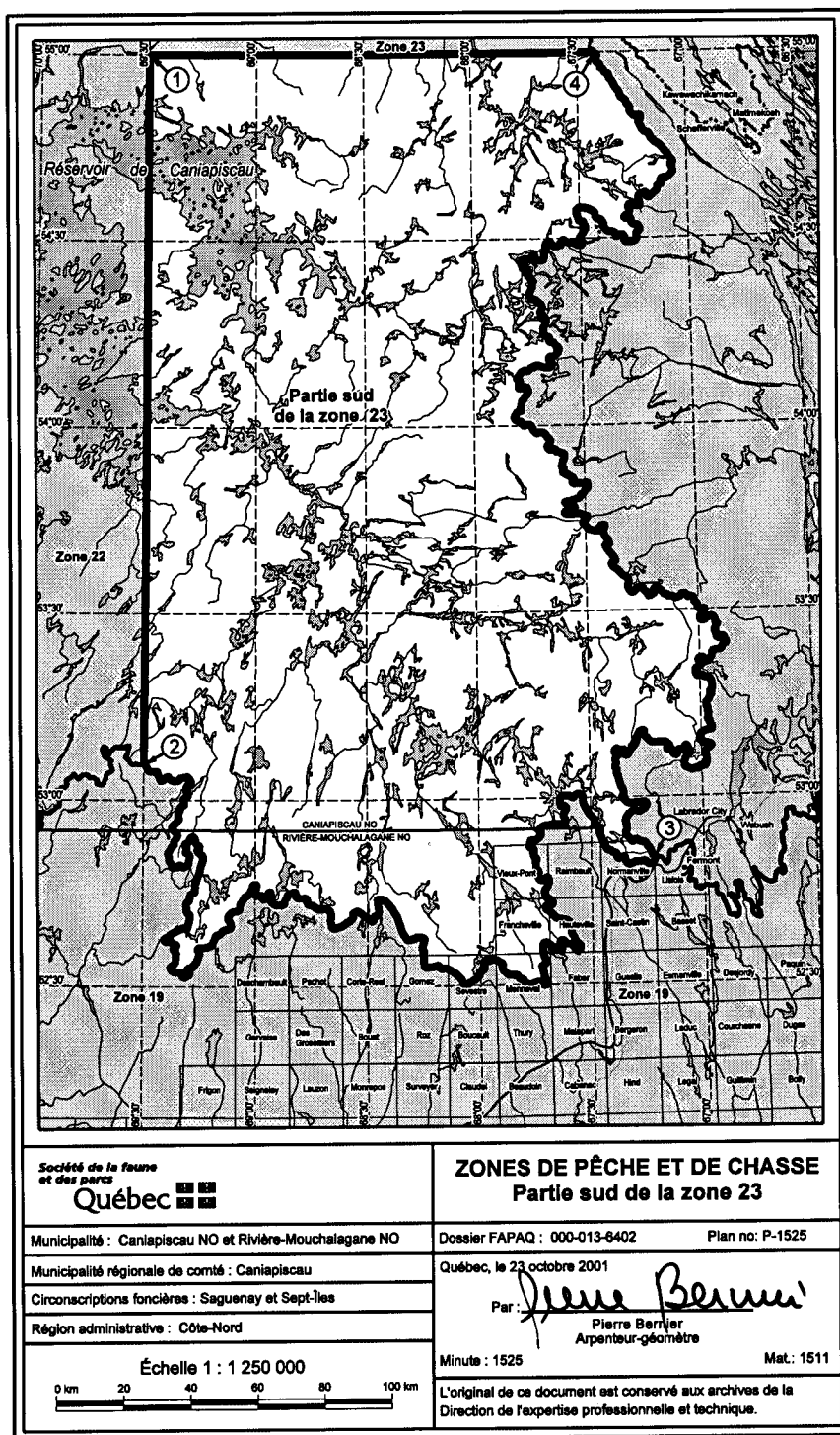
15. Schedules IX, X, XVIII, XXXVIII and XXXIX attached to this Regulation are substituted for Schedules IX, X, XVIII, XXXVIII and XXXIX.

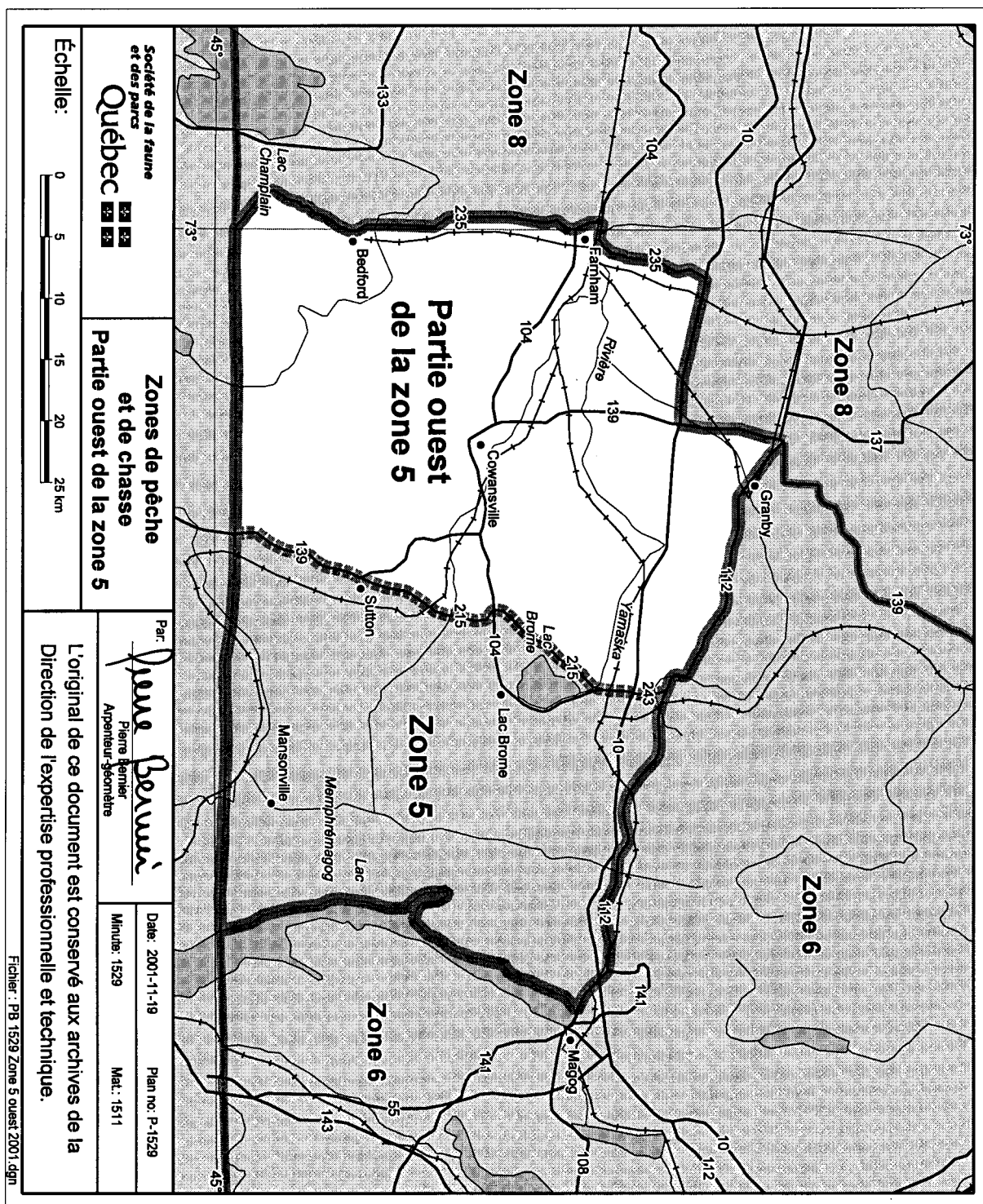
16. Schedules CXXXII to CXXXVI attached hereto are added at the end of the Regulation.

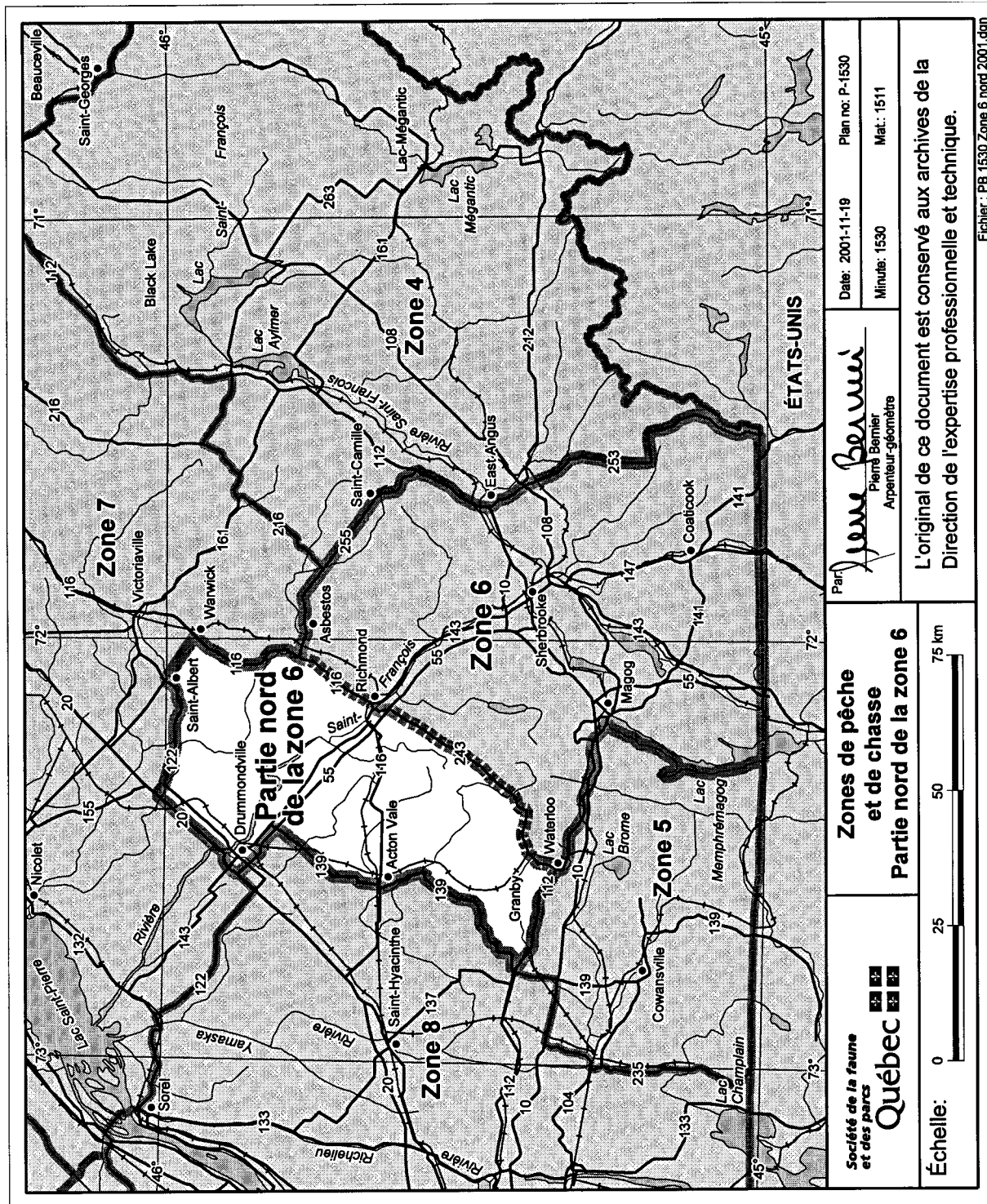
17. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*, except section 6 and paragraph 1 of section 10, which come into force on 1 April 2002.

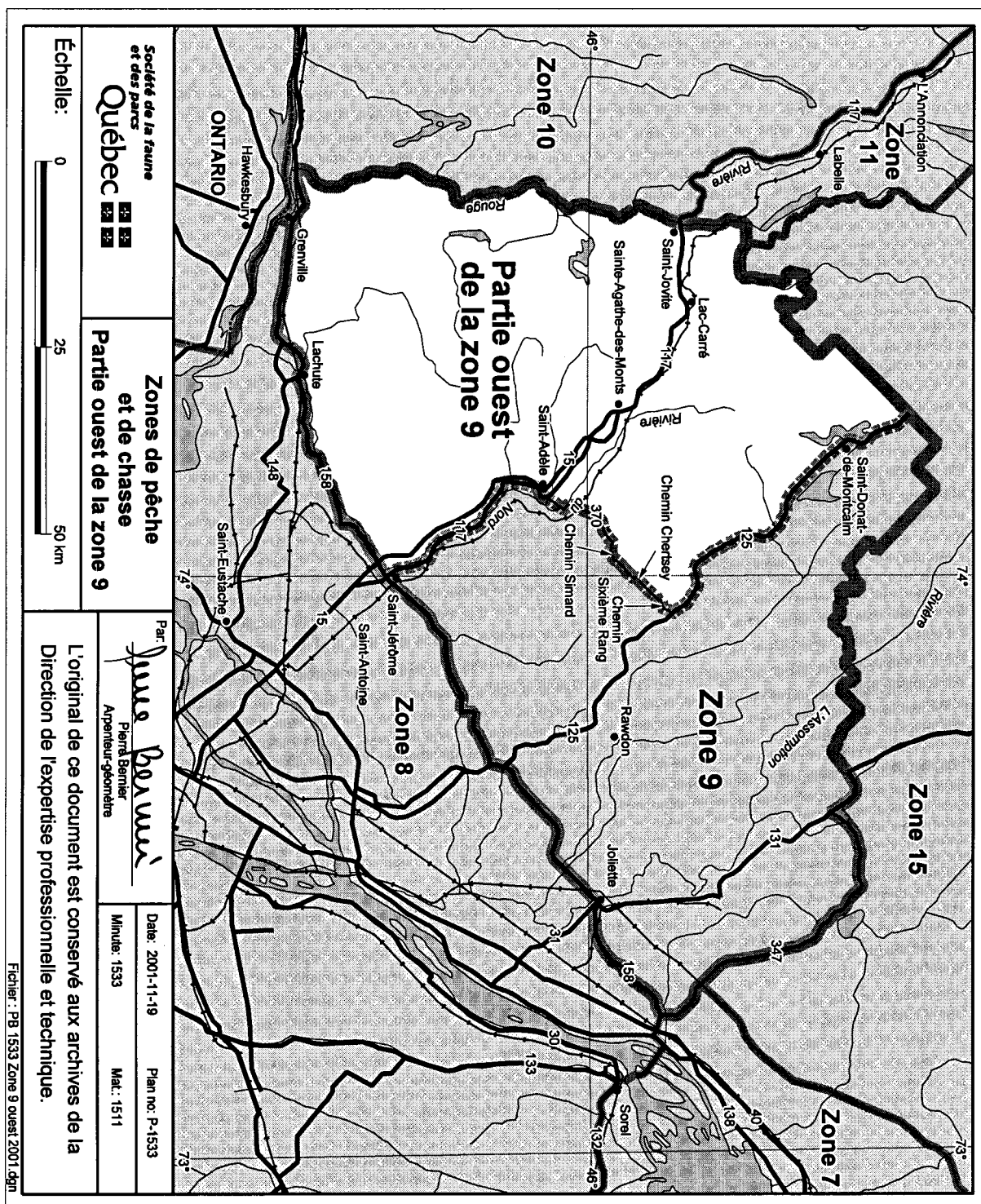


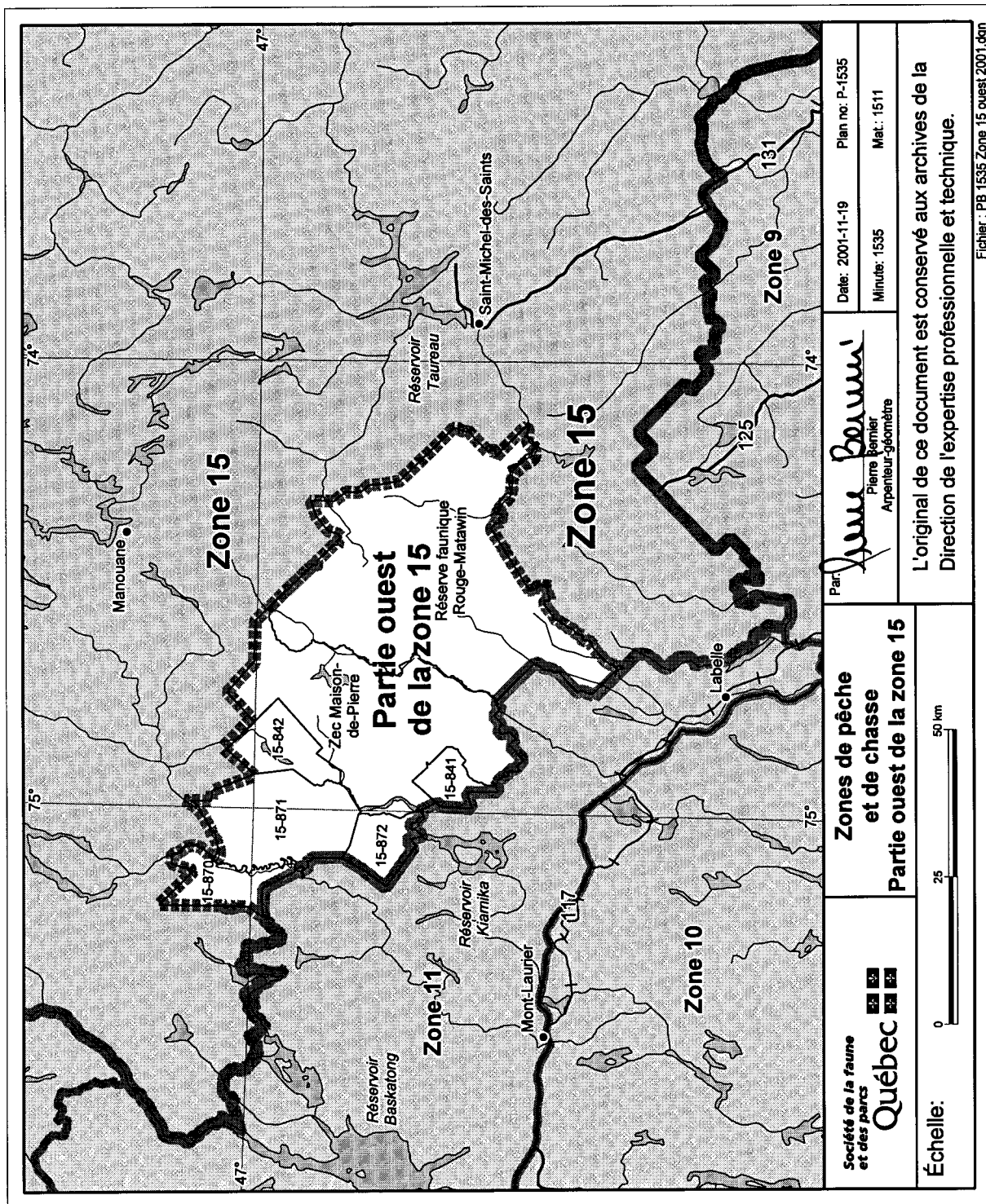


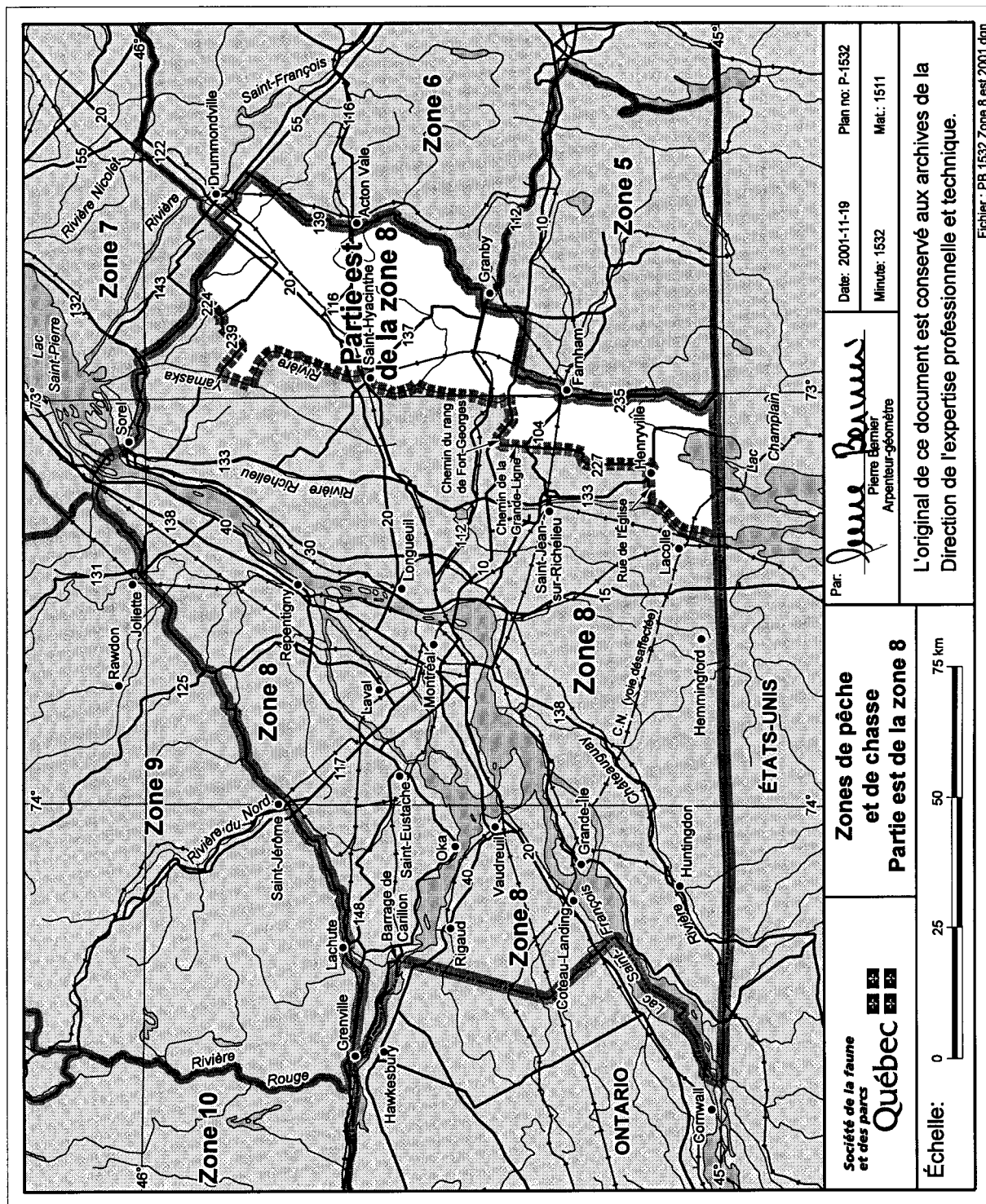


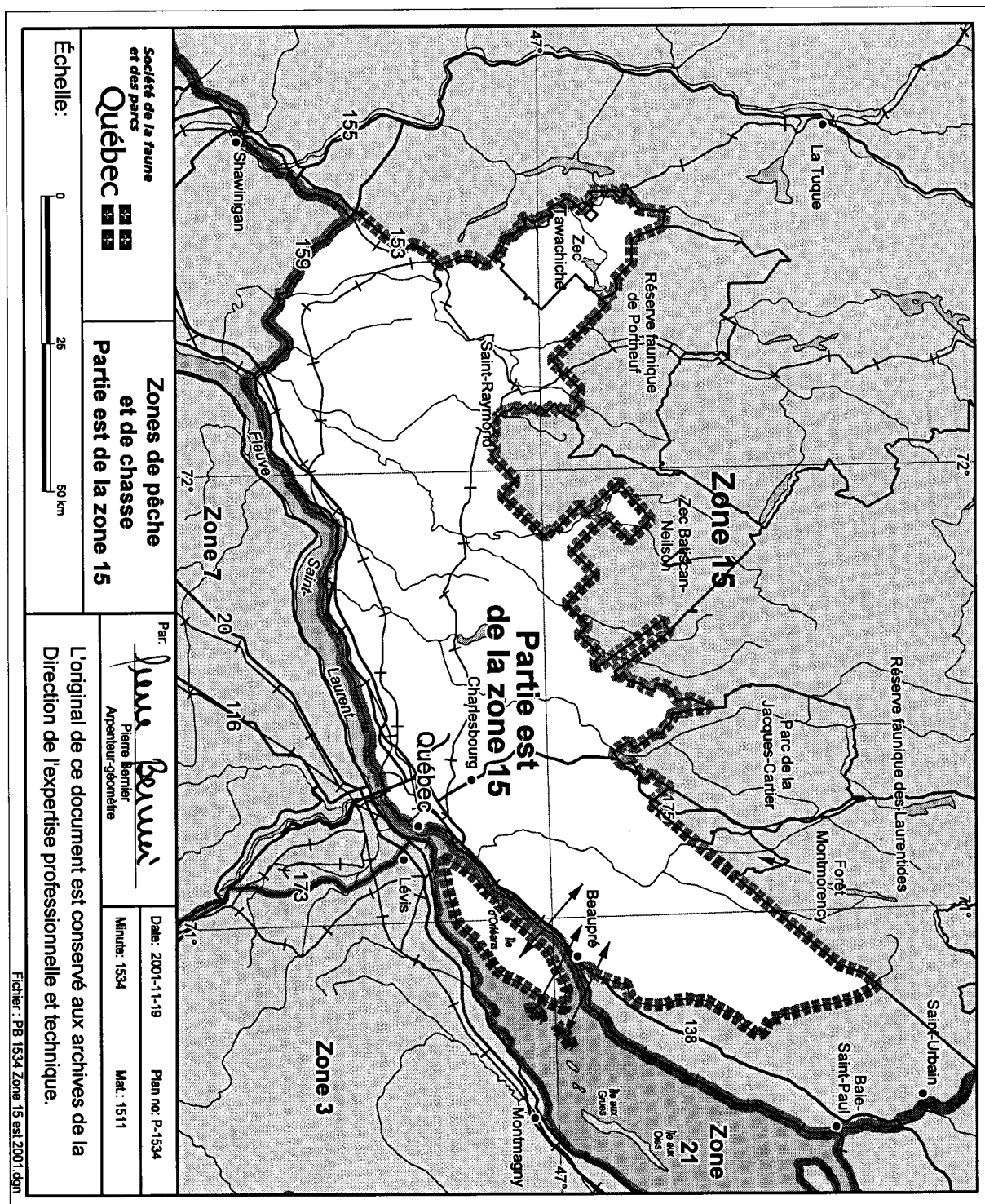












Extract from the Standing Orders of the National Assembly (Adopted on 13 March 1984)

TITLE III

CHAPTER IV PRIVATE BILLS

264. Notice and introduction — Any Member may, at the request of an interested person or body of persons, introduce a bill relating to private or local matters.

He shall give notice of his intent not later than the sitting day preceding that on which such bill is to be introduced and shall provide a copy thereof to the President before the sitting at which it is to be introduced.

265. Report from law clerk — Before such bill is introduced the President shall communicate to the Assembly the contents of the report from the law clerk thereon.

266. Preamble — A private bill shall require no explanatory notes; but every such bill shall contain a preamble setting out the facts on which it is founded and the circumstances giving rise to the necessity for it.

267. Referral to committee — When a private bill has been introduced the Government House leader shall move, without notice, that it be referred to a committee; and such motion shall be decided without debate.

The committee shall hear the interested parties, examine the bill clause by clause, and report thereon to the Assembly. The question for concurrence in such report shall be put forthwith and decided without debate.

268. Motions for passage in principle and passage — The passage in principle of the bill shall be set down for a future sitting day. No motion may be made to divide such bill or to defer its passage in principle.

A private bill when passed in principle shall not again be referred to a standing committee but may be passed during the same sitting day, and Standing Order 257 shall apply: Provided that the bill may not then be passed if opposition to its passage is taken by five Members.

269. Debate — During the debates on the passage in principle and the final passage of a private bill, each Member may speak for up to ten minutes: Provided that the Member sponsoring the bill and the leaders of the parliamentary groups may each speak for up to thirty minutes.

270. Procedure — Except as otherwise provided in this chapter of these Standing Orders, the general rules pertaining to bills shall apply to private bills.

CHAPTER III RULES FOR THE CONDUCT OF PROCEEDINGS RESPECTING PRIVATE BILLS

32. Objects — A bill relating to private or local matters must be introduced by a Member of the Assembly.

33. Deposit with law clerk — A Member who sponsors a bill relating to private or local matters shall deposit such bill with the law clerk.

The said Member shall not be answerable for the contents of the bill, nor shall he be required to endorse anything that may be provided therein.

34. Documents to be provided — Such bill shall be accompanied by a notice stating the name of the Member who is to introduce it and by a copy of every document mentioned therein and of every other document that may be pertinent thereto.

Any bill relating to a municipal corporation governed by the Cities and Towns Act, the Municipal Code, or a special charter shall likewise be accompanied by a certified true copy of the resolution authorizing its introduction.

35. Introduction and passage during same sessional period — No bill deposited with the law clerk between the second Tuesday in March and the twenty-third day of June or between the second Tuesday in September and the twenty-first day of December may be passed within that same period.

36. Notice in *Gazette officielle du Québec* — The applicant for a private bill shall cause to be published in the *Gazette officielle du Québec*, over his signature, a notice entitled “Avis de présentation d’un projet de loi d’intérêt privé.”

Such notice shall specify the objects of the bill and state that any party whose interest may be affected by it and who wishes to make submissions with respect thereto must so advise the law clerk.

37. Notices in newspaper — The said notice shall likewise be published in a newspaper circulating in the judicial district wherein the applicant is domiciled; and if there be no newspaper circulating in that district, it shall be published in a newspaper circulating in the nearest district thereto.

Such notice shall be published once in each week for four weeks.

A copy of this notice shall accompany the bill upon its deposit with the law clerk.

38. Reports from the law clerk — The law clerk shall submit to the President of the Assembly a report stating whether such notice has been drafted and published in accordance with these rules.

The President shall forward a copy of this report to the Government House leader and to the Member sponsoring the bill.

39. Private bills register — The law clerk shall keep a register in which he shall enter the name, the occupation, and the place of residence of the applicant for a private bill and those of every party who has advised him that his interest is affected by such bill and that he wishes to make submissions with respect thereto.

The law clerk shall provide to the Government House leader and to the Member who is to introduce such bill a list of the parties who have advised him of their wish to make submissions with respect thereto.

40. Notices to interested parties — The director of the Secrétariat des commissions shall convene the interested parties not less than seven days before such bill is to be considered in committee.

41. Annual publication of rules — The law clerk shall publish in the *Gazette officielle du Québec*, in January of each year, the rules pertaining to private bills, together with Title III, Chapter IV, of the Standing Orders of the National Assembly.

M.O., 2001-027

Order of the Minister responsible for Wildlife and Parks dated 20 December 2001

An Act respecting the conservation and development of wildlife
(R.S.Q., c. C-61.1)

CONCERNING the York-Baillargeon Controlled Zone

THE MINISTER RESPONSIBLE FOR WILDLIFE AND PARKS,

GIVEN that the York-Baillargeon Controlled Zone was established in accordance with section 81.2 of the Wildlife Conservation Act (R.S.Q., c. C-61), by the adoption of the Regulation respecting the York-Baillargeon Controlled Zone (R.R.Q., 1981, c. C-61, r.152);

GIVEN that the Wildlife Conservation Act has been replaced by the Act respecting the conservation and development of wildlife (R.S.Q., c. C-61.1);

GIVEN that under section 186 of the Act respecting the conservation and development of wildlife every provision of a regulation, order in council or order made by the Government under the Wildlife Conservation Act continues to be in force to the extent that it is consistent with the Act respecting the conservation and development of wildlife;

GIVEN that under section 184 of that Act the provisions of the Wildlife Conservation Act are replaced by the corresponding provisions of the Act respecting the conservation and development of wildlife;

GIVEN that under section 104 of the Act respecting the conservation and development of wildlife (R.S.Q., c. C-61.1), amended by section 16 of Chapter 48 of the Acts of 2000, by section 218 of Chapter 56 of the Acts of 2000 and by section 148 of Chapter 42 of the Acts of 2000, the Minister may establish, after consultation with the Minister of Natural Resources, controlled zones on lands in the domain of the State for the development, harvesting or conservation of wildlife or a species of wildlife species and accessorially, to the practice of recreational activities;

CONSIDERING that under section 191.1 of the Act respecting the conservation and development of wildlife, regulations made by the Government under section 104 of the Act before January 1, 1987 continue to be in force until, as of June 17, 1998, they are replaced or repealed by an order of the Minister;

CONSIDERING that it is expedient to replace the Regulation respecting the York-Baillargeon Controlled Zone (R.R.Q., 1981, c. C-61, r.152);

ORDERS that:

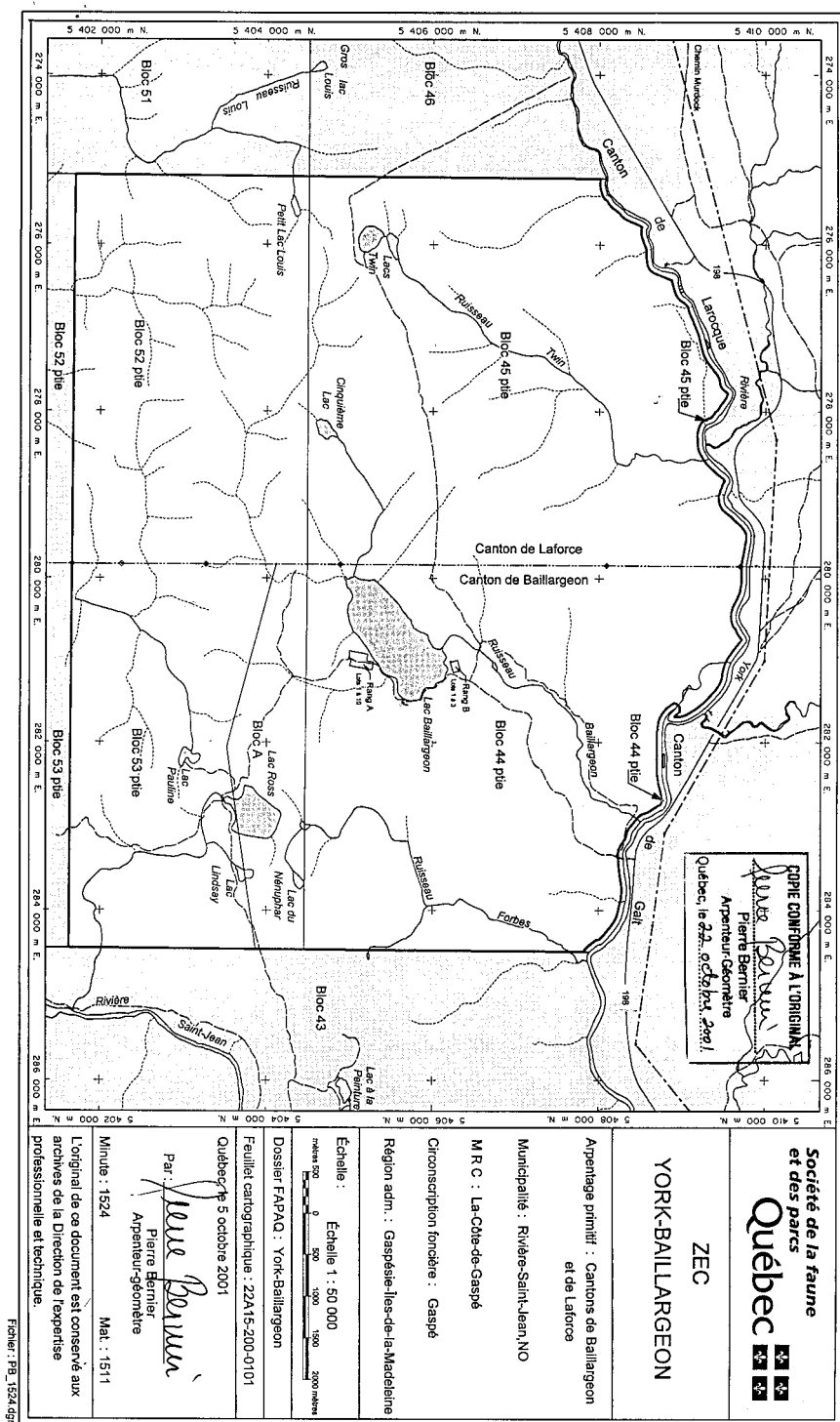
The territory, the boundaries of which are shown on the appended map, be established as a controlled zone designated by the name of “York-Baillargeon Controlled Zone”;

The present order replaces the Regulation respecting the York-Baillargeon Controlled Zone (R.R.Q., 1981, c. C-61, r.152);

This Order comes into force on the day of its publication in the *Gazette officielle du Québec*.

Québec, 20 December 2001

GUY CHEVRETTE,
*Minister responsible for
Wildlife and Parks*



Draft regulations

Draft Regulation

Professional Code
(R.S.Q., c. C-26)

Dentists

— **Code of ethics**
— **Amendments**

Notice is hereby given, in accordance with the Regulations Act (R.S.Q., c. R-18.1), that the Bureau de l'Ordre des dentistes du Québec, at its meeting held on the 26 of May 2001, made the Regulation to amend the Code of ethics of dentists.

The Regulation, the text of which appears below, will be examined by the Office des professions du Québec under section 95 of the Professionnal Code. Then, it will be submitted, along with the recommendation of the Office, to the Government who, under the same section, may approve it, with or without amendments, upon the expiry of 45 days following this publication.

The purpose of this Regulation is to update the Code of ethics of dentists concerning the duties and obligations of dentists towards patients.

This Regulation clarifies the rules applicable to dentists especially concerning requirements and executory provisions of the access right and rectification of the information included in the records of their patients, as well as the obligation to deliver them the documents.

According to the Ordre des dentistes du Québec,

(1) concerning protection of the public, this Regulation specifies the rights of patients regarding access to records, regarding the possibility to make rectifications to a record concerning them and, to obtain documents, in compliance with sections 60.5 and 60.6 of the Professionnal Code.

(2) this Regulation has no impact on small or medium-sized businesses or others.

Further information may be obtained on the proposed draft Regulation by contacting Dr. Diane Legault, Director General and secretary, Ordre des dentistes du Québec, 625, boulevard René-Lévesque Ouest, 15^e étage, Montréal (Québec) H3B 1R2; by telephone at (514) 875-8511 or at 1 800 361-4887; or by fax at (514) 393-9248.

Any person having comments to make is asked to send them, before the expiry of the 45-day period, to the Chairman of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. These comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be forwarded to the professional order that made the regulation as well as to interested persons, departments and agencies.

JEAN-K SAMSON,
*Chairman of the Office
des professions du Québec*

Regulation modifying the Code of ethics of dentists *

Professional code
(R.S.Q., c. C-26, s. 87, pars. 4)

1. Section 3.07.01 of the Code of ethics of dentists is modified by the following:

“**3.07.01.** A dentist must respect the right of his patient to consult the documents that concern him in any record made in his regard.

The documents referred to in the first paragraph are those listed in the Regulation respecting the keeping of records by dentists.”.

2. The Code of ethics of dentists is modified by adding the subsection 7 of division III that which follows:

“**3.07.02.** A dentist holding documents that are subject to a request for access by a patient, in the application of those rights referred to in section 60.5 of the Professional Code, must follow-up this request with diligence and within his normal business hours no later than thirty 30 days from the date of the request.

* The Code of ethics of dentists (R.R.Q., 1981, c. D-3, r. 4) was last amended by the Regulation made by Order in council 673-96 dated 5 June 1996 (1996, G.O. 2, 2729). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2000, updated to 1 November, 2000.

3.07.03. For the purpose of the application of sections 3.07.01 and 3.07.02, the access by a patient to documents contained in any record made in his regard by a dentist is free of charge. Nevertheless, expenses not exceeding the cost of their transcription, reproduction, transmission, as well as, the normal administrative charges can be requested from the patient. A dentist who intends to request payment of expenses in accordance with this section must inform the patient of the approximate amount before dealing with the request.

3.07.04. A dentist who in the application of the second paragraph of section 60.5 of the Professional Code refuses to allow access to information contained in a record made in his regard must divulge to his patient in writing the reasons for his refusal which would likely cause serious harm to the patient or a third person.

3.07.05. In addition to the specific rules prescribed by law, a dentist must follow-up with diligence and no later than thirty 30 days of its receipt, any request made by his patient where the purpose is:

(1) to have corrected in a document that concerns him and that is included in any record made in his regard, information that is inaccurate, incomplete or ambiguous with regard to the purpose for which it was collected;

(2) to have deleted any outdated or not justified information by the object of the record made in his regard;

(3) to put into a record made in his regard the written comments that he made.

3.07.06. A dentist who acquiesces to a request referred to in section 3.07.05 must provide his patient, at no cost, a copy of the document or the part of the document that allows his patient to see that the information has been corrected or deleted or, according to the case, a testimony that the written comments that his patient made have been put in the record.

3.07.07. With a written request from his patient, a dentist must send a copy at no cost to his patient, of the corrected information or a testimony that the information has been deleted or, according to the case, that the written comments have been put in the record of any person that a dentist received information from for the object of correction, deletion or comments, as well as, any person to whom the information was communicated to.

3.07.08. A dentist must, with diligence, give to a patient, who requests the same from him, any document that the latter entrusted to him.”.

3. This Regulation comes into force on the fifteenth day following its publication in the *Gazette officielle du Québec*.

4784

Draft Regulation

Professional Code
(R.S.Q., c. C-26)

Medical technologists — Issue of the permit — Replacement

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation respecting the issue of a permit of medical technologist in cytopathology, adopted by the Bureau of the Ordre des technologistes médicaux du Québec, may be submitted to the Government, which may approve it with or without amendment upon the expiry of 45 days following this publication.

According to the Order, the Regulation is intended to establish a permit category for the professional activities of members who work in cytopathology and who have the required training to do so, that is an attestation of college studies in cytotechnology.

This Regulation will have an important impact on citizens since it will establish controls for qualifications of medical technologists in cytopathology and will provide information on their academic training.

According to the Order, the Regulation will better regulate the practice of medical technologists in cytopathology by prescribing rules for the issue of permits.

Further information may be obtained by contacting Alain Collette, Director General and Secretary of the Ordre professionnel des technologistes médicaux du Québec, 1150, boul. Saint-Joseph Est, bureau 300, Montréal (Québec), H2J 1L5, telephone numbers: (514) 527-9811, 1-800-361-2996; fax number: (514) 527-7314.

Any person having comments to make is asked to send them, before the expiry of the 45-day period, to the Chair of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. Comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be sent to the professional order that made the Regulation, as well as to interested persons, departments and bodies.

JEAN-K. SAMSON,
Chair of the Office des professions du Québec

Regulation respecting the issue of a permit of medical technologist in cytopathology

Professional Code
(R.S.Q., c. C-26, s. 94, pars. *i* and *m*)

1. The category “permit of medical technologist in cytopathology” is hereby established.

2. A medical technologist may not engage in the professional activities described in paragraph *q* of section 37 of the Professional Code (R.S.Q., c. C-26) in the field of cytopathology unless he holds a permit of the category referred to in section 1. Notwithstanding the foregoing, any medical technologist may engage in professional activities in that field provided that the acts performed are related to the pre-analytical stage.

3. To obtain a permit of medical technologist in cytopathology, a medical technologist shall hold an attestation of college studies in cytotechnology issued by the general and vocational colleges of Sainte-Foy or Rosemont.

4. A person who meets the following conditions on the date of coming into force of this Regulation may also obtain a permit of medical technologist in cytopathology :

(1) the person holds a diploma of college studies issued by the Ministère de l'Éducation following studies completed at the general and vocational colleges of Dawson, Sainte-Foy or Rosemont, a cytotechnology certificate issued by Université de Montréal, Université Laval or McGill University, or the Canadian cytology certification issued by the Canadian Society for Medical Laboratory Science; and

(2) the person applies for a permit, in the form prescribed by the Bureau of the Ordre professionnel des technologistes médicaux du Québec, within one year of the date of coming into force of this Regulation.

Such persons may only engage in the professional activities described in paragraph *q* of section 37 of the Professional Code in the field of cytopathology, unless they have successfully completed the training periods included in the programs of study leading to diplomas giving access to the permits of the Order.

5. The Regulation respecting the other terms and conditions for issuing permits of the Ordre professionnel des technologistes médicaux du Québec, approved by Order in Council 3049-82 dated 21 December 1982, is revoked.

6. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

4783

Draft Regulation

Professional Code
(R.S.Q., c. C-26)

Notaries — Ethics

Notice is hereby given in accordance with sections 10 and 11 of the *Regulations Act* (R.S.Q., c. R-18.1) that the *Code of ethics of notaries*, which has been adopted by the Bureau of the Chambre des notaires du Québec and the text of which appears below, may be submitted to the government, which may approve it with or without amendment upon the expiry of 45 days following this publication.

According to the Chambre des notaires du Québec, this draft is a complete revision of the current code, rendered necessary as a result of the adoption of the *Notaries Act* (2000, c. 44). Certain provisions of the *Notarial Act* (R.S.Q., c. N-2) that have not been repeated in the new Act have been included in the Code of ethics. The Chambre has also taken this opportunity to align the Code with the major trends of the profession.

The principle amendments are as follows :

— certain rules are clarified and improved, including those regarding duties and obligations towards the client, conflict of interest, and the setting and payment of fees ;

— almost all incompatibility preventing a notary from holding another professional title has disappeared. The only remaining incompatibility is with the profession of advocate ;

— provisions allowing clients to have access to and correct files have been included in the code pursuant to articles 60.5, 60.6, and 87 par. 4 of the *Professional Code*.

This draft regulation will have no impact on the economic burden of citizens and enterprises.

Further information may be obtained by contacting Mtre. Daniel Gervais, notary, Directeur des Services juridiques, Tour de la Bourse, 800 Place-Victoria, Suite 700, Montréal, Qué., H4Z 1L8.

Any interested person having comments to make is requested to send them, before the expiry of the 45-day period, to the President of the Office des professions du Québec, 800 Place D'Youville, 10th Floor, Québec, Qué., G1R 5Z3. The comments will be forwarded by the Office to the minister responsible for the administration of legislation governing the professions. They may also be forwarded to the professional order that has adopted the regulation, as well as to the persons, departments, and agencies concerned.

JEAN-K. SAMSON,
*Chairman of the Office des
professions du Québec*

Code of ethics of notaries

Professional Code
(R.S.Q., c. C-26, s. 87)

CHAPTER I DUTIES AND OBLIGATIONS TOWARDS THE PUBLIC

1. Every notary shall act with dignity and shall refrain from using methods or adopting attitudes likely to detract from the good repute of the profession or from the notary's ability to serve the public interest.

2. A notary must seek to improve the quality and availability of professional services in areas in which he practises.

3. A notary must promote measures of education and information relevant to the areas in which he practises.

In alternate dispute resolution, the notary must also promote all measures likely to encourage settlement by agreement and must inform the public of mechanisms available.

4. A notary must promptly report to the syndic of the Order where he has reason to believe that a notary has

used funds, securities, or other property for purposes other than those for which they were entrusted to him in the practice of his profession.

5. Every notary shall consistently strive to maintain up-to-date knowledge of his profession. The notary shall always remain informed of developments in the areas in which he practises, and shall maintain his skills in these areas.

CHAPTER II DUTIES AND OBLIGATIONS TOWARDS THE CLIENT

DIVISION I GENERAL

6. No notary shall practise under conditions or in situations likely to impair the quality of his services.

7. The advice given by a notary to clients or to parties to an act must be disinterested, frank, and honest.

8. Before concluding a contract for services, the notary must consider the extent of his proficiency and knowledge, the standards of the area in which he practices his profession, and the means at his disposal.

9. Every notary shall seek to establish a relationship of mutual trust between himself and his client. To that end, he shall, in particular,

(a) refrain from practising his profession in a perfunctory manner;

(b) conduct interviews with respect for his client's values and personal convictions.

10. No notary shall intervene in a client's personal affairs in matters not generally acknowledged to be within the scope of the profession.

11. Every notary shall at all times respect a client's right to consult another notary or another competent person.

12. Every notary shall exercise appropriate supervision over any student, employee, or other person for whom he is responsible.

DIVISION II INTEGRITY

13. A notary shall observe the strictest rules of probity, objectivity, and integrity.

14. No notary shall falsely represent his level of competence or the efficacy of his services or those generally provided by members of his profession.

If a client's interest so requires, the notary shall, with the client's authorization, consult a colleague, a member of another professional order, or another competent person, or refer him to one of these persons.

15. Every notary shall inform his client, as soon as possible, of the extent, terms, and conditions of the contract for services, and obtain the client's agreement thereto.

16. A notary shall, according to the contract for services agreed upon, inform the parties to an act or agreement of the nature and reasonably foreseeable legal consequences of the act or agreement.

17. A notary shall inform his client of the formalities required for the validity and efficacy of each act or agreement and shall determine the facts that are essential thereto.

18. No notary shall use for his own purposes the monies, securities, or other property entrusted to him in the practice of his profession. In particular, he shall not use them as a personal loan or security, or invest them to his own advantage, whether in his name, through an intermediary, or on behalf of a legal person in which he owns an interest.

19. Every loan obtained by a notary from a client other than a legal person must be evidenced by notarial act executed before a notary who is not his partner.

20. A notary who exercises his profession chiefly as an investment counsellor must be authorized by the Order or by any competent authority to hold the title of financial planner.

21. Every notary shall take reasonable care of the corporeal property entrusted to his care.

22. A notary who undertakes or participates in matters not connected with the practice of his profession shall exercise care to protect his personal solvency, professional independence, and professional obligations.

DIVISION III

AVAILABILITY AND DILIGENCE

23. A notary shall demonstrate reasonable availability and diligence. He shall inform his client if he cannot respond to a request within a reasonable time.

24. In addition to opinion and advice, the notary shall provide his client with all explanations necessary to understand and assess the services rendered.

25. A notary shall render account to his client when so requested.

26. No notary shall cease to act on behalf of a client without serious cause. The following, in particular, constitute serious cause:

(a) loss of confidence between the notary and the client;

(b) the fact that the notary is in a conflict of interest or in a situation where his professional independence could be called into question;

(c) inducement by the client to perform illegal, unfair, or fraudulent acts.

27. Before ceasing to perform his duties on behalf of a client, the notary shall give advance notice of withdrawal to all parties within a reasonable time. He must minimize the prejudice caused to the parties by the withdrawal of services.

Where the notary acts as legal adviser to one party only, he shall give notice to that party only.

DIVISION IV

LIABILITY

28. Every notary shall fully assume civil liability in the practice of his profession. No notary shall include in a contract for professional services any clause directly or indirectly excluding this liability in whole or in part. However, the client and the notary may agree to limit the terms of the contract for services within the parameters of the law.

DIVISION V

INDEPENDENCE AND IMPARTIALITY

29. Every notary shall subordinate his personal interests to those of his client and safeguard his professional independence at all times.

30. No notary may be in a situation of conflict of interest.

A notary is in a situation of conflict of interest where the interests are such that he may be inclined to give preference to some of them, and his judgment or loyalty may be unfavourably affected.

As soon as the notary finds himself in a conflict of interest, he shall cease to perform his duties.

31. A notary shall ignore any intervention by a third party that might influence the performance of his professional duties to the detriment of his client.

32. Except within the limits prescribed by regulation adopted pursuant to paragraph *p* of section 94 of the Professional Code, no notary shall share his fees with, or remit them to, a person who is not a notary.

33. Save for the remuneration and commission to which he is entitled, no notary shall provide or receive any benefit in connection with the practice of his profession.

34. Every notary shall ensure that his client is informed of fees, commissions, or disbursements paid to him by a third person on behalf of the client.

DIVISION VI PROFESSIONAL SECRECY AND CONFIDENTIALITY

35. Every notary is bound by professional secrecy.

36. A notary may be released from professional secrecy only with the written authorization of the person concerned, or if required by law.

37. No notary shall disclose that a person has retained his services, unless required to do so by the nature of the case.

38. Every notary shall avoid indiscreet conversations concerning a client and the services rendered to him.

39. No notary shall make use of confidential information in a manner that is prejudicial to a client, or with a view to obtaining a direct or indirect benefit for himself or another person.

40. Every notary must ensure that no person for whom he is responsible in his practice discloses any confidential information to a third person.

41. No notary shall disclose any personal code or mark enabling the use of his digital signature or any other, similar means of identifying him or acting in his name.

DIVISION VII

ACCESSIBILITY AND RECTIFICATION OF RECORDS

42. Subject to conflicting legislation, every notary shall allow a client to take cognizance, and obtain copies, of documents that concern the client in any record. However, the notary shall deny access to information contained in such documents where disclosure would probably result in serious prejudice to the client or to a third person.

43. Subject to conflicting legislation, every notary shall allow a client to require the correction of any information that is inaccurate, incomplete, or ambiguous given the purpose for which it was collected, contained in a document concerning the client in any record established in his respect. The notary shall also allow a client to require the deletion of any information that is outdated or unjustified given the object of the record, and to prepare written comments and file them in the record.

44. A notary who has in his possession a record in respect of which a request for access or correction has been made by the person concerned must accede to this request with due diligence, and in any event, not later than twenty days after the request.

45. Access to information contained in a record is free. Nevertheless, fees for copies or extracts of acts and fees not exceeding the costs of transcription, reproduction, or transmission may be charged to a person requesting the information. Before transcribing, reproducing, or transmitting the information, the notary who intends to charge fees pursuant to this section must inform such person of the approximate amount that will be charged.

46. A notary who refuses to grant a request for access or correction shall notify the person concerned in writing, giving reasons and informing him of his recourses.

47. A notary who grants a request for correction shall, without charge, give the person concerned a copy of all information that has been changed or added, or, as the case may be, written confirmation that information has been deleted.

The person concerned may require the notary to transmit a copy of the information or the confirmation, as the case may be, to the person from whom such information was obtained or to any person to whom such information was given.

48. A notary who has information in respect of which a request for access or correction has been denied shall conserve such information until such time as the person concerned has exhausted his recourses under the law.

DIVISION VIII

DETERMINATION AND PAYMENT OF FEES

49. The fees charged by a notary must be fair and reasonable, warranted under the circumstances, and proportional to the services rendered, and in this regard the notary shall abstain from unfair competition with his colleagues.

In determining his fees, the notary shall take the following factors into account:

- (1) his experience or expertise;
- (2) the time required to execute the professional service;
- (3) the degree of difficulty and importance of the service;
- (4) the performance of services that are unusual or require exceptional competence or speed;
- (5) the degree of responsibility assumed;
- (6) the result obtained, where the matter may have involved special difficulties or where the outcome has been uncertain.

50. A notary shall explain his detailed statement of fees to his client as required.

51. Every notary shall inform his client of the approximate cost of his services. He shall not determine the amount of his fees without knowing all the elements required to establish the amount. He must promptly inform his client where he anticipates that the approximate cost will be exceeded.

52. No notary shall demand advance payment of his fees; he may, however, require advances on his fees and disbursements.

53. No notary shall charge interest on outstanding accounts unless the client has been duly notified. The interest so charged must be reasonable.

54. No notary shall deduct his fees and disbursements from a client's funds without the client's written authorization, regardless of the reason for which the funds are held.

CHAPTER III

DUTIES AND OBLIGATIONS TOWARDS THE PROFESSION

DIVISION I

INCOMPATIBLE RESPONSIBILITIES AND DUTIES

55. No notary may be a member of the Ordre professionnel des avocats du Québec, as such membership is incompatible with the notarial profession.

DIVISION II

DEROGATORY ACTS

56. In addition to the acts referred to in sections 57, 58, 59.1, and 59.2 of the Professional Code (R.S.Q., c. C-26), the following acts performed by a notary constitute acts derogatory to the dignity of the profession:

- (1) urging a person repeatedly or insistently to retain his professional services;
- (2) communicating with a complainant without the prior written permission of the syndic or assistant syndic, where he is informed that he is the subject of an inquiry into his conduct or professional competence or where he has been served notice of a complaint against him;
- (3) billing a client for meeting, communicating, or corresponding with the syndic, the assistant syndic, the Secretary of the Order, the conciliator of accounts, the council of arbitration, the Secretary of the Comité du Fonds d'indemnisation, or an inspector, in response to a request for explanations or information concerning a claim by the client or by any other person in respect of the notary;
- (4) furnishing a receipt or other document that falsely indicates that services have been rendered;
- (5) failing to promptly inform the Order where a candidate fails to respect the conditions for admission to the Order;
- (6) failing to promptly report to the Order any person appropriating the title of notary;
- (7) misappropriating, or using for purposes other than those authorized by the client, the monies, securities, or other property remitted to the notary in trust;
- (8) giving the character of authenticity to illegal or fraudulent acts;

(9) participating in, agreeing to render services enabling the commission of, or committing an illegal or fraudulent act;

(10) asking a client to withdraw him from, or refusing to submit to, the conciliation or arbitration of his account, or refusing to comply with decisions rendered pursuant to the Regulation respecting the procedure for conciliation and arbitration of accounts of notaries;

(11) taking legal action against a colleague in connection with a matter related to the practice of the profession without having first referred the dispute to the President of the Order for mediation;

(12) failing to promptly notify the Secretary of the Order where, pursuant to the *Bankruptcy and Insolvency Act* (S.C. 1997, c. 12), he has made an assignment of property for the benefit of his creditors, is the subject of a receiving order, or has made a proposal that has been rejected by his creditors or dismissed or annulled by the court.

57. No notary shall, for any reason whatsoever, directly or indirectly assist or collaborate with a notary who has been struck off the roll by allowing him to use his name to prepare proceedings or practise the profession. He shall not hire or keep in his employ a notary who has been struck off the roll, or tolerate, without valid reason, the latter's presence in his office.

DIVISION III

RELATIONS WITH THE ORDER AND WITH COLLEAGUES

58. A notary whose participation on a board of arbitration of accounts or on a committee on discipline or professional inspection is requested by the Order must accept that duty unless he has reasonable cause for refusing it.

59. Every notary shall promptly reply to all correspondence addressed to him by the Order or by any person appointed to assist it.

60. No notary shall unduly retain a file or document belonging to a client. Thus the notary shall, upon request and upon payment of the fees and disbursements due, transmit a client's files and documents to the client or to a colleague with the client's authorization.

61. No notary shall betray the good faith or breach the trust of a colleague, or display disloyal practices towards him.

62. A notary who requests a colleague to execute an act that he himself has drawn up must, in relation to the colleague, assume in writing all liability in respect of the contents of the act.

63. A notary who is consulted by a colleague must give his opinion and recommendations within a reasonable time.

64. A notary who is called upon to collaborate with another notary or with any other person must maintain professional independence. He shall not perform a task contrary to his professional conscience or to the principles governing the practice of his profession.

65. No notary shall compromise the good repute of the profession or a colleague by discrediting or denigrating the competence, knowledge, or services of another notary. A notary shall not use a decision of the Committee on discipline for the purpose of compromising the reputation of a colleague or harming relations between a colleague and the colleague's client or employer.

DIVISION IV

CONTRIBUTION TO THE ADVANCEMENT OF THE PROFESSION

66. Every notary shall, as far as he is able, contribute to the development of his profession by exchanging his knowledge and experience with his colleagues or students, collaborating in vocational training programmes and the work of universities and legal associations, and contributing to scientific and professional publications.

DIVISION V

PUBLIC DECLARATIONS

67. As a professional within the framework of public discourse by means of conferences, writings, or messages conveyed by the media or through the mail, the notary shall emphasize the general nature of or limits to the information or advice given.

CHAPTER IV

RESTRICTIONS AND OBLIGATIONS RELATING TO ADVERTISING

68. No notary shall, by any means whatsoever, engage in or allow advertising that is false, deceitful, incomplete, or likely to be misleading.

69. No notary shall claim to possess specific qualities or skills, particularly in respect of his level of competence or the range or efficacy of his services, unless he can substantiate such claims.

70. No notary shall, in his advertising, use or allow to be used any endorsement or statement of gratitude in his regard other than awards for excellence and other prizes received in recognition of a contribution or achievement the honour of which is reflected on the profession as a whole.

71. A notary who advertises professional fees or prices must do so in a manner easily comprehensible by a public having no particular knowledge of the law, and must

(1) maintain such fees for the period of time indicated in the advertisement, which period must not be less than 60 days following the last authorized broadcast or publication ;

(2) indicate the services covered by the fees ;

(3) indicate whether or not disbursements or taxes are included.

72. No notary shall, in any way whatsoever in a declaration or advertisement, give more importance to fees and prices than to the professional service offered.

73. All the partners in a partnership are responsible for complying with the rules respecting advertising, unless the advertisement clearly indicates the names of one or more persons who are responsible.

CHAPTER V **PARTNERSHIP NAME AND GRAPHIC SYMBOL**

74. Except as provided in section 75, only the names of partners who practise together may be included in the name of a partnership of which a notary is a member.

The partnership name may end with the words “and Associates” where the names of at least two partners do not appear in the partnership name.

75. Where a notary retires from a partnership or dies, his name must no longer appear in the partnership name or partnership advertising after one year following retirement or death unless an agreement to the contrary has been entered into with him or with his successors and assigns.

76. Where a notary uses the graphic symbol or the coat of arms of the Order for advertising purposes, he must ensure that they are associated with his name or the name of his partnership and that they are identical to the original held by the Secretary of the Order.

77. Where a notary uses the graphic symbol or the coat of arms of the Order in an advertisement, he must ensure that it is clear that the advertisement does not originate from, and is not binding on, the *Chambre des notaires du Québec*.

CHAPTER VI **FINAL PROVISIONS**

78. This Regulation replaces the Code of ethics of notaries (R.R.Q., 1981, c. N-2, r. 3)

79. This Regulation comes into force on the fifteenth day following its publication in the *Gazette officielle du Québec*.

4782

Draft Regulation

Nurses Act
(R.S.Q., c. I-8)

Professional Code
(R.S.Q., c. C-26)

Nurses **— Code of ethics**

Notice is hereby given, in accordance with the Regulations Act (R.S.Q., c. R-18.1), that the Bureau of the Ordre des infirmières et infirmiers du Québec made the Code of ethics of nurses.

The Regulation, the text of which is attached below, will be examined by the Office des professions du Québec pursuant to section 95 of the Professional Code. It will then be submitted, with the recommendation of the Office, to the Government which may approve it with or without amendment, upon the expiry of 45 days following this publication.

The purpose of the Regulation is to update the Code of ethics of nurses as regards the obligations of nurses towards the public, clients and the profession. In light of the foregoing, prohibited behaviour on the part of a nurse towards a client; proper behaviour during the therapeutic process; relations with persons with whom nurses interact in the practice of the profession; and businesses incompatible with the dignity or practice of the profession have all been clarified.

The Regulation also has the purpose to render the wording of certain provisions of the Code of ethics consistent with the wording of the Professional Code, and introduce provisions respecting accessibility and corrections of information contained in records.

According to the Bureau of the Ordre des infirmières et infirmiers du Québec, the updating of the Code of ethics was necessary in order to clarify nurses' ethical obligations, so as to ensure better protection of the public. The Bureau foresees no other impact on businesses, in particular small and medium-sized businesses.

Further information concerning the Regulation may be obtained by contacting France Pedneault, Legal Services Department, Ordre des infirmières et infirmiers du Québec, 4200, boulevard Dorchester Ouest, Montréal, H3Z 1V4; telephone: (514) 935-2501; fax: (514) 935-3147.

Any person having comments to make on the Regulation is asked to send them, before the expiry of the 45 days period, to the Chairman of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. Those comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be forwarded to the professional order that made the Regulation, that is the Ordre des infirmières et infirmiers du Québec, and to the interested persons, departments and agencies.

JEAN-K. SAMSON,
*Chairman of the Office des
professions du Québec*

Code of ethics of nurses

Nurses Act
(R.S.Q., c. I-8)

Professional Code
(R.S.Q., c. C-26, s. 87)

CHAPTER I GENERAL PROVISIONS

1. This Code governs, pursuant to section 87 of the Professional Code (R.S.Q., c. C-26), the duties of nurses toward the public, clients and the profession.

It sets out, in particular, certain acts which are derogatory to the honour and dignity of the profession, certain professions, trades, industries, businesses, offices or duties which are incompatible with the dignity or practice of the profession, certain provisions to preserve profes-

sional secrecy, conditions and procedures applicable to the exercise of the rights of access and correction and provisions concerning the obligation to release documents to clients, and certain conditions, obligations and prohibitions relating to advertising.

2. In this Code, unless the context indicates otherwise, the following words mean:

(1) nurse: a person entered on the roll of the Ordre des infirmières et infirmiers du Québec;

(2) client: a person who receives professional services from a nurse;

(3) profession: the profession of nurse.

3. The duties set out in this Code of Ethics are imperative and of public order. A nurse may not derogate from these duties.

CHAPTER II DUTIES TOWARD THE PUBLIC, CLIENTS AND THE PROFESSION

DIVISION I ACTS DEROGATORY TO THE HONOUR AND DIGNITY OF THE PROFESSION

4. In addition to the derogatory acts set out in sections 59 to 59.3 of the Professional Code and as may be determined pursuant to subparagraph (1) of the second paragraph of section 152 of the Professional Code, the violation of a duty set out in Divisions II to VII of this Chapter is an act derogatory to the honour and dignity of the profession.

DIVISION II DUTIES INHERENT TO THE PRACTICE OF THE PROFESSION

§ 1. General provisions

5. A nurse shall come to the aid of anyone whose life is in peril, either personally or by calling for aid, by giving necessary and immediate assistance to that person, except in the event of danger to the nurse or a third party, or unless the nurse has another valid reason.

6. A nurse may not refuse to provide professional services to a person on the basis of race, colour, sex, pregnancy, sexual orientation, civil status, age except as provided by law, religion, political convictions, language, ethnic or national origin, social condition, a handicap or the use of any means to palliate a handicap.

7. A nurse shall not perform any act or behave in any manner that is contrary to what is generally admissible in the practice of the profession.

8. In relation with the care and treatment provided to a client, a nurse may not use or dispense products or methods that could be harmful to health or miracle treatments, nor may a nurse consult, collaborate with or refer a client to a person who uses or dispenses such products, methods or miracle treatments.

9. A nurse shall respect the right of the client to consult another nurse, another health professional or any other person of the client's choice.

10. A nurse who is informed of the holding of an inquiry or who has been served with a complaint concerning her or his professional conduct or competence shall not harass, intimidate or threaten the person who requested the holding of the inquiry or any other person implicated in the events related to the inquiry or complaint.

11. A nurse shall take into account all of the foreseeable consequences that her or his research and work will have for society, human life and health.

§ 2. Integrity

12. A nurse shall fulfill her or his professional duties with integrity.

13. A nurse shall not abuse the trust of her or his client.

14. A nurse who makes an error shall declare the error and not attempt to conceal it.

When an error has or could have consequences for the client's health, the nurse shall promptly take the necessary measures to correct her or his error or minimize or offset its consequences.

15. A nurse shall not appropriate drugs, narcotic or anesthetic preparations, supplies of any kind or any other property belonging to a person with whom she or he interacts in the practice of the profession.

16. A nurse shall not, in respect of a client's record or any other report, file or other document related to the profession:

(1) falsify same, in particular by altering any notes already entered therein or by inserting any notes under a false signature;

(2) fabricate any records, reports, files or documents;

(3) enter therein any false information;

(4) fail to enter therein any necessary information.

17. A nurse shall refrain from expressing or giving conflicting, incomplete or groundless opinions or advice. To that end, the nurse shall attempt to acquire thorough knowledge of the facts before giving an opinion or advice.

§ 3. Condition liable to impair the quality of care and services

18. In addition to the circumstances contemplated by section 54 of the Professional Code, a nurse shall refrain from practising her or his profession in a state that is liable to impair the quality of care and services.

Without limiting the generality of the foregoing, a nurse is in a state that is liable to impair the quality of care and services if she or he is under the influence of alcoholic beverages, drugs, hallucinogens, narcotic or anesthetic preparations or any other substance which may cause intoxication, a diminution or disruption of the faculties or unconsciousness.

§ 4. Competence

19. A nurse shall act competently in fulfilling her or his professional duties.

20. A nurse shall keep her or his professional knowledge and skills up to date in order to provide safe care and treatment in accordance with generally accepted standards of practice.

21. If the client's condition so requires, a nurse shall consult another nurse, another health professional or another competent person or refer the client to one of such persons.

§ 5. Professional independence and conflict of interest

22. A nurse shall subordinate her or his personal interest to that of her or his client.

23. A nurse shall safeguard her or his professional independence at all times. In particular, a nurse shall practise her or his profession with objectivity and disregard any intervention by a third party that could affect the performance of her or his professional duties to the detriment of the client.

24. A nurse shall not induce any person in pressing terms to make use of her or his professional services.

25. A nurse shall avoid any situation in which she or he would be in conflict of interest. Without limiting the generality of the foregoing, a nurse is in a conflict of interest situation:

(1) when the interests concerned are such that the nurse may be influenced to favour certain of them over those of her or his client or the nurse's judgment and loyalty toward her or his client may be unfavourably affected;

(2) when the nurse receives, in addition to the remuneration to which she or he is entitled, any rebate, commission or benefit related to her or his professional activities;

(3) when the nurse pays, offers to pay or undertakes to pay any rebate, commission or benefit related to her or his professional activities.

26. In the event of conflict of interest or the appearance of conflict of interest, a nurse shall take reasonable measures to ensure that care and treatment are provided by another nurse, unless the situation requires that the nurse administer or continue to administer care or treatment. In such circumstances, the client shall be notified of the situation, to the extent permitted by the circumstances.

§ 6. Availability and diligence

27. In the practice of her or his profession, a nurse shall display due diligence and availability.

28. A nurse who is consulted by another nurse owing to her or his specific knowledge and skill in a given area shall provide the latter with her or his opinion and recommendations within a reasonable time.

29. Before ceasing to perform her or his duties for the account of a client, a nurse shall ensure that such termination of service is not detrimental to the client.

§ 7. Civil liability

30. A nurse may not be released from personal civil liability in the practice of her or his profession.

In particular, a nurse is prohibited from inserting any clause directly or indirectly excluding such liability, in whole or in part, or from being a party to a contract for professional services containing any such clause.

§ 8. Contribution to the profession

31. A nurse shall, to the extent that she or he is able, exchange knowledge with other nurses, nursing students and candidates for the profession.

DIVISION III

RELATIONSHIP BETWEEN THE NURSE AND THE CLIENT

§ 1. Relationship of trust

32. A nurse shall seek to establish a relationship of trust with her or his client.

33. A nurse shall take a respectful approach toward the client and the client's spouse, family and significant others.

34. A nurse shall respect the client's values and personal convictions.

§ 2. Provisions to preserve the secrecy of confidential information

35. A nurse shall preserve the secrecy of confidential information that becomes known to her or him in the practice of her or his profession.

36. A nurse may be released from the obligation of professional secrecy only with the authorization of her or his client or where so ordered by law.

37. A nurse shall not disclose the fact that a person had recourse to her or his services when that fact is liable to be prejudicial to that person.

38. A nurse shall take reasonable measures to ensure that persons under her or his authority or supervision or in her or his employ do not disclose any confidential information concerning the client.

39. A nurse shall not make use of confidential information to the detriment of a client or with a view to obtaining, directly or indirectly, a benefit for herself or himself or for another person.

40. Whenever a nurse asks a client to disclose confidential information or whenever she or he permits such information to be disclosed to her or him, she or he shall ensure that the client knows the reasons therefor and the purpose for which the information will be used.

41. A nurse shall refrain from holding or participating in indiscreet conversations concerning a client and the services rendered to such client.

§ 3. Prohibited behaviour

42. A nurse shall not use physical, verbal or psychological abuse against the client.

43. For the duration of the professional relationship, a nurse may not establish a personal friendship or an intimate, amorous or sexual relationship with the client.

44. A nurse shall refrain from intervening in the personal affairs of her or his client on subjects not falling within her or his areas of professional expertise.

DIVISION IV **QUALITY OF CARE AND SERVICES**

§ 1. Information and consent

45. A nurse shall provide her or his client with all the explanations necessary for the client's comprehension of the care and services being provided to him or her by the nurse.

46. When a nurse is obliged to obtain a free and enlightened consent, she or he shall provide the client with all the information required for that purpose.

§ 2. The therapeutic process

47. In the course of performing her or his duties, a nurse shall take reasonable measures to ensure the safety of clients. To that end, the nurse shall refer to the appropriate authorities when necessary.

48. A nurse who is providing care and treatment to a client may not abandon him or her without a serious reason.

49. A nurse shall not be negligent in the care and treatment provided to the client. In particular, a nurse shall:

(1) intervene promptly when the client's state of health so requires;

(2) ensure the supervision required by the client's state of health;

(3) take reasonable measures to ensure the continuity of care and treatment.

50. A nurse shall not be negligent when administering medication. In particular, when administering medication, a nurse shall have sufficient knowledge of the medication and abide by the principles and methods applicable to its administration.

§ 3. Collaboration

51. A nurse may not refuse to collaborate with health professionals engaged in providing care, treatment or services necessary for the client's welfare.

DIVISION V **RELATIONS WITH PERSONS WITH WHOM THE NURSE INTERACTS IN THE PRACTICE OF THE PROFESSION**

52. A nurse shall not intentionally mislead, betray the good faith of, or engage in unfair practices toward, a person with whom she or he interacts in the practice of the profession.

53. A nurse shall not harass, intimidate or threaten a person with whom she or he interacts in the practice of the profession.

DIVISION VI **RELATIONS WITH THE ORDER**

54. Unless she or he has serious grounds for refusing, a nurse shall participate or permit participation in a committee on discipline, a review committee, a professional inspection committee, an arbitration of accounts or any other committee provided for by law, upon request of the Order.

55. A nurse shall cooperate and respond as soon as possible to any request received from the secretary of the Order, the syndic of the Order, an assistant syndic or an investigator, inspector or member of the professional inspection committee.

56. A nurse may not permit, assist or encourage any person who is not entered on the roll of the Order to practise the profession.

DIVISION VII **DETERMINATION AND PAYMENT OF FEES**

57. A nurse shall require and accept fair and reasonable fees.

Fees are considered fair and reasonable if they are justified by the circumstances, in proportion to the professional services rendered and take into account, in particular,

(1) the nurse's experience;

(2) the time spent in performing the professional service;

(3) the difficulty and extent of the service; and

(4) the performance of unusual services or services requiring exceptional competence or speed.

58. A nurse may not claim fees that are unwarranted, in particular for performing services that she or he knew or should have known were unnecessary or disproportionate to the client's needs.

59. A nurse may share her or his fees with another nurse only to the extent that such division corresponds to a division of responsibilities and services.

60. A nurse shall provide her or his client with all the explanations required for the comprehension of the nurse's statement of fees and of the terms and conditions of payment.

61. A nurse may require payment only for services rendered or products delivered, but shall inform her or his client in advance of the approximate cost of her or his professional services.

62. A nurse may collect interest on outstanding accounts only after having duly notified her or his client. The interest so charged shall be at a reasonable rate.

63. A nurse shall refrain from selling her or his accounts, except to another nurse or unless the client consents thereto.

DIVISION VIII

CONDITIONS AND PROCEDURES APPLICABLE TO THE EXERCISE OF THE CLIENT'S RIGHTS OF ACCESS AND CORRECTION OF INFORMATION CONTAINED IN RECORDS ESTABLISHED IN RESPECT OF HIM OR HER

§ 1. General provisions

64. A nurse who practises her or his profession in an organization governed by the Act respecting access to documents held by public bodies and the protection of personal information (R.S.Q., c. A-2.1), by the Act respecting health services and social services (R.S.Q., c. S-4.2) or by the Act respecting health services and social services for Cree Native persons (R.S.Q., c. S-5) shall abide by the rules relating to accessibility and correction of records set out in the said acts and facilitate their application.

65. A nurse may require that a request covered by sections 66, 69 or 72 of this code be made in writing and that the right be exercised at her or his professional domicile during her or his ordinary working hours.

§ 2. Conditions and procedures applicable to the exercise of the client's right of access to information contained in records established in respect of him or her

66. A nurse shall respond, with diligence and no later than 20 days following receipt thereof, to any request made by her or his client to examine or obtain a copy of the information concerning the client in any record established in respect of the client.

67. Access to the information contained in a record shall be free of charge. However, a nurse may charge her or his client a reasonable fee for the reproduction, transcription or transmission of such information.

A nurse who intends to charge such fee shall, prior to reproducing, transcribing or transmitting the information, inform the client of the approximate amount that the client will be called upon to pay.

68. A nurse may refuse to allow the client access to information contained in a record established in respect of the client where the disclosure of such information would be likely to cause serious harm to the client or a third party. In such event, the nurse shall notify the client accordingly in writing.

§ 3. Conditions and procedures applicable to the exercise of the client's right of correction of information contained in records established in respect of him or her

69. A nurse shall respond, with diligence and no later than 20 days following receipt thereof, to any request made by her or his client to:

(1) cause to be corrected any information that is inaccurate, incomplete or ambiguous having regard for the purpose for which it was collected, contained in a document concerning the client included in any record established in respect of the client;

(2) cause to be deleted any information that is outdated or not justified by the object of the record established in respect of the client;

(3) file in the record established in respect of the client the written comments prepared by the client.

70. A nurse who grants a request covered by section 69 of this Code shall issue to the client, free of charge, as the case may be:

(1) a copy of the document or portion thereof allowing the client to determine that the information has been corrected;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

71. Upon written request of the client, a nurse shall transmit, free of charge, to any person who had transmitted to the nurse the information contemplated by section 69 of this Code as well as any person to whom such information was communicated, as the case may be:

(1) a copy of the corrected information;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

§ 4. Obligation of the nurse to release documents to the client

72. A nurse shall, with diligence, release to a client who so requests any document entrusted by the client to the nurse and shall indicate in the client's file, as appropriate, the reasons for the request.

DIVISION IX
CONDITIONS, OBLIGATIONS AND
PROHIBITIONS RELATING TO ADVERTISING

73. A nurse shall avoid all advertising likely to tarnish the image of the profession.

74. A nurse may not associate or permit the association of her or his name with her or his professional title in an advertisement directed at the public for the purpose of promoting the sale of any medication, medical product, product or method that could be harmful to health or miracle treatment.

75. A nurse may not, in any way whatsoever, engage in or permit advertising that is false, misleading or incomplete with regard to the professional services that she or he provides or will be called upon to provide.

76. A nurse who, in her or his advertising, claims to possess specific qualities or skills must be able to demonstrate them.

77. In her or his advertising, a nurse may not compare the quality of her or his services with the quality of the services provided or that may be provided by other nurses, and may not discredit or denigrate such services.

78. In her or his advertising, a nurse may not use or permit the use of an endorsement or statement of gratitude concerning her or him.

The preceding paragraph does not prevent a nurse from mentioning in her or his advertising an award for excellence or any other prize in recognition of a specific contribution or achievement related to the profession.

79. A nurse may not engage in or permit advertising that is likely to unduly influence persons who may be physically or emotionally vulnerable because of their age or state of health or the occurrence of a specific event.

80. A nurse who advertises prices or fees for her or his professional services shall:

(1) establish fixed amounts;

(2) specify the services covered by these amounts;

(3) indicate whether or not disbursements are included in the amounts;

(4) indicate whether additional services may be required and specify the cost thereof.

The fixed amounts shall remain in effect for a minimum period of 90 days after the last broadcast or publication of the advertisement.

A nurse may nevertheless agree with a client on a price lower than the one broadcast or published.

81. Any advertisement by a nurse must be of such a nature as to adequately inform persons who have no particular knowledge of the area of expertise referred to in the advertisement.

82. A nurse shall keep a copy of every advertisement put out by her or him for a period of at least 5 years following the date on which the advertisement was last published or broadcast. The copy shall be given to the secretary of the Order, the syndic of the Order, the assistant syndic or any investigator, inspector or member of a professional inspection committee who requests it.

83. A nurse who practises in partnership is solidarily responsible with the other nurses for complying with the rules respecting advertising, unless the advertisement clearly indicates the names of those responsible therefor or unless the nurse demonstrates that the advertisement was published or broadcast without her or his knowledge or consent or in spite of the measures taken to ensure compliance with those rules.

DIVISION X

PROFESSIONS, TRADES, INDUSTRIES,
BUSINESSES, OFFICES OR DUTIES
INCOMPATIBLE WITH THE DIGNITY OR
PRACTICE OF THE PROFESSION

84. A nurse may not trade, sell, engage or participate for profit in any distribution of medications, equipment or products related to her or his professional activities, except in the following cases:

1) where a sale of products is made in response to an immediate need of the client and is required for the care and treatment to be provided. In such case, the client shall be notified of any profit realized by the nurse upon the sale;

where the nurse's commercial activities are clearly distinguishable from her or his professional practice and where her or his professional title is not associated with the said commercial activities.

85. A nurse may not trade in products or methods that could be harmful to health or miracle treatments

DIVISION XI

GRAPHIC SYMBOL OF THE ORDER

86. Where a nurse reproduces the graphic symbol of the Order for advertising purposes, she or he shall ensure that such reproduction is in conformity with the original held by the secretary of the Order.

87. Where a nurse uses the graphic symbol of the Order for advertising purposes elsewhere than on a business card, she or he shall include the following warning in the advertisement:

“This advertisement does not originate with the Ordre des infirmières et infirmiers du Québec and is binding on the author only.”

Where a nurse uses the graphic symbol of the Order for advertising purposes, including on a business card, she or he may not juxtapose thereto or otherwise use the name of the Order, except to indicate that she or he is a member thereof.

CHAPTER III

FINAL PROVISIONS

88. This regulation replaces the Code of ethics of nurses (R.R.Q., 1981, c. I-8, r.4).

89. This regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

4781

Table of Contents

Page

Acts 2001

30	An Act to amend the Act respecting income support, employment assistance and social solidarity and other legislative provisions	327
----	---	-----

Coming into force of Acts

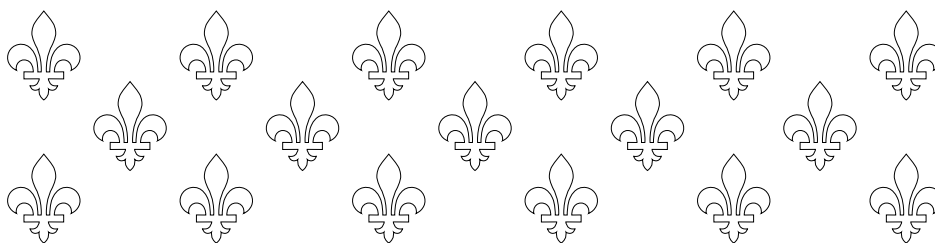
1575-2001	Health services and social services and other legislative provisions, An Act respecting the... — Coming into force of certain provisions of the Act	341
-----------	--	-----

Regulations and other acts

Hunting (Amend.)	343
National Assembly — Extract from the Standing Orders	363
York-Baillargeon Controlled Zone	364

Draft Regulations

Professional Code — Dentists — Code of ethics	367
Professional Code — Medical technologists — Issue of the permit — Replacement	368
Professional Code — Notaries — Ethics	369
Professional Code — Nurses — Code of ethics	375



NATIONAL ASSEMBLY

SECOND SESSION

THIRTY-SIXTH LEGISLATURE

Bill 27

(2001, chapter 43)

**An Act respecting the Health and Social
Services Ombudsman and amending
various legislative provisions**

Introduced 15 May 2001

Passage in principle 30 October 2001

Passage 5 December 2001

Assented to 11 December 2001

**Québec Official Publisher
2001**

EXPLANATORY NOTES

This bill creates the office of Health and Social Services Ombudsman to replace the office of complaints commissioner. The Health Services Ombudsman must see to it that users are respected and that their rights as defined by law are enforced. The main function of the Health Services Ombudsman is to examine user complaints. In addition, the Health Services Ombudsman must ensure that the complaint handling process in institutions and regional boards is in conformity with the law and may, by way of exception, intervene on behalf of certain individuals or groups, especially where they are particularly vulnerable or abandoned.

Amendments are made to the Act respecting health services and social services in order to speed up the handling of user complaints by establishing an examination process comprising two levels instead of three, the institutions generally being the first level and the Health Services Ombudsman being the second and final level. As for regional boards, they are to continue to exercise the first level of jurisdiction over complaints regarding services or activities coming under their authority.

To consolidate the first level of the complaint examination process, the bill introduces new provisions regarding the handling of complaints both as regards health and social services institutions, which are required to appoint a local service quality commissioner, and as regards regional boards, which are required to appoint a regional service quality commissioner. The functions of these service quality commissioners are defined, as is the minimum content of the complaint examination procedure that must be established by every institution and regional board.

Moreover, a special process is provided for the examination of any complaint concerning a physician, dentist or pharmacist, or a resident: the complaint is to be handled by a medical examiner and later possibly referred, on certain conditions, to a review committee.

Finally, the bill contains provisions to facilitate the transition between the former system and the new system as well as amendments for concordance to the Act respecting health services and social services and the Act respecting health services and social services for Cree Native persons.

LEGISLATION AMENDED BY THIS BILL :

- Act respecting health services and social services (R.S.Q., chapter S-4.2);
- Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5).

Bill 27

AN ACT RESPECTING THE HEALTH AND SOCIAL SERVICES OMBUDSMAN AND AMENDING VARIOUS LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS :

CHAPTER I

ESTABLISHMENT

1. The Government shall appoint a Health and Social Services Ombudsman.

The abbreviated title “Health Services Ombudsman” may be used to designate the Health and Social Services Ombudsman.

2. The Health Services Ombudsman shall be appointed for a maximum term of five years and, on expiry of this term, shall remain in office until reappointed or replaced. The salary or fees and the other conditions of appointment of the Health Services Ombudsman shall be determined by the Government.

3. If absent or temporarily unable to act, the Health Services Ombudsman may be replaced by a person appointed by the Government to exercise the Ombudsman’s functions and powers for the duration of the absence or inability to act. The Government shall determine the person’s salary or fees and other conditions of appointment.

CHAPTER II

ORGANIZATION

4. The personnel needed by the Health Services Ombudsman shall be appointed in accordance with the Public Service Act (R.S.Q., chapter F-3.1.1).

The Health Services Ombudsman shall define the duties of the personnel and direct their work. The exercise of any of the powers of the Health Services Ombudsman may be delegated in writing.

5. The Health Services Ombudsman may give a person who is not a member of the Ombudsman’s personnel a written mandate to examine a complaint and, where applicable, conduct an inquiry, or any other specific written mandate related to any of the Ombudsman’s functions. The Health

Services Ombudsman may delegate the exercise of any of the Ombudsman's powers to such a person.

The second paragraph of section 9, with the necessary modifications, applies to such a person conducting an inquiry.

6. Before beginning to exercise their functions, the Health Services Ombudsman, any mandatary of the Ombudsman and any personnel member to whom the exercise of powers of the Ombudsman are delegated shall take the oath provided in Schedule I.

The oath shall be received by the Minister in the case of the Health Services Ombudsman and by the Ombudsman in the other cases.

CHAPTER III

FUNCTIONS

7. The Health Services Ombudsman shall, by any appropriate means, see to it that users are respected and that their rights, as defined in Title II of Part I of the Act respecting health services and social services (R.S.Q., chapter S-4.2) and in any other Act, are enforced.

The main function of the Health Services Ombudsman is the examination of complaints made by users.

It is also the function of the Health Services Ombudsman to ensure that institutions and regional boards handle the complaints addressed to them in conformity with the procedures set out in Chapter III of Title II of Part I of the Act respecting health services and social services.

In addition, the Health Services Ombudsman may intervene specifically with the authorities concerned in cases described in section 20.

DIVISION I

EXAMINATION OF COMPLAINTS

8. It is the function of the Health Services Ombudsman to examine any complaint

(1) from a user who disagrees with the conclusions transmitted to the user by the local service quality commissioner pursuant to subparagraph 6 of the second paragraph of section 33 of the Act respecting health services and social services, or deemed to have been transmitted to the user under section 40 of that Act, or is dissatisfied with the actions taken as a result of the related recommendations ;

(2) from any person who disagrees with the conclusions transmitted to the person by the regional service quality commissioner pursuant to subparagraph 6 of the second paragraph of section 66 of that Act, or deemed to have been transmitted to the person under section 72 of that Act, or is dissatisfied with the actions taken as a result of the related recommendations ; and

(3) from any person who disagrees with the conclusions transmitted to the person by Corporation d'urgences-santé de Montréal Métropolitain in accordance with section 61 of that Act, or deemed to have been transmitted to the person under section 72 of that Act, or is dissatisfied with the actions taken as a result of the related recommendations.

It is also the function of the Health Services Ombudsman to examine any complaint from the heirs or the legal representatives of a deceased user regarding the services the user received or ought to have received, provided that the complaint was first submitted to the examination process provided for in Division I or Division III of Chapter III of Title II of Part I of that Act.

9. If deemed expedient by the Health Services Ombudsman, an inquiry may be held as part of the examination of a complaint. In that case, the Health Services Ombudsman shall determine the rules of procedure applicable to the inquiry and transmit them to any person who will be required to give evidence before the Ombudsman.

For the purposes of an inquiry, the Health Services Ombudsman is vested with the powers and immunity of commissioners appointed under the Act respecting public inquiry commissions (R.S.Q., chapter C-37), except the power to order imprisonment.

10. The Health Services Ombudsman shall establish a complaint examination procedure.

The procedure must in particular

(1) include the necessary details allowing rapid access to the services of the Health Services Ombudsman ;

(2) provide that the Health Services Ombudsman must give the necessary assistance or see to it that the necessary assistance is given to users or persons who so require for the formulation of a complaint or for any further step related to the complaint, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6 of the Act respecting health services and social services ;

(3) provide that complaints must be made in writing and filed together with the conclusions transmitted by the local commissioner or the regional commissioner, if any ;

(4) provide that the Health Services Ombudsman is to inform the institution or the regional board in writing of the receipt of a complaint in its regard or, if the Ombudsman is of the opinion that no prejudice will be caused to the user, send a copy of the complaint to the institution or regional board; provide that such information is also to be sent in writing to the highest authority of any other organization, resource or partnership or to any other person holding the position of highest authority, if the complaint pertains to services they are responsible for;

(5) allow the complainant and the institution or regional board and, where applicable, the highest authority of the organization, resource or partnership or any other person holding the position of highest authority responsible for the services that are the subject of the complaint, to present observations; and

(6) provide that the Health Services Ombudsman, after examining the complaint, is to communicate his or her conclusions, including reasons, without delay to the complainant together with any recommendations made to the institution or the regional board and, where applicable, to the highest authority of the organization, resource or partnership or to any other person holding the position of highest authority responsible for the services that are the subject of the complaint; provide that the Ombudsman is also to forward a copy of his or her conclusions, including reasons, to the institution or regional board and to any other authority concerned.

Where the examination of a complaint referred to the Health Services Ombudsman pursuant to subparagraph 1 or 3 of the first paragraph of section 8 raises a matter that comes under a responsibility of regional boards listed in section 340 of the Act respecting health services and social services, including access to services or the organization or financing of services, the regional board may also be allowed to present observations under the procedure, in which case the Health Services Ombudsman shall inform the regional service quality commissioner of the elements of the complaint the Ombudsman considers relevant to the objects of the regional board and identify the authority concerned. The Ombudsman shall allow the board to present observations in all cases where the Ombudsman intends to make a recommendation to the board following the examination of the complaint.

11. The Health Services Ombudsman may make a memorandum of agreement with any regional board for the purposes of

(1) the application of the complaint examination procedure, within the scope of the functions of the board;

(2) the communication of his or her conclusions, including reasons, subject to the protection of any nominative information they contain; or

(3) any other activity of a regional board with a view to the improvement of the services provided to the population in the region, the satisfaction of the clientele and the enforcement of their rights.

12. Within five days after receiving a written communication under subparagraph 4 of the second paragraph of section 10, the institution or the regional board must forward a copy of the entire complaint record to the Health Services Ombudsman.

13. The Health Services Ombudsman may, upon summary examination, dismiss a complaint if, in the Ombudsman's opinion, it is frivolous, vexatious or made in bad faith.

The Health Services Ombudsman may also refuse or cease to examine a complaint

(1) if, in the Ombudsman's opinion, the Ombudsman's intervention would clearly serve no purpose ;

(2) if the length of time having elapsed between the events that gave rise to the dissatisfaction of the user and the filing of the complaint makes it impossible to examine the complaint ; or

(3) if more than two years have elapsed since the user received the conclusions and reasons of the local service quality commissioner or the regional service quality commissioner, or since the date on which negative conclusions are deemed to have been transmitted to the complainant under section 40 or 72 of the Act respecting social services and health services, unless the complainant proves to the Health Services Ombudsman that it was impossible for him or her to act sooner.

In such a case, the Health Services Ombudsman shall inform the complainant in writing.

14. The complainant, any other person and the institution or regional board, including any person working or practising on behalf of any organization, resource or partnership or person other than the institution or the regional board must supply all information and, subject to the second paragraph of section 190 and section 218 of the Act respecting health services and social services, all documents required by the Health Services Ombudsman for the examination of a complaint, including, notwithstanding section 19 of that Act, access to and the communication of the information or documents contained in the user's record ; all such persons must also, unless they have a valid excuse, attend any meeting called by the Health Services Ombudsman.

15. Within 30 days of the receipt of a recommendation from the Health Services Ombudsman, the institution or the regional board or the highest authority of the organization, resource or partnership or any other person to which or whom the recommendation is addressed must inform the Ombudsman and the complainant in writing of the actions to be taken as a result of the recommendation or, if it has decided not to act upon the recommendation, of the reasons for such a decision.

16. If, after having made a recommendation as referred to in section 15, the Health Services Ombudsman considers that no satisfactory action has been taken or that the reasons given for not acting upon the recommendation are unsatisfactory, the Ombudsman may advise the Minister in writing. The Health Services Ombudsman may also, if he or she sees fit, report the case in the Ombudsman's annual report or make it the subject of a special report to the Minister.

DIVISION II

CONFORMITY OF COMPLAINT HANDLING PROCESS

17. An institution or a regional board must transmit the complaint examination procedure established by the board of directors to the Health Services Ombudsman on request.

18. The Health Services Ombudsman shall ensure that the institutions and regional boards establish and apply a complaint examination procedure in accordance with the provisions of sections 29 to 72 of the Act respecting health services and social services.

The Health Services Ombudsman may recommend to the board of directors of an institution or a regional board any corrective action to ensure such conformity.

Within 30 days of the receipt of a recommendation for corrective action from the Health Services Ombudsman, the institution or the regional board must inform the Ombudsman in writing of the actions to be taken as a result of the recommendation or, if it has decided not to act upon the recommendation, of the reasons for such a decision.

19. The Health Services Ombudsman shall report to the Minister, as part of the report submitted at least once a year pursuant to section 38, on the nature of the corrective action the Ombudsman has recommended to institutions and regional boards during the year in order to ensure that their complaint handling process is in conformity with the law.

The report shall also identify any institution or regional board that has decided not to act upon a recommendation for corrective action made by the Health Services Ombudsman.

CHAPTER IV

INTERVENTION

20. The Health Services Ombudsman may, on his or her own initiative, intervene if the Ombudsman has reasonable grounds to believe that the rights of a natural person or a group of natural persons have been or may likely be adversely affected by an act or omission

(1) of any institution or any organization, resource, partnership or person to whom or which an institution has recourse for the provision of certain services ;

(2) of any regional board or any organization, resource, partnership or person whose services may be the subject of a complaint under section 60 of the Act respecting health services and social services ;

(3) of Corporation d'urgences-santé de Montréal Métropolitain in the provision of pre-hospitalization emergency services ; or

(4) of any person working or practising on behalf of a body referred to in subparagraph 1, 2 or 3.

The Health Services Ombudsman shall only intervene with respect to an act or omission of a body referred to in the first paragraph if, in the Ombudsman's opinion, recourse to the process provided for in Division I or Division III of Chapter III of Title II of Part I of the Act respecting health services and social services would likely be compromised, serve no purpose or be illusory, either owing to possible reprisals against the person or group of persons concerned, the special vulnerability or abandonment of the targeted clientele, or in any other case which, in the opinion of the Ombudsman, warrants an immediate intervention of the Ombudsman, especially where problems may interfere with the well-being of users and the recognition and enforcement of their rights.

Nothing in this section shall be construed as conferring jurisdiction on the Health Services Ombudsman over the supervision or assessment of medical, dental or pharmaceutical acts performed in a centre operated by an institution.

21. Where the Health Services Ombudsman sees fit to intervene, the Ombudsman shall inform the highest authority of the body concerned, specifying the act or omission that is the subject of the intervention and the facts or reasons warranting the intervention.

The body concerned must collaborate with the Health Services Ombudsman and be invited to present its observations.

22. The intervention of the Health Services Ombudsman shall be conducted equitably and in accordance with the intervention procedure established by the Ombudsman.

Sections 9, 14 and 29 to 36 apply to the intervention, with the necessary modifications.

23. The Health Services Ombudsman must advise the Public Curator immediately upon being apprised of the presence of a person represented by the Public Curator appointed under the Public Curator Act (R.S.Q., chapter C-81) in a facility maintained by a body that is the subject of an intervention under this chapter.

24. The Health Services Ombudsman must without delay communicate an intervention report, together with any recommendations, to the body concerned. The Ombudsman must also communicate the result of the intervention with diligence to the person or each of the persons on whose behalf the Ombudsman intervened, and to the Public Curator where one of those persons is represented by the latter. Lastly, the Ombudsman may communicate the result of the intervention to any other interested person.

25. Within 30 days of the receipt of a recommendation from the Health Services Ombudsman, the body concerned must inform the Ombudsman in writing of the actions to be taken as a result of the recommendation or, if it has decided not to act upon the recommendation, of the reasons for such a decision.

26. If, after having made a recommendation referred to in section 25, the Health Services Ombudsman considers that no satisfactory action has been taken or that the reasons given for not acting upon the recommendation are unsatisfactory, the Ombudsman may advise the Minister in writing. The Health Services Ombudsman may also, if he or she sees fit, report the case in the Ombudsman's annual report or make it the subject of a special report to the Minister.

CHAPTER V

ADVICE, RECOMMENDATIONS AND REPORTS

27. The Health Services Ombudsman may, whenever necessary, advise the Minister or any body referred to in section 20 on any matter relating to the respect shown to users and the enforcement of their legal rights and remedies or to the improvement of the quality of the services provided to the public and, if necessary, make recommendations for the appropriate corrective action.

If he or she sees fit, the Health Services Ombudsman may report the situation in the Ombudsman's annual report or make it the subject of a special report to the Minister.

The Health Services Ombudsman may, in any advice or report, identify any institution or regional board that has decided not to act upon a recommendation for corrective action made by the Ombudsman.

28. Thirty days after transmitting any advice, recommendation or report under section 16, 26 or 27 to the Minister, the Health Services Ombudsman shall release the document if the Ombudsman considers that the interest of the users involved so requires.

CHAPTER VI

VARIOUS PROVISIONS

29. No person shall take reprisals or attempt to take reprisals in any manner whatever against any natural person who files or intends to file a complaint under section 8 or otherwise applies to the Health Services Ombudsman under this Act.

The Health Services Ombudsman must act immediately upon being apprised of reprisals or of an attempt to take reprisals.

30. No civil action may be instituted by reason or in consequence of a complaint made in good faith under this Act, whatever the conclusions of the Health Services Ombudsman, or by reason or in consequence of the publication, in good faith, of any advice or report of the Ombudsman under this Act or of an extract from or summary of any such advice or report.

Nothing in this Act shall operate to restrict the right of any person or the person's successors to exercise a remedy based on the same facts as those on which a complaint is based.

31. No legal proceedings may be brought against the Health Services Ombudsman, a mandatary of the Ombudsman within the meaning of section 5 or a member of the Ombudsman's personnel exercising the powers of the Ombudsman for an act or omission made in good faith in the exercise of their functions.

32. Except on a question of jurisdiction, no extraordinary recourse under articles 834 to 846 of the Code of Civil Procedure (R.S.Q., chapter C-25) may be exercised and no injunction may be granted against any of the persons referred to in section 31 acting in their official capacity.

33. A judge of the Court of Appeal may, on a motion, summarily annul any writ, order or injunction issued or granted contrary to section 31 or 32.

34. The answers given or statements made by a person during the examination of a complaint, including any information or document supplied in good faith by the person in response to a request of the Health Services Ombudsman, a mandatary of the Ombudsman within the meaning of section 5 or a member of the Ombudsman's personnel exercising the powers of the Ombudsman, may not be used or be admitted as evidence against the person in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions.

35. Notwithstanding any inconsistent legal provision, the Health Services Ombudsman, a mandatary of the Ombudsman within the meaning of section 5 or a member of the Ombudsman's personnel exercising the powers of the Ombudsman may not be compelled to make a deposition in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions

concerning any confidential information obtained in the exercise of their functions, or to produce a document containing such information, except to confirm its confidential nature.

36. Nothing contained in a user's complaint record, including the conclusions with reasons and any related recommendations, may be construed as a declaration, recognition or extrajudicial admission of professional, administrative or other misconduct capable of establishing the civil liability of a party in a judicial proceeding.

37. The provisions of sections 17 to 28 of the Act respecting health services and social services apply to all user's complaint records kept by the Health Services Ombudsman for the purposes of the functions of the Ombudsman under this Act.

CHAPTER VII

ANNUAL REPORT

38. The Health Services Ombudsman must submit an activities report to the Minister once a year and whenever so required by the Minister.

The report shall describe the reasons for the complaints received by the Health Services Ombudsman under section 8 and shall indicate in respect of each type of complaint

(1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report; and

(2) the actions taken following the examination of the complaints.

The report shall specify the nature of the corrective action recommended and any institution or regional board identified pursuant to section 19.

Moreover, the report shall list the interventions of the Health Services Ombudsman pursuant to section 20 as well as the principal conclusions of the Ombudsman and any related recommendations.

Furthermore, the report must contain advice formulated by the Health Services Ombudsman and any appropriate recommendations for corrective action regarding any matter within the Ombudsman's purview, including the following:

(1) the action to be taken to improve the degree of satisfaction of the users or clientele of any body referred to in subparagraph 1, 2 or 3 of the first paragraph of section 20 and the enforcement of their rights;

(2) the application of the complaint examination procedure established by institutions and regional boards;

(3) the improvement of the quality of services ; and

(4) the standardization of the form and content of the annual reports issued by the boards of directors of institutions and regional boards.

39. The Minister shall table the annual report of the Health Services Ombudsman in the National Assembly within 30 days of receiving it or, if the Assembly is not in session, within 30 days of resumption.

CHAPTER VIII

FINAL PROVISION

40. The Minister of Health and Social Services is responsible for the administration of this Act.

SCHEDULE I

Oath

“I declare under oath that I will fulfil the duties of my office with honesty, impartiality and justice. I further declare under oath that I will not reveal or disclose, unless authorized by law, any confidential information that may come to my knowledge in the exercise of my functions.”

AMENDING PROVISIONS

41. The Act respecting health services and social services (R.S.Q., chapter S-4.2), amended by section 242 of chapter 8 of the statutes of 2000 and sections 1 and 2 of chapter 24 of the statutes of 2001, is again amended by replacing Chapters III and IV of Title II of Part I, comprising sections 29 to 76, by the following chapter :

“CHAPTER III

“USER COMPLAINTS

“DIVISION I

“EXAMINATION OF COMPLAINTS BY INSTITUTION

“29. The board of directors of every institution must make a by-law establishing a complaint examination procedure for the purposes of Division I and, after consulting with the council of physicians, dentists and pharmacists or the medical service concerned, for the purposes of Division II of this chapter.

“30. A local service quality commissioner must be appointed by the board of directors of every institution, on the recommendation of the executive director. If a board of directors administers two or more institutions, the local commissioner shall handle the complaints from the users of all the institutions administered by the board.

The local service quality commissioner reports to the executive director or directly to the board of directors, according to the organization plan of the institution.

On the recommendation of the executive director and after having obtained the opinion of the local service quality commissioner, the board of directors may, whenever necessary, appoint one or more assistant local service quality commissioners.

An assistant local service quality commissioner shall exercise the functions delegated by and act under the authority of the local service quality commissioner. In the exercise of his or her functions, an assistant local commissioner is vested with the same powers and immunity as a local service quality commissioner.

“31. The board of directors must take steps to preserve at all times the independence of the local service quality commissioner and the assistant local service quality commissioner in the exercise of their functions.

To that end, the board of directors must ensure that the local commissioner and the assistant local commissioner, having regard to the other functions they may exercise for the institution, are not in a conflict of interest situation in the exercise of their functions.

The local commissioner or assistant local commissioner may also exercise the same functions on behalf of any other institution, subject to the terms and conditions determined by agreement between the institutions concerned and approved by their boards of directors.

“32. In the exercise of his or her functions, the local service quality commissioner may consult any person whose expertise the commissioner requires, including, with the authorization of the board of directors, calling on an expert from outside the institution. Subject to the fourth paragraph of section 30, the functions of the local service quality commissioner may not be otherwise delegated.

“33. The local service quality commissioner is answerable to the board of directors for the enforcement of user rights and for the diligent handling of user complaints.

To that end, the functions of the local service quality commissioner shall include

(1) applying the complaint examination procedure in keeping with the rights of users ; if necessary, making recommendations to the board of directors for any appropriate action to improve the handling of complaints in the institution, including a revision of the complaint examination procedure ;

(2) promoting the independent nature of the role of the local service quality commissioner within the institution, the rights and obligations of users and the code of ethics referred to in section 233, and publishing the complaint examination procedure ;

(3) giving assistance or seeing to it that assistance is given to users who require assistance for the formulation of a complaint or for any further step related to the complaint, including an application to the review committee established under section 51 ; informing users of the possibility of being assisted and supported by the community organization in the region to which a user assistance and support mandate has been given pursuant to the provisions of section 76.6 ; and lastly, providing on request any information on the application of the complaint examination procedure, and informing users of the legal protection afforded pursuant to section 76.2 to any person who cooperates in the examination of a complaint ;

(4) on receiving a complaint from a user, examining it with diligence ;

(5) if questions of a disciplinary nature in relation to a practice or the conduct of a personnel member are raised during the examination of a complaint, bringing these questions to the attention of the department concerned or the human resources manager within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of the complaint, for a more thorough investigation of the complaint, follow-up action or any other appropriate action ; making any appropriate recommendation to that effect in his or her conclusions ;

(6) not later than 45 days after receiving a complaint, communicating his or her conclusions, including reasons, in writing in the case of a written complaint, to the user, together with any recommendations made to the department or service manager concerned within the institution and, where applicable, to the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of the complaint, and informing the user of the procedure for applying to the Health and Social Services Ombudsman appointed under the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions ; communicating the same conclusions, including reasons, in writing in the case of a written complaint, to the department or service manager concerned within the institution and to the highest authority concerned ;

(7) supporting, on his or her own initiative, any action to improve the quality of the services provided to users, user satisfaction and the enforcement of user rights, and recommending such action to any department or any

service manager within the institution or, as the case may be, to the highest authority of any organization, resource or partnership or to the person holding the position of highest authority responsible for the services that may be the subject of a complaint under the first paragraph of section 34;

(8) giving advice on any matter within the purview of the local service quality commissioner submitted by the board of directors, any council or committee created by the board under section 181 or any other council or committee of the institution, including the users' committee;

(9) at least once a year and as needed, drawing up a summary of the activities of the local service quality commissioner together with a statement of any action recommended by the local commissioner to improve the quality of services, user satisfaction and the enforcement of user rights;

(10) preparing the report referred to in section 76.10, incorporating into the report the annual summary of the activities of the local service quality commissioner, the report of the medical examiner under section 50 and the report of the review committee under section 57, and presenting it to the board of directors for approval; and

(11) subject to section 31, carrying out any other function provided for in the organizational plan of the institution, provided that it is related to the enforcement of user rights or the improvement of the quality of services and the satisfaction of the clientele.

“34. The complaint examination procedure must enable a user to address a verbal or written complaint to the local service quality commissioner regarding the health services or social services the user received, ought to have received, is receiving or requires from the institution, an intermediary or family-type resource or any other organization, partnership or person to which or whom the institution has recourse, in particular by an agreement under section 108, for the provision of those services.

The procedure must also allow the heirs or the legal representatives of a deceased user to make a complaint regarding the services the user received or ought to have received.

The complaint examination procedure must in particular

(1) include the details allowing rapid access to the services of the local commissioner;

(2) provide that the local commissioner must give the necessary assistance or see to it that the necessary assistance is given to users who require assistance for the formulation of a complaint or for any further step related to the complaint, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6;

(3) ensure that the user receives a written notice of the date on which the verbal or written complaint is received by the local commissioner;

(4) establish a procedure for the examination of complaints regarding a physician, dentist or pharmacist, or a resident, in accordance with Division II, except the procedure to be followed by the board of directors in taking disciplinary measures in accordance with a regulation under paragraph 2 of section 506;

(5) provide for the prompt referral of any complaint concerning or involving a physician, dentist or pharmacist, or a resident, to the medical examiner designated under section 42;

(6) provide that, where a complaint is received regarding the services provided by a resource, organization, partnership or person referred to in the first paragraph, the local commissioner is to inform the authority concerned in writing of the receipt of the complaint or, if the local commissioner is of the opinion that no prejudice will be caused to the user, forward a copy of the complaint to the authority; provide that, if the complaint is verbal, the authority concerned is to be informed verbally;

(7) specify what communications must be made in writing in the case of a written complaint;

(8) allow the user and the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint referred to in the first paragraph to present their observations; and

(9) provide that the local commissioner, after examining the complaint, is to communicate his or her conclusions, including reasons, to the user within the time prescribed in subparagraph 6 of the second paragraph of section 33, together with the procedure for applying to the Health Services Ombudsman.

“35. The local service quality commissioner may, upon summary examination, dismiss a complaint if, in the commissioner’s opinion, it is frivolous, vexatious or made in bad faith.

The local service quality commissioner shall so inform the user, in writing in the case of a written complaint.

“36. The user and any other person, including any member of the personnel of the institution, any midwife having entered into a service contract with the institution under section 259.2 and any member of the council of physicians, dentists and pharmacists, must supply all information and, subject to the second paragraph of section 190 and section 218, all documents required by the local service quality commissioner for the examination of a complaint, including, notwithstanding section 19, access to and the communication of the information or documents contained in the user’s record; all such persons

must also, unless they have a valid excuse, attend any meeting called by the local commissioner.

“37. If, pursuant to subparagraph 5 of the second paragraph of section 33, the local service quality commissioner brings a practice or the conduct of a personnel member that raises questions of a disciplinary nature to the attention of the department concerned or the human resources manager within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under the first paragraph of section 34, the department, manager, authority or person must investigate and follow up the case diligently and report periodically to the local commissioner on the progress of the investigation.

The local service quality commissioner must be informed of the outcome of the case and of any disciplinary measure taken against the personnel member concerned. The local commissioner must in turn inform the user.

“38. The local service quality commissioner may bring any report or recommendation regarding the improvement of the quality of services, user satisfaction and the enforcement of user rights to the attention of the board of directors, in particular where the department or service manager concerned within the institution or the highest authority of the organization, resource or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under the first paragraph of section 34 has decided not to act upon a recommendation accompanying the conclusions and reasons communicated by the local commissioner.

The local commissioner must bring such a report or recommendation to the attention of the board of directors if warranted by the gravity of the complaint, in particular where the commissioner has been informed by the department concerned of a disciplinary measure taken against a personnel member of the institution.

The executive director of the institution must transmit to the board of directors any report or recommendation transmitted for that purpose by the local commissioner.

“39. If warranted, in the opinion of the board of directors, by the gravity of a complaint against an employee of the institution who belongs to a professional order or against a midwife, the board shall transmit the complaint to the professional order concerned.

If any disciplinary measure is taken against the professional, the executive director must inform the professional order in writing. The local commissioner must also be informed and in turn must inform the user in writing.

“40. If the local service quality commissioner fails to communicate his or her conclusions to the user within 45 days after receiving a complaint from

the user, the commissioner is deemed to have communicated negative conclusions to the user on the date of expiry of the time limit.

Such failure gives rise to the right to apply to the Health Services Ombudsman.

“DIVISION II

“EXAMINATION OF COMPLAINTS CONCERNING A PHYSICIAN, DENTIST OR PHARMACIST

“41. In this division, unless the context indicates otherwise, the word “professional” includes a resident.

“42. For the purposes of the examination procedure applicable to complaints concerning a physician, dentist or pharmacist, or a resident, the board of directors of every institution shall designate a medical examiner, possibly the director of professional services, on the recommendation of the council of physicians, dentists and pharmacists.

Where an institution operates two or more centres or maintains two or more facilities, the board of directors may, where necessary and on the recommendation of the council of physicians, dentists and pharmacists, designate one medical examiner for each centre or facility.

Where a board of directors administers two or more institutions, it may, on the recommendation of the council of physicians, dentists and pharmacists, designate a single medical examiner for the group of institutions it administers.

If no council of physicians, dentists and pharmacists has been established for an institution, the board of directors shall designate a medical examiner after consulting with the physicians, dentists and pharmacists practising in the centre or centres operated by the institution.

In the cases described in the preceding paragraphs, if there are fifteen or fewer physicians, dentists and pharmacists practising in the centre or centres operated by the institution or group of institutions administered by the board of directors, a physician who does not practise in any of those centres or exercise other functions for any of those institutions may, by way of exception, be designated as medical examiner.

“43. The board of directors must take steps to preserve at all times the independence of the medical examiner in the exercise of his or her functions.

To that end, the board of directors must ensure that the medical examiner, having regard to the other functions he or she may exercise for the institution, is not in a conflict of interest situation in the exercise of his or her functions.

“44. In addition to his or her functions relating to the complaint examination procedure provided for in this division, the medical examiner

shall examine in the same manner any complaint concerning a physician, dentist or pharmacist, or a resident, made by any person other than a user or the representative of a user.

This division applies to every such complaint and the word “user” includes any person referred to in the first paragraph, with the necessary modifications.

“45. Where a user makes a complaint concerning a physician, dentist or pharmacist, or a resident, the local service quality commissioner shall without delay refer the complaint for investigation to the medical examiner designated pursuant to section 42 and shall inform the user in writing, indicating the date of the referral.

However, where a user makes a complaint regarding administrative or organizational problems involving medical, dental or pharmaceutical services, the complaint shall be examined by the local service quality commissioner in accordance with the provisions of Division I unless the local service quality commissioner, after consulting with the medical examiner, is of the opinion that one or more physicians, dentists or pharmacists, or residents, are the subject of the complaint, in which case the commissioner shall proceed in accordance with the first paragraph.

Any complaint that involves the supervision or assessment of medical, dental or pharmaceutical acts remains within the jurisdiction of the medical examiner.

Where a complaint is examined by the local commissioner, the medical examiner must collaborate to find solutions to the administrative or organizational problems underscored by the complaint.

“46. According to the nature of the facts and their significance in terms of the quality of medical, dental or pharmaceutical care or services, the medical examiner, on receiving a complaint, must decide whether to

- (1) examine the complaint in accordance with this division ;
- (2) where the complaint concerns a physician, dentist or pharmacist who is a member of the council of physicians, dentists and pharmacists, refer the complaint to that council for a disciplinary investigation by a committee established for that purpose, and transmit a copy of the complaint to the professional concerned ; if there is no such council, the complaint shall be handled according to the procedure determined by a regulation under paragraph 2 of section 506 ;
- (3) where the complaint concerns a resident and raises questions of a disciplinary nature, refer the complaint, with a copy to the resident, to the authority determined by a regulation made under paragraph 2 of section 506 ;
or

(4) dismiss the complaint if, in the medical examiner's opinion, it is frivolous, vexatious or made in bad faith.

Where the medical examiner chooses to proceed pursuant to subparagraph 2, 3 or 4, the medical examiner must inform the user and the local service quality commissioner.

“47. Where the medical examiner chooses to proceed pursuant to subparagraph 1 of the first paragraph of section 46, the medical examiner shall send a copy of the complaint to the professional concerned.

The user and the professional must be allowed to present observations during the examination of the complaint. The professional shall have access to the user's complaint record.

The obligations set out in section 36 apply, with the necessary modifications, to any information required or meeting called by the medical examiner.

The medical examiner must examine the complaint within 45 days of its referral and attempt to conciliate the interests involved. The medical examiner may consult any person whose expertise the medical examiner requires, including, with the authorization of the board of directors, an expert from outside the institution. Before the expiry of the time limit, the medical examiner must transmit his or her conclusions, including reasons, in writing to the user and the professional concerned, together with any appropriate recommendations, and inform the user of the conditions and procedure for applying to the review committee established under section 51. The conclusions, reasons and recommendations must also be communicated to the local service quality commissioner.

“48. If, during the examination of a complaint concerning a physician, dentist or pharmacist who is a member of the council of physicians, dentists and pharmacists, the medical examiner is of the opinion that, owing to the nature of the facts under examination and their significance in terms of the quality of medical, dental or pharmaceutical care or services, the complaint ought to be referred for a disciplinary investigation by a committee established for that purpose by the council of physicians, dentists and pharmacists, the medical examiner must send a copy of the complaint and of the record to the council. If there is no such council, the complaint shall be handled according to the procedure determined by a regulation under paragraph 2 of section 506.

However, where the complaint concerns a resident and raises questions of a disciplinary nature, the medical examiner must refer a copy of the complaint and of the record to the authority determined by a regulation made under paragraph 2 of section 506.

The medical examiner must inform the user, the professional concerned and the local service quality commissioner of the decision to so refer the complaint.

“49. If the medical examiner fails to communicate his or her conclusions to the user within 45 days after being referred a complaint, the medical examiner is deemed to have communicated negative conclusions to the user on the date of expiry of the time limit. Such failure gives rise to the right to apply to the review committee established under section 51.

“50. At least once a year and whenever warranted in his or her opinion, the medical examiner must submit a report to the board of directors and to the council of physicians, dentists and pharmacists, describing the reasons for the complaints examined since the last report, and the medical examiner’s recommendations, in particular for the improvement of the quality of medical, dental and pharmaceutical care or services provided in a centre operated by the institution.

A copy of the report shall also be sent to the local service quality commissioner so that its contents may be incorporated into the report submitted under section 76.10.

“51. A review committee shall be established for each institution operating one or more centres where physicians, dentists or pharmacists practise.

If a board of directors administers two or more institutions, the board may establish a single review committee for the group of institutions it administers, after consulting with the council of physicians, dentists and pharmacists or, where there is no such council, with the physicians, dentists and pharmacists concerned.

The review committee shall be composed of three members appointed by the board of directors. The chair of the review committee shall be appointed from among the elected or co-opted members of the board of directors. The other two members shall be appointed from among the physicians, dentists and pharmacists who practise in a centre operated by an institution administered by the board of directors, on the recommendation of the council of physicians, dentists and pharmacists or, where no such council has been established for an institution, after consulting with the physicians, dentists and pharmacists concerned.

However, if there are fifteen or fewer physicians, dentists and pharmacists practising in the centre or centres operated by the institution or group of institutions administered by the board of directors, the other two members of the review committee may be recruited among physicians, dentists and pharmacists who do not practise in any of those centres or exercise other functions for any of those institutions.

The board of directors shall fix the term of appointment of the members of the review committee and determine its operating rules.

“52. Except where a complaint is referred for a disciplinary investigation, the function of the review committee is to review the handling of a user

complaint by the medical examiner. To that end, the review committee must acquaint itself with the entire complaint record and examine whether the complaint was examined properly, diligently and equitably and whether the reasons for the medical examiner's conclusions, if any, are based on the enforcement of user rights and compliance with standards of professional practice. At the conclusion of its review and within 60 days after receiving a review application, the review committee must communicate a written opinion, including reasons, to the user, to the professional concerned and to the medical examiner. The local service quality commissioner must also be given a copy.

In its opinion, and the reasons therefor, the review committee must either

- (1) confirm the conclusions of the medical examiner;
- (2) require that the medical examiner carry out a supplementary examination within the time specified and transmit his or her new conclusions to the user and a copy to the review committee and to the professional concerned as well as to the local service quality commissioner;
- (3) where the complaint concerns a physician, dentist or pharmacist who is a member of the council of physicians, dentists and pharmacists, forward a copy of the complaint and of the record to that council for a disciplinary investigation by a committee established for that purpose; if there is no such council, the complaint shall be handled according to the procedure determined by a regulation under paragraph 2 of section 506;
- (4) where the complaint concerns a resident and raises questions of a disciplinary nature, forward a copy of the complaint and of the record to the authority determined by a regulation made under paragraph 2 of section 506;
- (5) recommend any action that is likely to resolve the matter to the medical examiner or, if appropriate, to the parties themselves.

“53. A user who disagrees with the conclusions transmitted by the medical examiner, or deemed to have been transmitted by the medical examiner under section 49, may apply in writing for a review of the complaint by the review committee.

The review application must be filed within 60 days after receipt of the medical examiner's conclusions or after the date on which the conclusions are deemed to have been transmitted to the user under section 49. The time limit is definitive, unless the user proves to the review committee that it was impossible for him or her to act sooner.

The local service quality commissioner must give assistance or see to it that assistance is given to users who require assistance for the formulation of their application for review or for any further step related thereto, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6.

The user shall address the application to the chair of the review committee and include the conclusions and reasons transmitted by the medical examiner, if any.

The chair must give the user a written notice of the date of receipt of the application for review and send a copy to the medical examiner, the professional concerned and the local commissioner.

“54. Within five days after receiving a copy of a review application, the medical examiner shall forward a copy of the entire complaint record to the chair of the review committee.

“55. The review committee must allow the user, the professional concerned and the medical examiner to present observations.

The obligations set out in section 36 apply, with the necessary modifications, to any information required or meeting called by the review committee or a member of the review committee.

“56. Subject to the information that must be transmitted to the user where the complaint is referred to the council of physicians, dentists and pharmacists, the opinion of the review committee is final.

“57. At least once a year and whenever warranted in the opinion of the review committee, the review committee must submit a report to the board of directors, sending a copy to the council of physicians, dentists and pharmacists, in which it describes the reasons for the complaints having given rise to an application for review since the last report, sets out its conclusions and reports on the speed of its review process; the committee may also make recommendations, in particular for the improvement of the quality of medical, dental and pharmaceutical care or services provided in a centre operated by the institution.

A copy of the report shall also be sent to the local service quality commissioner so that its contents may be incorporated into the report submitted under section 76.10, and to the Health Services Ombudsman.

“58. Subject to the provisions of the second and third paragraphs, where pursuant to subparagraph 2 of the first paragraph of section 46, section 48 or subparagraph 3 of the second paragraph of section 52, a complaint is referred to the council of physicians, dentists and pharmacists for a disciplinary investigation by a committee formed by the council, the procedure determined by a regulation under paragraph 2 of section 506 shall be followed.

During the investigation of the complaint, the user must be allowed to present observations. The medical examiner shall be kept informed of the progress of the investigation on a regular basis or at the very least on completion of each of the key stages of the investigation. The medical examiner must inform the user periodically. Every 60 days from the date on which the user

was informed of the referral of the complaint until the completion of the investigation, the medical examiner must inform the user in writing on the progress of the investigation.

If, following the investigation of the complaint, the council of physicians, dentists and pharmacists is of the opinion that no disciplinary measures are called for, it shall communicate its conclusions, including reasons, to the professional concerned and the medical examiner. If the complaint was referred to the council by the review committee, the council shall also communicate its conclusions to the review committee. If the council of physicians, dentists and pharmacists is of the opinion that the board of directors should impose disciplinary measures, the executive director of the institution shall notify the professional concerned and the medical examiner of the decision of the board of directors and the reasons therefor. If the complaint was referred to the council by the review committee, the executive director shall also notify the review committee. In all cases, the medical examiner must inform the user, in writing in the case of a written complaint. The medical examiner must also inform the local service quality commissioner.

“59. If warranted, in the opinion of the board of directors, by the gravity of the complaint, the board shall transmit the complaint to the professional order concerned.

If the board of directors takes disciplinary measures against a physician, a dentist or a pharmacist, the executive director must notify the professional order in writing. In such cases, the medical examiner shall inform the user and the local service quality commissioner in writing.

“DIVISION III

“EXAMINATION OF COMPLAINTS BY REGIONAL BOARD

“60. A complaint may be addressed directly to the regional board

(1) by any person who uses the services of a community organization within the meaning of section 334 or resides in a nursing home operated by a person accredited for the purposes of subsidies within the meaning of section 454, regarding the services the person received or ought to have received from the organization or nursing home;

(2) subject to section 61, by any person who requires or uses the pre-hospitalization emergency services required or provided in the person's region as part of the system provided for in Division VI.1 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5), regarding the services that the person received or ought to have received;

(3) by any natural person regarding a function or an activity of the regional board by which the person is personally affected owing to the fact that the person receives or ought to receive services provided by institutions, intermediary resources, family-type resources, community organizations or residences accredited for the purposes of subsidies within the meaning of section 454;

(4) by any natural person regarding any clientele assistance provided by the regional board itself as part of its functions as regards services to the public and user rights;

(5) by any natural person requires or uses services provided by an organization, partnership or person whose services or activities relate to the field of health and social services and with which or whom a service agreement has been made by the regional board for the provision of services, and who cannot otherwise apply to an institution under Division I. Such an agreement must provide for the carrying out of the provisions of Divisions III to VII of this chapter and of the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions (2001, chapter 43) concerning such services.

“61. Any person who requires or uses the services provided under the pre-hospitalization emergency system of Corporation d’urgences-santé de la région de Montréal Métropolitain established under subdivision 1 of Division VI.1 of the Act respecting health services and social services for Cree Native persons shall address a complaint regarding any service the person received or ought to have received from the Corporation to the Corporation.

The board of directors of Corporation d’urgences-santé de la région de Montréal Métropolitain must appoint a member of its personnel to exercise the functions of regional service quality commissioner and make a by-law establishing a complaint examination procedure; Divisions III to VII of this chapter apply, with the necessary modifications, to complaints referred to in the first paragraph.

“62. The board of directors of every regional board must make a by-law establishing a complaint examination procedure for the purposes of this division.

“63. A regional service quality commissioner shall be appointed by the board of directors, on the recommendation of the president and executive director.

The regional service quality commissioner comes under the authority of the president and executive director. The regional service quality commissioner alone is answerable to the board of directors for the application of the complaint examination procedure. A member of the personnel of the regional board may act under the authority of the regional service quality commissioner provided that it is permitted by the organization plan of the regional board.

“64. The board of directors must take steps to preserve at all times the independence of the regional service quality commissioner in the exercise of his or her functions.

To that end, the board of directors must ensure that the regional commissioner, having regard to the other functions he or she may exercise for the regional board, is not in a conflict of interest situation in the exercise of his or her functions.

“65. In the exercise of his or her functions, the regional service quality commissioner may consult any person whose expertise the commissioner requires, including, with the authorization of the board of directors, an expert from outside the institution.

“66. The regional service quality commissioner is answerable to the board of directors for the enforcement of the rights of persons who apply to the regional commissioner pursuant to this division and for the diligent handling of their complaints.

To that end, the functions of the regional service quality commissioner shall include

(1) applying the complaint examination procedure established by by-law of the board of directors in keeping with personal rights ; if necessary, making recommendations to the board of directors for any appropriate action to improve the handling of complaints, including a revision of the complaint examination procedure ;

(2) promoting the independent nature of the role of the regional service quality commissioner within the regional board, and publishing the complaint examination procedure for the public in the region ;

(3) giving assistance or seeing to it that assistance is given to persons who require assistance for the formulation of a complaint or for any further step related to the complaint ; informing users of the possibility of being assisted and supported by the community organization in the region to which a user assistance and support mandate has been given pursuant to the provisions of section 76.6 ; and lastly, providing on request any information on the application of the complaint examination procedure of the regional board and on the other remedies provided for in this chapter, and informing users of the legal protection afforded pursuant to section 76.2 to any person who cooperates in the examination of a complaint ;

(4) on receiving a complaint, examining it with diligence ;

(5) if questions of a disciplinary nature in relation to a practice or the conduct of a personnel member are raised during the examination of a complaint, bringing these questions to the attention of the department concerned or the human resources manager within the regional board or the highest authority of the organization, resource or partnership or the person holding the

position of highest authority responsible for the services that are the subject of the complaint, for a more thorough investigation of the complaint, follow-up action or any other appropriate action ; making any appropriate recommendation to that effect in his or her conclusions ;

(6) not later than 45 days after receiving a complaint, communicating his or her conclusions, including reasons, in writing in the case of a written complaint, to the complainant, together with any recommendations made to the department or service manager concerned within the regional board and to the highest authority of the organization, resource or partnership or to the person holding the position of highest authority responsible for the services that are the subject of the complaint, and informing the complainant of the procedure for applying to the Health Services Ombudsman ; communicating the same conclusions, including reasons, in writing in the case of a written complaint, to the department or manager concerned within the regional board and to the highest authority concerned ;

(7) supporting, on his or her own initiative, any action to improve the quality of the services provided to the clientele, clientele satisfaction and the enforcement of the rights of the clientele, and recommending such action to any department or any service manager within the board or, as the case may be, to the highest authority of any organization, resource or partnership or to the person holding the position of highest authority responsible for the services that may be the subject of a complaint under section 60 ;

(8) giving advice on any matter within the purview of the regional service quality commissioner submitted by the board of directors, any council or committee created under section 407 or any department or service or other council or committee of the regional board ;

(9) at least once a year and whenever necessary, drawing up a summary of the activities of the regional service quality commissioner, together with a statement of any action recommended by the regional commissioner to improve the quality of services, clientele satisfaction and the enforcement of the rights of the clientele ;

(10) seeing to it that the board of directors of every institution in the region prepares a report under section 76.10 and submits it to the regional board ;

(11) preparing the report referred to in section 76.12, incorporating into the report the annual summary of the activities of the regional service quality commissioner and all other reports referred to in section 76.10, and presenting the report to the board of directors for approval ; and

(12) subject to section 64, carrying out any other function provided for in the organization plan of the regional board.

“67. The complaint examination procedure must enable any person referred to in section 60 to address a verbal or written complaint to the regional service quality commissioner.

The procedure must also allow the heirs or the legal representatives of a deceased person to make a complaint regarding the services the person received or ought to have received.

The complaint examination procedure must in particular

(1) include the details allowing rapid access to the services of the regional commissioner;

(2) provide that the regional commissioner must give assistance or see to it that assistance is given to users or persons who require assistance for the formulation of a complaint or for any further step related to the complaint, in particular by the community organization in the region to which a user assistance and support mandate has been given pursuant to section 76.6;

(3) ensure that the complainant receives a written notice of the date on which the verbal or written complaint is received by the regional commissioner;

(4) provide that, where a complaint is received regarding the services provided by a resource, organization, partnership or person other than the regional board, the regional commissioner is to inform the authority concerned in writing of the receipt of the complaint or, if the regional commissioner is of the opinion that no prejudice will be caused to the user, forward a copy of the complaint to the authority; provide that, if the complaint is verbal, the authority concerned is to be informed verbally;

(5) specify what communications must be made in writing in the case of a written complaint;

(6) allow the complainant and the highest authority of the organization, resource or partnership or the person holding the position of highest authority who is responsible for the services that may be the subject of a complaint under section 60 to present observations; and

(7) provide that the regional commissioner, after examining the complaint, is to communicate his or her conclusions, including reasons, to the complainant within the time prescribed in subparagraph 6 of the second paragraph of section 66, together with the procedure for applying to the Health Services Ombudsman.

“68. The regional service quality commissioner may, upon summary examination, dismiss a complaint if, in the commissioner’s opinion, it is frivolous, vexatious or made in bad faith.

The regional service quality commissioner shall so inform the complainant, in writing in the case of a written complaint.

“69. The complainant and any other person, including any person working or practising on behalf of any institution, resource, organization, partnership or person other than the regional board, must supply all information and,

subject to the second paragraph of section 190 and section 218, all documents required by the regional service quality commissioner for the examination of a complaint, including, notwithstanding section 19, access to and the communication of the information or documents contained in the user's record; all such persons must also, unless they have a valid excuse, attend any meeting called by the regional service quality commissioner.

“70. If, pursuant to subparagraph 5 of the second paragraph of section 66, the regional service quality commissioner brings a practice or the conduct of a personnel member that raises questions of a disciplinary nature to the attention of the department concerned or the human resources manager within the regional board or the highest authority of the resource, organization or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under section 60, the department, manager, authority or person must investigate and follow up the case diligently and report periodically to the regional commissioner on the progress of the investigation.

The regional service quality commissioner must be informed of the outcome of the case and of any disciplinary measure taken against the personnel member concerned. The regional commissioner must in turn inform the complainant.

“71. The regional service quality commissioner may bring any report or recommendation regarding the improvement of the quality of services provided to the public, clientele satisfaction and the enforcement of the rights of the clientele to the attention of the board of directors of the regional board, in particular where the department or service manager concerned within the regional board or the highest authority of the resource, organization or partnership or the person holding the position of highest authority responsible for the services that are the subject of a complaint under section 60 has decided not to act upon a recommendation accompanying the conclusions and reasons communicated by the regional commissioner.

The regional commissioner must bring such a report or recommendation to the attention of the board of directors if warranted by the gravity of the complaint, in particular where the commissioner has been informed of a disciplinary measure taken against a personnel member of the department or authority concerned.

The president and executive director of the regional board must transmit to the board of directors any report or recommendation transmitted for that purpose by the regional commissioner.

“72. If the regional service quality commissioner fails to communicate his or her conclusions to the complainant within 45 days after receiving a complaint, the commissioner is deemed to have communicated negative conclusions to the complainant on the date of expiry of the time limit.

Such failure gives rise to the right to apply to the Health Services Ombudsman.

“DIVISION IV

“OTHER PROVISIONS

“73. No person shall take reprisals or attempt to take reprisals in any manner whatever against any person who makes or intends to make a complaint under section 34, 44, 45, 53 or 60.

The person responsible for examining the complaint must intervene without delay upon being apprised of reprisals or of an attempt to take reprisals.

“74. No civil action may be instituted by reason or in consequence of a complaint made in good faith under this chapter, whatever the conclusions issued following its examination.

Nothing in this provision shall operate to restrict the right of any person or the person’s successors to exercise a remedy based on the same facts as those on which a complaint is based.

“75. No legal proceedings may be brought against the following persons or entities for an act or omission made in good faith in the exercise of their functions :

(1) a local service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32, a medical examiner, a consultant or an outside expert referred to in section 47, a review committee established under section 51 or a member of such a committee, a council of physicians, dentists and pharmacists or a member of such a council, an outside expert referred to in section 214 or the board of directors of an institution or a member of such a board ;

(2) a regional service quality commissioner, a person acting under the authority of a regional service quality commissioner or a consultant or outside expert referred to in section 65.

“76. Except on a question of jurisdiction, no extraordinary recourse under articles 834 to 846 of the Code of Civil Procedure (R.S.Q., chapter C-25) may be exercised and no injunction may be granted against any of the persons referred to in section 75 acting in their official capacity.

“76.1. A judge of the Court of Appeal may, on a motion, summarily annul any writ, order or injunction issued or granted contrary to section 75 or 76.

“76.2. The answers given or statements made by a person for the purposes of the examination of a complaint, including any information or document supplied in good faith by the person in response to a request of a

local service quality commissioner or a regional service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32 or 65, a person acting under the authority of a regional service quality commissioner, a medical examiner, a consultant or an outside expert referred to in section 47, a review committee established under section 51 or a member of such a committee may not be used or be admitted as evidence against the person in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions.

“76.3. Before beginning to exercise their functions under this Title or in accordance with the procedure determined by a regulation under paragraph 2 of section 506, a local service quality commissioner or a regional service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32 or 65, a person acting under the authority of a regional service quality commissioner, a medical examiner, a consultant or an outside expert referred to in section 47, a member of a review committee established under section 51, a member of a committee of a council of physicians, dentists and pharmacists, an outside expert referred to in section 214 and a member of the board of directors of an institution must take the oath provided in Schedule I.

“76.4. Notwithstanding any inconsistent legislative provision, a local service quality commissioner or a regional service quality commissioner, an assistant local commissioner, a consultant or an outside expert referred to in section 32 or 65, a person acting under the authority of a regional service quality commissioner, a medical examiner, a consultant or an outside expert referred to in section 47, a review committee established under section 51 or a member of such a committee may not be compelled to make a deposition in a judicial proceeding or a proceeding before a person or body exercising adjudicative functions concerning any confidential information obtained in the exercise of their functions, or to produce a document containing such information, except to confirm its confidential nature.

“76.5. Nothing contained in a user’s complaint record, including the conclusions with reasons and any related recommendations, may be construed as a declaration, recognition or extrajudicial admission of professional, administrative or other misconduct capable of establishing the civil liability of a party in a judicial proceeding.

“DIVISION V

“ASSISTANCE BY COMMUNITY ORGANIZATION

“76.6. The Minister, after consulting with the regional board, shall give a community organization in the region the mandate to assist and support, on request, users residing in the region who wish to address a complaint to an institution in the region, to the regional board or to the Health Services Ombudsman.

Where a complaint is made by a user regarding the services of an institution or board of another region than the region in which the user resides, the community organization in the region of the user's residence shall provide any assistance and support requested, unless the user requests assistance and support from the community organization in the region of the institution or board concerned.

In all cases, the community organizations involved must collaborate in providing any assistance and support requested by a user.

“76.7. Every community organization to which a mandate under section 76.6 is given shall, on request, assist a user in any step undertaken to file a complaint with an institution or regional board or with the Health Services Ombudsman, and provide support to the user throughout the proceeding. The community organization shall provide information on the complaints process, help the user define the subject of the complaint, draft the complaint where necessary and provide assistance and support on request to the user at each stage of the proceeding, facilitate conciliation between the user and any authority concerned and contribute, through the support so afforded, to the enforcement of the user's rights and the improvement of the quality of services.

“DIVISION VI

“USER'S COMPLAINT RECORD

“76.8. The contents of a user's complaint record shall be determined by a regulation under paragraph 23 of section 505.

Notwithstanding any contrary provision of this Act, no document contained in a user's complaint record may be filed in the record of a personnel member or a member of the council of physicians, dentists and pharmacists.

The preceding paragraph does not apply to the conclusions and reasons of the medical examiner or to any related recommendations.

“76.9. The provisions of sections 17 to 28 apply to all records kept by the institution or regional board in the exercise of their respective functions under Divisions I, II and III.

“DIVISION VII

“REPORTS

“76.10. Once a year and whenever so required by the regional board, the board of directors of an institution must transmit a report on the application of the complaint examination procedure and the improvement of the quality of services to the regional board.

“76.11. The report shall incorporate the activities summary of the local service quality commissioner referred to in subparagraph 9 of the second paragraph of section 33, the medical examiner’s report referred to in section 50 and the review committee’s report referred to in section 57.

The report shall describe the reasons for the complaints received and shall indicate in respect of each type of complaint

- (1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report ;
- (2) the time taken for the examination of complaints ;
- (3) the actions taken following the examination of complaints ; and
- (4) the number of complaints that gave rise to an application to the Health Services Ombudsman and the reasons for those complaints.

The report must also give an account of any action recommended by the local service quality commissioner and of any action taken to improve the quality of services, user satisfaction and the enforcement of user rights.

The board of directors shall also include in the report, where required, any mandatory objectives relating to the enforcement of user rights and the diligent handling of user complaints.

“76.12. Once a year and whenever so required by the Minister, the board of directors of a regional board must transmit a report summarizing all the reports received from the boards of directors of institutions.

The report shall describe the types of complaints received, including any complaints concerning physicians, dentists or pharmacists, and shall indicate in respect of each type of complaint

- (1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report ;
- (2) the actions taken following the examination of complaints ;
- (3) the names of the institutions concerned ; and
- (4) the time taken for the examination of complaints.

The report shall also incorporate the activities summary of the regional service quality commissioner referred to in subparagraph 9 of the second paragraph of section 66, describe the reasons for the complaints received by the regional board itself and indicate in respect of each type of complaint

- (1) the number of complaints received, dismissed upon summary examination, examined, refused or abandoned since the last report;
- (2) the time taken for the examination of complaints;
- (3) the actions taken following the examination of complaints; and
- (4) the number of complaints that gave rise to an application to the Health Services Ombudsman and the reasons for those complaints.

The report must also give an account of the most significant actions recommended by local service quality commissioners and by the regional service quality commissioner and of the most significant actions taken by the institutions and by the regional board to improve the quality of services to the public in the region, clientele satisfaction and the enforcement of the rights of the clientele.

The board of directors shall also include in the report, where required, any mandatory objectives relating to the enforcement of the rights of persons who apply to the regional service quality commissioner under Division III and the diligent handling of their complaints.

A copy of the report must be sent at the same time to the Health Services Ombudsman.

“76.13. Whenever so required by the Health Services Ombudsman, the board of directors of an institution or a regional board must transmit a report to the Ombudsman regarding any item of information referred to in section 76.11 or 76.12 recorded since the last report and on any matter relating to the application of the complaint examination procedure, including the provisions applicable to any user complaint concerning a physician, dentist or pharmacist.

“76.14. The Minister shall table the reports of the regional boards in the National Assembly within 30 days of receiving them or, if the Assembly is not in session, within 30 days of resumption.”

42. Section 108 of the said Act is amended by inserting the following paragraph after the first paragraph:

“The agreement must recognize the jurisdiction of the local service quality commissioner and that of the medical examiner as regards the examination of the complaints of the clientele concerned by the agreement. The agreement must allow the carrying out of the provisions of Chapter III of Title II of Part I of this Act and of the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions concerning the services covered by the agreement, with the necessary modifications.”

43. The said Act is amended by inserting the following section after section 133 replaced by section 21 of chapter 24 of the statutes of 2001 :

“133.O.1. For the purposes of paragraph 5 of each of sections 129, 131 to 132.1 and 133 and of paragraph 3 of each of sections 129.1 and 130, the persons who perform nursing assistant activities for an institution are deemed to be members of the institution’s multidisciplinary council.”

44. Section 173 of the said Act is amended by replacing paragraph 2 by the following paragraph :

“(2) appoint the local service quality commissioner in accordance with the provisions of section 30;”.

45. Section 177 of the said Act is amended by replacing “referred to in section 68” in the fourth paragraph by “and the improvement of the quality of services referred to in section 76.10”.

46. Section 182 of the said Act is amended by replacing “29, 38 to 41” in the first paragraph by “29 to 34, 38, 39”.

47. Section 212 of the said Act is amended by replacing “Divisions I, II and IV of Chapter III of Title II” in subparagraph 4 of the first paragraph by “Divisions I, II and III of Chapter III of Title II of this Act or the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions”.

48. Section 214 of the said Act is amended by replacing the second paragraph by the following paragraph :

“In exercising the functions described in subparagraphs 1 and 2 of the first paragraph and in exercising functions following the filing of a complaint in a case described in section 249, the council of physicians, dentists and pharmacists may, with the authorization of the board of directors, call on an expert from outside the institution. The expert shall have access to the user's record where the expert needs the information contained in the record for the exercise of his or her functions.”

49. Section 218 of the said Act is amended by inserting the following paragraphs after the first paragraph :

“However, a medical examiner and the members of the review committee established under section 51 may examine the professional record of a member of the council of physicians, dentists and pharmacists where the information contained in the record is needed for the exercise of their functions.

Moreover, the members of the board of directors may have access to relevant extracts from the professional record of a member of the council of physicians, dentists and pharmacists that contain information needed for the

making of a decision regarding possible disciplinary measures against a physician, dentist or pharmacist in accordance with the procedure determined by a regulation under paragraph 2 of section 506.”

50. Section 249 of the said Act is amended by adding the following sentence at the end of the second paragraph: “They may also include a recommendation that the physician or dentist serve a period of refresher training, take a refresher course or both, and may, if necessary, restrict or suspend some or all of the physician’s or dentist’s privileges for the duration of the refresher period.”

51. Section 250 of the said Act is amended by adding the following sentence at the end of the second paragraph: “They may include a recommendation that the pharmacist serve a period of refresher training, take a refresher course or both, and may, if necessary, restrict or suspend the pharmacist’s activities for the duration of the refresher period.”

52. Section 344 of the said Act is amended by replacing “42 to 53.1” in the second line by “60 to 72”.

53. Section 345 of the said Act is repealed.

54. Section 405 of the said Act, amended by section 75 of chapter 24 of the statutes of 2001, is again amended by replacing “and the senior management officers and confirming the designation, made by the executive director, of the complaints officer responsible for applying the users’ complaint examination procedure provided for in section 43” in subparagraph 3 of the second paragraph by “, the senior management officers and the regional service quality commissioner in accordance with the provisions of section 63”.

55. Section 506 of the said Act is amended by adding “or a resident to whom a status has been assigned by the board” after “pharmacist” in the third line of paragraph 2.

56. Section 530.5 of the said Act is amended

(1) by replacing “31” in the first paragraph by “34”;

(2) by replacing “the services that have or should have been provided to him by” in the third and fourth lines of the first paragraph by “the services that have been, should have been or are being provided to the user by or that the user requires from”;

(3) by replacing “complaints officer responsible for the application of the complaint examination procedure” in the first and second lines of the second paragraph and “complaints officer in charge of the application of the complaint examination procedure” in the third and fourth lines of that paragraph by “local service quality commissioner”;

(4) by replacing “in the manner set out in sections 32 to 41” in the fifth line of the second paragraph and in the seventh line of the third paragraph by “in accordance with the applicable complaint examination procedure”;

(5) by replacing “complaints officer” in the sixth line of the second paragraph and in the first, fifth and eighth lines of the third paragraph by “local commissioner”.

57. Section 530.7 of the said Act is amended

(1) by replacing “complaints officer responsible for the application of the complaint examination procedure of the regional board referred to in section 530.25” in the third, fourth and fifth lines of the first paragraph by “Health Services Ombudsman, who shall examine the complaint in accordance with the Act respecting the Health and Social Services Ombudsman and amending various legislative provisions”;

(2) by striking out the second and third paragraphs.

58. Section 530.8 of the said Act is amended

(1) by replacing “complaints officer responsible for the application of the complaint examination procedure” in the sixth and seventh lines of the first paragraph by “regional service quality commissioner”;

(2) by replacing “the services that have or should have been provided to the person by” in the eighth and ninth lines of the first paragraph by “the services that have been, should have been or are being provided to the person by or that the person requires from”;

(3) by replacing “complaints officer” in the first, second and third and sixth lines of the second paragraph and in the first and fifth lines of the third paragraph by “regional commissioner”;

(4) by replacing “in the manner set out in sections 73 to 76” in the fifth line of the second paragraph and in the sixth and seventh lines of the third paragraph by “in accordance with the applicable complaint examination procedure”.

59. The said Act is amended by replacing “COMPLAINTS COMMISSIONER” in the heading of Division III of Chapter II of Title I of Part IV.1 by “HEALTH SERVICES OMBUDSMAN”.

60. Section 530.9 of the said Act is amended by replacing “complaints commissioner” in the first line by “Health Services Ombudsman”.

61. Section 530.10 of the said Act is amended by replacing “54” in the first line by “76.6”.

62. Section 530.47 of the said Act is repealed.

63. Section 530.48 of the said Act is replaced by the following section :

“530.48. Complaints under section 60 shall be filed with the institution to which this Part applies and shall be examined in accordance with the provisions of sections 29 to 59, 73 to 76.9 and 76.13.”

64. Section 530.49 of the said Act is amended

(1) by replacing “68 to the Minister” in the first paragraph by “76.10 to the Minister. The report must contain the items listed in section 76.11”;

(2) by replacing “71” in the second paragraph by “76.14”.

65. Section 530.91 of the said Act, enacted by section 1 of chapter 33 of the statutes of 2000, is amended

(1) by replacing “31 and 42” in the first line of the first paragraph by “34 and 60”;

(2) by replacing “the services that have or should have been provided to the user by” in the fourth and fifth lines of the first paragraph by “the services that have been, should have been or are being provided to the user by or that the user requires from”;

(3) by replacing the second and third paragraphs by the following paragraphs :

“Where such a complaint is filed, the local commissioner who receives the complaint must transmit it with diligence to the local commissioner of the institution concerned or, as the case may be, the regional commissioner of the regional board concerned, who shall then examine the complaint and communicate with the local commissioner of the institution referred to in section 530.89, who shall in turn inform the user with diligence of the action taken following the user’s complaint.

If a complaint concerning an institution situated outside the territory described in section 530.89 is filed directly with the local commissioner of the institution or, as the case may be, the regional commissioner of the regional board, the complaint shall be examined by that local or regional commissioner, who shall inform the local commissioner of the institution referred to in section 530.89. Any information relating to the follow-up of the complaint shall be communicated to the local commissioner of the latter institution, who shall communicate the information to the user with diligence.”

66. Section 530.92 of the said Act, enacted by section 1 of chapter 33 of the statutes of 2000, is amended by replacing “complaints commissioner” in the first line by “Health Services Ombudsman”.

67. Section 530.93 of the said Act, enacted by section 1 of chapter 33 of the statutes of 2000, is amended by replacing “68” in the second line by “76.10”.

68. The said Act is amended by adding the following schedule at the end:

“SCHEDULE I

“Oath

“I declare under oath that I will fulfil the duties of my office with honesty, impartiality and justice. I further declare under oath that I will not reveal or disclose, unless authorized by law, any confidential information that may come to my knowledge in the exercise of my functions.”

69. Section 149.32.1 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) is repealed.

TRANSITIONAL AND FINAL PROVISIONS

70. The complaints commissioner in office on 1 January 2002 shall remain in office as the Health and Social Services Ombudsman until the expiry of his or her term of office.

71. The personnel of the complaints commissioner referred to in section 65 of the Act respecting health services and social services shall become the personnel of the Health and Social Services Ombudsman, and delegations made under section 65 shall be deemed to be delegations made under section 4 of this Act.

72. The complaint examination procedure established by the complaints commissioner pursuant to the provisions of section 57 of the Act respecting health services and social services shall continue to apply to the Health Services Ombudsman until 1 April 2002 or any later date determined by the Government; the new complaint examination procedure established by the Health Services Ombudsman under the provisions of section 10 of this Act shall apply from that date.

73. The examination of any complaint filed with the complaints commissioner before 1 January 2002 shall be continued by the Health Services Ombudsman in accordance with this Act.

74. The records and other documents held by the complaints commissioner on 1 January 2002 shall be transferred to the Health Services Ombudsman without further formality.

75. The complaints officer responsible for the application of the complaint examination procedure designated by the executive director of an institution under section 29 of the Act respecting health services and social services shall be deemed to be the local service quality commissioner of the institution until the board of directors makes the appointment provided for in section 30 of the Act respecting health services and social services enacted by section 41 of this Act on or before 1 April 2002 or any later date determined by the Government.

76. The complaint examination procedure established by an institution pursuant to the provisions of section 29 of the Act respecting health services and social services shall continue to apply to the institution until 1 April 2002 or any later date determined by the Government; the new complaint examination procedure established by by-law of the board of directors under the provisions of section 29 of the Act respecting health services and social services enacted by section 41 of this Act, shall apply from that date.

77. The provisions of sections 29 to 40 of the Act respecting health services and social services enacted by section 41 of this Act shall apply to the continuation of the examination of a complaint received by the institution before 1 April 2002 or any later date determined by the Government.

78. On or before 1 April 2002 or any later date determined by the Government, the board of directors of every institution must designate a medical examiner as provided for in section 42 of the Act respecting health services and social services enacted by section 41 of this Act.

79. Complaints concerning a physician, dentist or pharmacist received from 1 April 2002 or any later date determined by the Government shall be examined in accordance with the provisions of sections 41 to 59 of the Act respecting health services and social services enacted by section 41 of this Act.

80. The institutions referred to in section 51 of the Act respecting health services and social services enacted by section 41 of this Act shall have until 1 April 2002 or any later date determined by the Government to establish a review committee as provided for in that section.

81. The complaint examination procedure established by a regional board pursuant to the provisions of section 43 of the Act respecting health services and social services shall continue to apply to the regional board until 1 April 2002 or any later date determined by the Government; the new complaint examination procedure established by by-law of the board of directors under the provisions of section 62 of the Act respecting health services and social services enacted by section 41 of this Act shall apply from that date.

82. The complaints officer responsible for the application of the complaint examination procedure designated by the executive director of a regional board pursuant to the provisions of section 43 of the Act respecting health services and social services shall be deemed to be the regional service quality

commissioner of the regional board until the board of directors makes the appointment provided for in section 63 of the Act respecting health services and social services enacted by section 41 of this Act on or before 1 April 2002 or any later date determined by the Government.

83. The examination of any complaint received by a regional board before 1 April 2002 or any later date determined by the Government shall be continued by the regional board pursuant to the provisions of sections 42 to 53.1 of the Act respecting health services and social services as they read before that date, in accordance with the complaint examination procedure and time limits applicable at that time.

Any complaint received by a regional board on or after 1 April 2002 or any later date determined by the Government which, under the provisions of the Act respecting health services and social services enacted by section 41 of this Act, is within the purview of the Health Services Ombudsman shall be referred without delay to the Health Services Ombudsman in accordance with this Act.

84. Corporation d'urgences-santé de la région de Montréal Métropolitain shall have until 1 April 2002 or any later date determined by the Government to appoint a member of its personnel to exercise the functions of regional service quality commissioner and to make a by-law establishing a complaint examination procedure in accordance with the provisions of section 61 of the Act respecting health services and social services enacted by section 41 of this Act.

Until that date, the applicable procedure shall continue to produce its effects.

85. The employees of a regional health and social services board within the meaning of the Act respecting health services and social services who are in office on 1 November 2001 and are assigned duties relating to the complaint handling process or the promotion of users' rights, shall become members of the personnel of the Health Services Ombudsman insofar as they are covered by a decision of the Conseil du trésor made before the date that is one year after the date of coming into force of this section, in conformity with the conditions and procedure determined in the decision. Employees so transferred are deemed to have been appointed in accordance with the Public Service Act (R.S.Q., chapter F-3.1.1).

The Conseil du trésor may determine the classification, remuneration and any other condition of employment applicable to the employees referred to in the first paragraph.

86. The Government may, by a regulation made before 1 January 2004, adopt any other transitional provision to rectify any omission and ensure the carrying out of this Act.

A regulation under this section is not subject to the publication requirement provided for in section 8 of the Regulations Act (R.S.Q., chapter R-18.1). Notwithstanding section 17 of that Act, it comes into force on the date of its publication in the *Gazette officielle du Québec* or on any later date fixed therein.

87. The provisions of this Act come into force on 1 January 2002, except the provisions of sections 7 to 9, 12 to 28, 38 and 39 and the provisions of sections 33, 35 to 40, 44 to 50, 52 to 61, 66, 68 to 72 and 76.8 to 76.14 of the Act respecting health services and social services enacted by section 41 of this Act, which come into force on the date or dates to be fixed by the Government.

Coming into force of Acts

Gouvernement du Québec

O.C. 1575-2001, 19 December 2001

An Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24)

— Coming into force of certain provisions

COMING INTO FORCE of certain provisions of the Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24)

WHEREAS the Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24) was assented to on 21 June 2001;

WHEREAS under section 128 of the Act, its provisions come into force on the date or dates to be fixed by the Government, except sections 3, 4, 35, 43, 44, 45, 48, 53, 54, 57, 62, 79, 83, 86, 88, 89, 93, 102, 103, 105 and 110 to 127, and section 397.2 of the Act respecting health services and social services replaced by section 67, which came into force on 21 June 2001;

WHEREAS the coming into force of the provisions of section 6, the second paragraph of section 126.2 of the Act respecting health services and social services (R.S.Q., c. S-4.2), enacted by section 7, and sections 8 and 11 of that Act was fixed at 29 June 2001 by Order in Council 844-2001 dated 29 June 2001;

WHEREAS it is expedient to fix the date of coming into force of the provisions of sections 1, 2, 55, 56, 58 to 61, 63, 65, 66, section 397.3 of the Act respecting health services and social services (R.S.Q., c. S-4.2) replaced by section 67 and sections 68 to 78, 80 to 82, 85, 87, 92, 106, 108 and 109 of the Act to amend the Act respecting health services and social services and other legislative provisions;

IT IS ORDERED, therefore, on the recommendation of the Minister of State for Health and Social Services and Minister of Health and Social Services:

THAT 19 December 2001 be fixed as the date of coming into force of the provisions of sections 1, 2, 55, 56, 58 to 61, 63, 65, 66, section 397.3 of the Act respecting health services and social services (R.S.Q., c. S-4.2) replaced by section 67 and sections 68 to 78, 80 to 82, 85, 87, 92, 106, 108 and 109 of the Act to amend the Act respecting health services and social services and other legislative provisions (2001, c. 24).

JEAN ST-GELAIS,
Clerk of the Conseil exécutif

4773

Regulations and other acts

M.O., 2001-026

Order of the Minister responsible for Wildlife and Parks dated 20 December 2001

An Act respecting the conservation and development of wildlife
(R.S.Q., c. C-61.1)

Regulation to amend the Regulation respecting hunting

THE MINISTER RESPONSIBLE FOR WILDLIFE AND PARKS,

CONSIDERING the second, third and fourth paragraphs of section 56 of the Act respecting the conservation and development of wildlife (R.S.Q., c. C-61.1) which provide that the Société may make regulations on the matters set forth therein;

CONSIDERING the fifth paragraph of section 56 of the Act which provides that a regulation made by the Société under that section must be submitted to the Minister for approval;

CONSIDERING section 164 of the Act which provides that a regulation made by the Société under sections 54.1 and 56 of the Act is not subject to the publication requirements set out in section 8 of the Regulations Act (R.S.Q., c. R-18.1);

CONSIDERING that the Regulation respecting hunting, which prescribes the conditions for hunting any animal or any class of animals, was made by Minister's Order 99021 dated 27 July 1999;

CONSIDERING that, by resolution No. 01-49 of its board of directors on November 28, 2001, the Société made the Regulation to amend the Regulation respecting hunting, attached hereto;

ORDERS:

THAT the Regulation to amend the Regulation respecting hunting, attached hereto, be approved.

Québec, 20 December 2001

GUY CHEVRETTE,
Minister responsible for Wildlife and Parks

Regulation to amend the Regulation respecting hunting*

An Act respecting the conservation and development of wildlife
(R.S.Q., c. C-61.1, s. 54.1 and s. 56, 2nd, 3rd and 4th pars.)

1. Section 10 of the Regulation respecting hunting is amended by inserting "the part of territory," after "part of area," in the second paragraph.

2. Section 13 is amended by inserting ", parts of territories, wildlife sanctuaries or controlled zones" after "or parts of area" in the first paragraph.

3. Section 14 is amended

(1) by striking out "the wildlife sanctuary of Île d'Anticosti and" in the first paragraph; and

(2) by striking out the number "2" wherever it appears in the second paragraph.

4. Section 17 is amended by adding "; and in the Maison-de-Pierre Controlled Zone, only moose with antlers may be hunted in 2002 and 2003" after "2003" at the end of the fourth paragraph.

5. The following is substituted for section 18:

"18. A resident who holds the licences provided for in paragraphs *a* and *c* of section 2 of Schedule I may hunt female white-tailed deer or the male with antlers less than 7 cm using a Type 2 or Type 12 implement in an area or part of area other than Area 20.

The resident who holds those licences may also hunt those animals:

(1) with a Type 6 implement in the southern part of Area 7 shown on the plan in Schedule CXXXIV during the hunting season provided for in subparagraph *d* of paragraph 1 of section 3 of Schedule III;

* The Regulation respecting hunting, made by Minister's Order 99021 dated 27 July 1999 (1999, *G.O.* 2, 2451), was last amended by the Regulations approved by Minister's Orders 2001-014 dated 19 June 2001 (2001, *G.O.* 2, 3450) and 2001-017 dated 31 July 2001 (2001, *G.O.* 2, 4779). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2001, updated to 1 September 2001.

(2) with a Type 9 implement in the western part of Area 3 shown on the plan in Schedule X and in Area 10 during the hunting season provided for in Schedule III;

A non-resident may hunt female white-tailed deer or the male with antlers less than 7 cm during a hunting season when a resident may hunt them without holding the licence provided for in paragraph *c* of section 2 of Schedule I.”.

6. Section 23 is amended by striking out “or in the parts of Area 19 and of Area 23 shown on the plan in Schedule IX” in paragraph 3.

7. Section 31 is amended by adding the following after paragraph 11 :

“(12) Type 12:

(a) bows with a torque of at least 18 kilograms within a draw of 0 to 71 centimetres and arrows having a cutting diameter of at least 22 millimetres;

(b) crossbows with a torque of at least 54 kilograms with a bowstring extension of at least 25 centimetres and equipped with a safety catch; the vire must have a length of at least 40 centimetres and the point must have a cutting diameter of at least 22 millimetres;

(c) 10-, 12-, 16- or 20-gauge shotguns used with shells loaded with slugs or shot of a diameter equal to or greater than 7.6 millimetres;

(d) black powder muzzle-loading rifles, single barrel, of a gauge or calibre equal to or greater than 11 millimetres that uses only one bullet at a time.”.

8. Schedule I is amended by deleting paragraph *f* of section 1.

9. Schedule II is amended

(1) by substituting the following for section 1 :

“1. For hunting female white-tailed deer or the male with antlers less than 7 cm using a Type 2 or Type 12 implement:

Area	Number of licences
2, except the western part shown on the plan in Schedule IX	100
2, western part shown on the plan in Schedule IX	300
3, western part shown on the plan in Schedule X	700
4	1000
5, western part shown on the plan in Schedule XXXVIII	890
6	1000
7, southern part shown on the plan in Schedule CXXXIV	1000
8, southern part shown on the plan in Schedule XIII	2400
9, western part shown on the plan in Schedule CXXXII	200
10, except the western part shown on the plan in Schedule XVI	1500
10, western part shown on the plan in Schedule XVI, and 12	4500
11 and 15, western part shown on the plan in Schedule CXXXIII	4000

”;

(2) by striking out “19 and 23, parts shown on the plan in Schedule IX” and “1600, that is, 2 licences per hunter selected by a drawing of lots” in section 2;

(3) by substituting, in paragraph *ii* of section 3,

— in the Chic-Chocs Wildlife Sanctuary, “30” for “20”;

— in the La Vérendrye Wildlife Sanctuary, “289” for “300”;

— in the Mastigouche Wildlife Sanctuary, “40” for “60”; and

— in the Rimouski Wildlife Sanctuary, “56” for “28”; and

(4) by inserting the “Duchénier” Wildlife Sanctuary and the number of licences “15” after the Chic-Chocs Wildlife Sanctuary in paragraph *ii* of section 3.

10. Schedule III is amended

(1) by deleting subparagraphs *e* of section 2 in Column III and Column IV; and

(2) by substituting the following for sections 3, 4 and 5 :

“

3	White-tailed deer	(1) 6	(a) 2, except the parts of territories shown on the plans in Schedules XIX, XXIV to XXVI and the western part of Area 11 shown on the plan in Schedule XV	(a) from the Saturday on or closest to 27 September to the Friday on or closest to 10 October
			(b) 4, 5 and 6	(b) from the Saturday on or closest to 20 September to the Friday on or closest to 10 October
			(c) 7, except the part of territory shown on the plan in Schedule XXVII, the southern part of Area 8 shown on the plan in Schedule XIII and Area 9, except the part of territory shown on the plan in Schedule XXI	(c) from the Saturday on or closest to 27 September to the Sunday on or closest to 19 October
			(d) the southern part of Area 7 shown on the plan in Schedule CXXXIV	(d) from the Saturday on or closest to 1 November to the Friday on or closest to 7 November
			(e) 8, except the parts of territories shown on the plans in Schedules XIII and XX	(e) from the Saturday on or closest to 27 September to the Sunday on or closest to 26 October
			(f) 10, except the parts of territories shown on the plans in Schedules XVI and XXII	(f) from the Saturday on or closest to 22 September to the Sunday on or closest to 7 October
			(g) the western part of Area 10 shown on the plan in Schedule XVI and Area 12	(g) from the Saturday on or closest to 22 September to the Friday on or closest to 5 October
			(h) the eastern part of Area 11 shown on the plan in Schedule XIV	(h) from the Saturday on or closest to 27 September to the Sunday on or closest to 12 October
			(i) the western part of Area 15 shown on the plan in Schedule CXXXIII	(i) from the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
(2) 11 3			From the Saturday on or closest to 27 September to the Friday on or closest to 10 October	
3	White-tailed deer	(2) 2	(a) 2, except the parts of territories shown on the plans in Schedules XIX, XXIV to XXVI, the western part of Area 3 shown on the plan in Schedule X, Area 4, Area 6, the southern part of Area 8 shown on the plan in Schedule XIII, the western part of Area 9 shown on the plan in Schedule CXXXII, except the part of territory shown on the plan in Schedule XXI, Area 10, except the part of territory shown on the plan in Schedule XXII, and Area 12	(a) from the Saturday on or closest to 1 November to the Sunday on or closest to 16 November

		(b) the western part of Area 5 shown on the plan in Schedule XXXVIII	(b) from the Saturday on or closest to 1 November to the Friday on or closest to 14 November
		(c) 11 and the western part of Area 15 shown on the plan in Schedule CXXXIII	(c) from the Saturday on or closest to 1 November to the Sunday on or closest to 23 November
		(d) 20, except the part of territory shown on the plan in Schedule XXXIV	(d) from 1 September to 24 December
	(4) 9	(a) the western part of Area 3 shown on the plan in Schedule X	(a) from the Saturday on or closest to 22 November to the Friday on or closest to 28 November
		(b) 8, except the parts of territories shown on the plans in Schedules XIII, XX and XXIX	(b) from the Saturday on or closest to 8 November to the Sunday on or closest to 23 November
		(c) 10, except the part of territory shown on the plan in Schedule XXII	(c) from the Saturday on or closest to 25 October to the Wednesday on or closest to 29 October
	(5) 12	the southern part of Area 7 shown on the plan in Schedule CXXXIV	From the Saturday on or closest to 8 November to the Sunday on or closest to 16 November
4	White-tailed deer with antlers 7 cm or more	(1) 6 (a) 1	(a) from the Saturday on or closest to 27 September to the Friday on or closest to 3 October
		(b) 7, except the part of territory shown on the plan in Schedule XXVII	(b) from the Saturday on or closest to 1 November to the Friday on or closest to 7 November
		(2) 2 (a) 1	(a) from the Saturday on or closest to 1 November to the Friday on or closest to 7 November
		(b) 3 and 9, except the part of territory shown on the plan in Schedule XXI	(b) from the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
		(c) 5	(c) from the Saturday on or closest to 1 November to the Friday on or closest to 14 November
		(d) 20, except the part of territory shown on the plan in Schedule XXXIV	(d) from 1 August to 31 August
	(3) 12	7, except the part of territory shown on the plan in Schedule XXVII	From the Saturday on or closest to 8 November to the Sunday on or closest to 16 November
	(4) 11	the eastern part of Area 15 shown on the plan in Schedule CXXXVI	From the Saturday on or closest to 1 November to the Thursday on or closest to 6 November
	(5) 9	the eastern part of Area 15 shown on the plan in Schedule CXXXVI	From the Friday on or closest to 7 November to the Sunday on or closest to 9 November

5 White-tailed deer, female or male with antlers less than 7 cm	(1) 9	(a) 4 and 6, except the part of territory shown on the plan in Schedule XXXIX	(a) from the Saturday on or closest to 22 November to the Friday on or closest to 28 November
		(b) 5 and the northern part of Area 6 shown on the plan in Schedule XXXIX	(b) from the Saturday on or closest to 22 November to the Sunday on or closest to 30 November
		(c) the southern part of Area 8 shown on the plan in Schedule XIII	(c) from the Wednesday on or closest to 19 November to the Sunday on or closest to 23 November
		(d) the eastern part of Area 8 shown on the plan in Schedule CXXXV	(d) from the Wednesday on or closest to 26 November to the Sunday on or closest to 30 November

”.

11. Schedule IV is amended

(1) by substituting the following for the hunting season in Column IV of section 1 for the York-Baillargeon Zec :

“From the Saturday on or closest to 15 October to the Wednesday on or closest to 19 October”; and

(2) by adding the following after the Chapeau-de-Paille Zec at the end of section 1 in Columns III and IV :

“

Column III Zec	Column IV Hunting season
Anse-Saint-Jean	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Boullé	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Cap-Chat	From the Saturday on or closest to 27 September to the Sunday on or closest to 5 October
Collin	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October

Column III Zec	Column IV Hunting season
Dumoine	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Lac-Brébeuf	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Lac-de-la-Boiteuse	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Lavigne	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Lièvre	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September
Mazana	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October
Rivière-aux-Rats	From the Saturday on or closest to 4 September to the Sunday on or closest to 19 September

”;

(3) by deleting section 2;

(4) by striking out the Type 2 implement and related Zecs and hunting seasons in section 2.1;

(5) by striking out the Dumoine Zec and related hunting season in respect of the Type 6 implement in section 2.1; and

(6) by adding the following in Columns II, III and IV after the Restigo Zec at the end of section 2.1:

“

Column II	Column III	Column IV
11	Cap-Chat	From the Saturday on or closest to 27 September to the Friday on or closest to 3 October
	Dumoine	From the Saturday on or closest to 18 September to the Sunday on or closest to 3 October

”.

12. Schedule V is amended

(1) by substituting “XLVI” for “XLV” for the Type 1 implement in Column II; and

“

Animal	Type of implement	Bag limit	Hunting season
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 9 September to the Friday on or closest to 6 October
Spruce grouse	3	See s. 27	From the Saturday on or closest to 9 September to the Friday on or closest to 6 October
Snowshoe hare	3	None	From the Saturday on or closest to 9 September to the Friday on or closest to 6 October

”;

(2) by adding the following after the Type 11 implement in Columns I, II and III:

“

Column I Type of implement	Column II Parts of territories	Column III Hunting season
1	Part of the territory shown on the plan in Schedule XLV	From the Saturday on or closest to 27 September to the Sunday on or closest to 19 October

”.

13. Schedule VI is amended

(1) by substituting the following for the hunting season for moose and snowshoe hare in the Ashuapmushuan Wildlife Sanctuary:

“From the Saturday on or closest to 9 September to the Friday on or closest to 6 October”;

(2) by adding the following after moose in the Ashuapmushuan Wildlife Sanctuary:

(3) by substituting the following for the hunting season for moose in the Chic-Chocs Wildlife Sanctuary:

“From the Tuesday on or closest to 5 September to the Wednesday on or closest to 11 October”;

(4) by substituting the following for the hunting season for white-tailed deer in the Duchénier Wildlife Sanctuary:

“From the Tuesday on or closest to 28 October to the Sunday on or closest to 16 November”;

(5) by adding the following after snowshoe hare in the La Vérendrye Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
White-tailed deer	2	See s. 24	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
Spruce grouse	3	See s. 27	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November
Snowshoe hare	3	None	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November

”;

(6) by substituting the following for the hunting season for white-tailed deer, ruffed grouse, spruce grouse, snowshoe hare and eastern cottontail in the Papineau-Labelle Wildlife Sanctuary:

“From the Monday on or closest to 20 October to the Wednesday on or closest to 12 November”;

(7) by adding the following after black bear in the Port-Cartier-Sept-Îles Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October
Spruce grouse	3	See s. 27	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October
Snowshoe hare	3	None	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October
Snowshoe hare	7	None	From the Saturday on or closest to 10 September to the Friday on or closest to 7 October

”;

(8) by adding the following after moose in the Port-Daniel Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
White-tailed deer	2	See s. 24	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October
Ruffed grouse	3	See s. 27	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October
Spruce grouse	3	See s. 27	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October
Snowshoe hare	3	None	From the Saturday on or closest to 14 October to the Sunday on or closest to 22 October

”;

(9) by substituting the following for the hunting season for moose in the Rimouski Wildlife Sanctuary:

“From the Tuesday on or closest to 5 September to the Friday on or closest to 6 October”;

(10) by substituting the following for the hunting season for white-tailed deer with a Type 11 implement in the Rimouski Wildlife Sanctuary:

“From the Tuesday on or closest to 5 September to the Friday on or closest to 6 October”;

(11) by substituting the following for the hunting season for white-tailed deer with a Type 2 implement, and for ruffed grouse, spruce grouse and snowshoe hare in the Rimouski Wildlife Sanctuary:

“From the Thursday on or closest to 26 October to the Sunday on or closest to 19 November”;

(12) by substituting the following for the hunting season for moose in the Rouge-Matawin Wildlife Sanctuary:

“From the Friday on or closest to 8 September to the Thursday on or closest to 12 October”;

(13) by substituting “white-tailed deer” for “white-tailed deer with antlers 7 cm or more” in the Rouge-Matawin Wildlife Sanctuary; and

(14) by substituting the following for the hunting season for white-tailed deer, ruffed grouse, spruce grouse and snowshoe hare in the Rouge-Matawin Wildlife Sanctuary:

“From the Saturday on or closest to 1 November to the Monday on or closest to 17 November”.

14. Schedule VII is amended

(1) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Ashuapmushuan Wildlife Sanctuary:

“From the Saturday on or closest to 28 September to the Sunday on or closest to 12 November”;

(2) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Ashuapmushuan Wildlife Sanctuary:

“From the Saturday on or closest to 7 October to 1 March”;

(3) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Chic-Chocs Wildlife Sanctuary:

“From the Thursday on or closest to 12 October to the Sunday on or closest to 30 October”;

(4) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Chic-Chocs Wildlife Sanctuary:

“From the Thursday on or closest to 12 October to 1 March”;

(5) by substituting Type of implement “11” for Type “6” for hunting white-tailed deer in the Duchénier Wildlife Sanctuary;

(6) by adding the following after white-tailed deer in the Duchénier Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
White-tailed deer	2	See s. 24	From the Saturday on or closest to 1 November to the Sunday on or closest to 16 November

”;

(7) by substituting “From the Friday on or closest to 17 October to the Monday on or closest to 27 October” for “From the Friday on or closest to 17 October to the Friday on or closest to 31 October” for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Duchénier Wildlife Sanctuary;

(8) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Dunière Wildlife Sanctuary:

“From the Monday on or closest to 16 October to the Sunday on or closest to 5 November”;

(9) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the La Vérendrye Wildlife Sanctuary:

“From the Saturday on or closest to 17 September to 30 November”;

(10) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Matane Wildlife Sanctuary:

“From the Monday on or closest to 16 October to the Sunday on or closest to 5 November”;

(11) by substituting “From the Thursday on or closest to 13 November to 31 December” for “From the Thursday on or closest to 6 November to 31 December” for the hunting season for ruffed grouse, spruce grouse and

snowshoe hare (Type 3 implement) and eastern cottontail (Type 3 implement) in the Papineau-Labelle Wildlife Sanctuary;

(12) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) and eastern cottontail (Type 7 implement) in the Papineau-Labelle Wildlife Sanctuary:

“From the Thursday on or closest to 13 November to 1 March”;

(13) by striking out the Plaisance Wildlife Sanctuary, and the animals, type of implement, bag limit and hunting season for that wildlife sanctuary;

(14) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Port-Daniel Wildlife Sanctuary:

“From the Friday on or closest to 15 September to the Friday on or closest to 13 October”;

(15) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Port-Daniel Wildlife Sanctuary:

“From the Monday on or closest to 23 October to 1 March”;

(16) by adding the following after snowshoe hare (Type 7 implement) in the Port-Daniel Wildlife Sanctuary:

“

Animal	Type of implement	Bag limit	Hunting season
Black bear	2	See s. 26	From 1 June to 30 June

”;

(17) by striking out the Type 11 hunting implement and the related bag limit and hunting season for white-tailed deer in the Rimouski Wildlife Sanctuary;

(18) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Rimouski Wildlife Sanctuary:

“From the Saturday on or closest to 7 October to the Wednesday on or closest to 25 October”;

(19) by substituting the following for the hunting season for ruffed grouse, spruce grouse and snowshoe hare (Type 3 implement) in the Rouge-Matawin Wildlife Sanctuary:

“From the Friday on or closest to 13 October to 31 October””; and

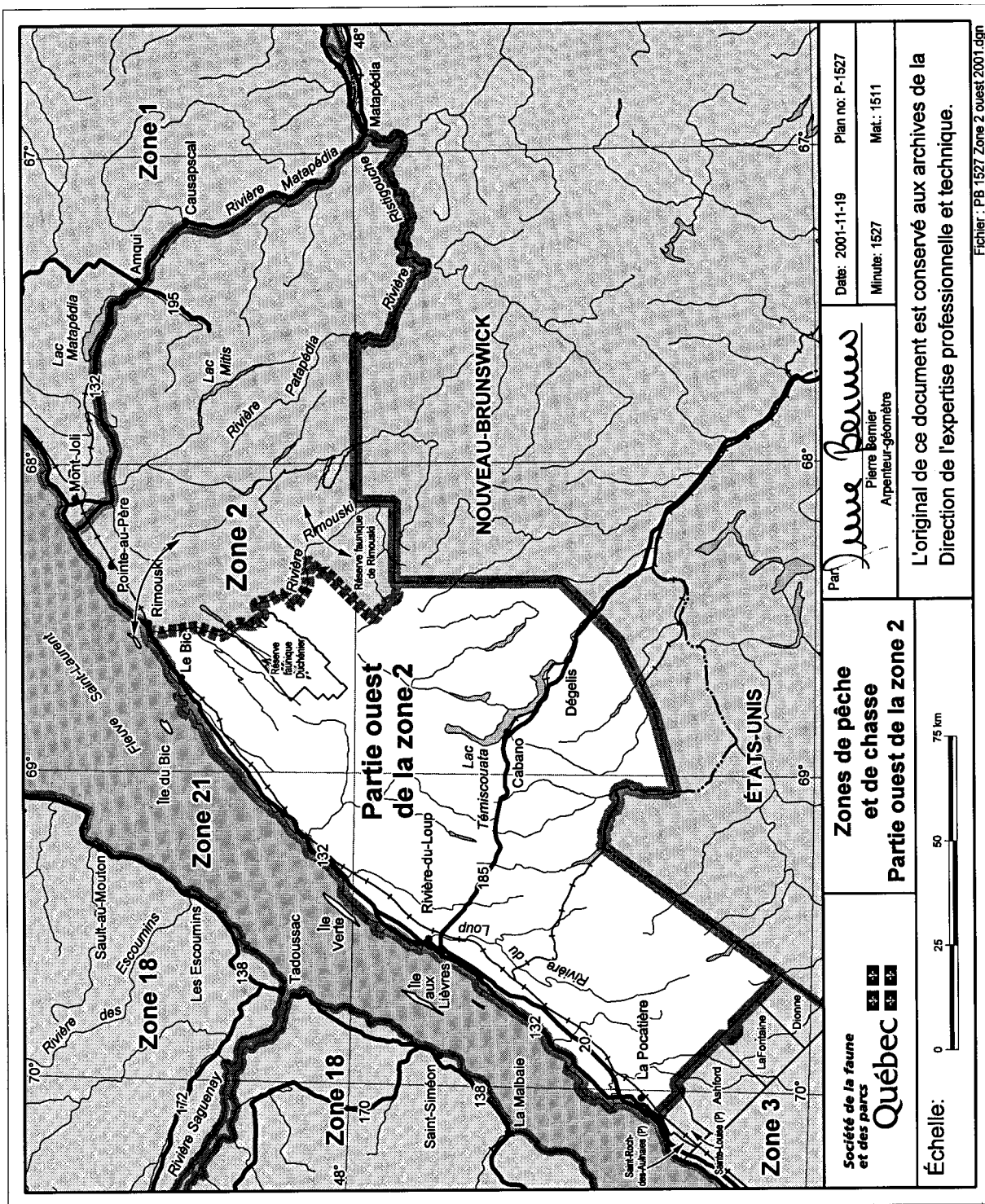
(20) by substituting the following for the hunting season for snowshoe hare (Type 7 implement) in the Rouge-Matawin Wildlife Sanctuary:

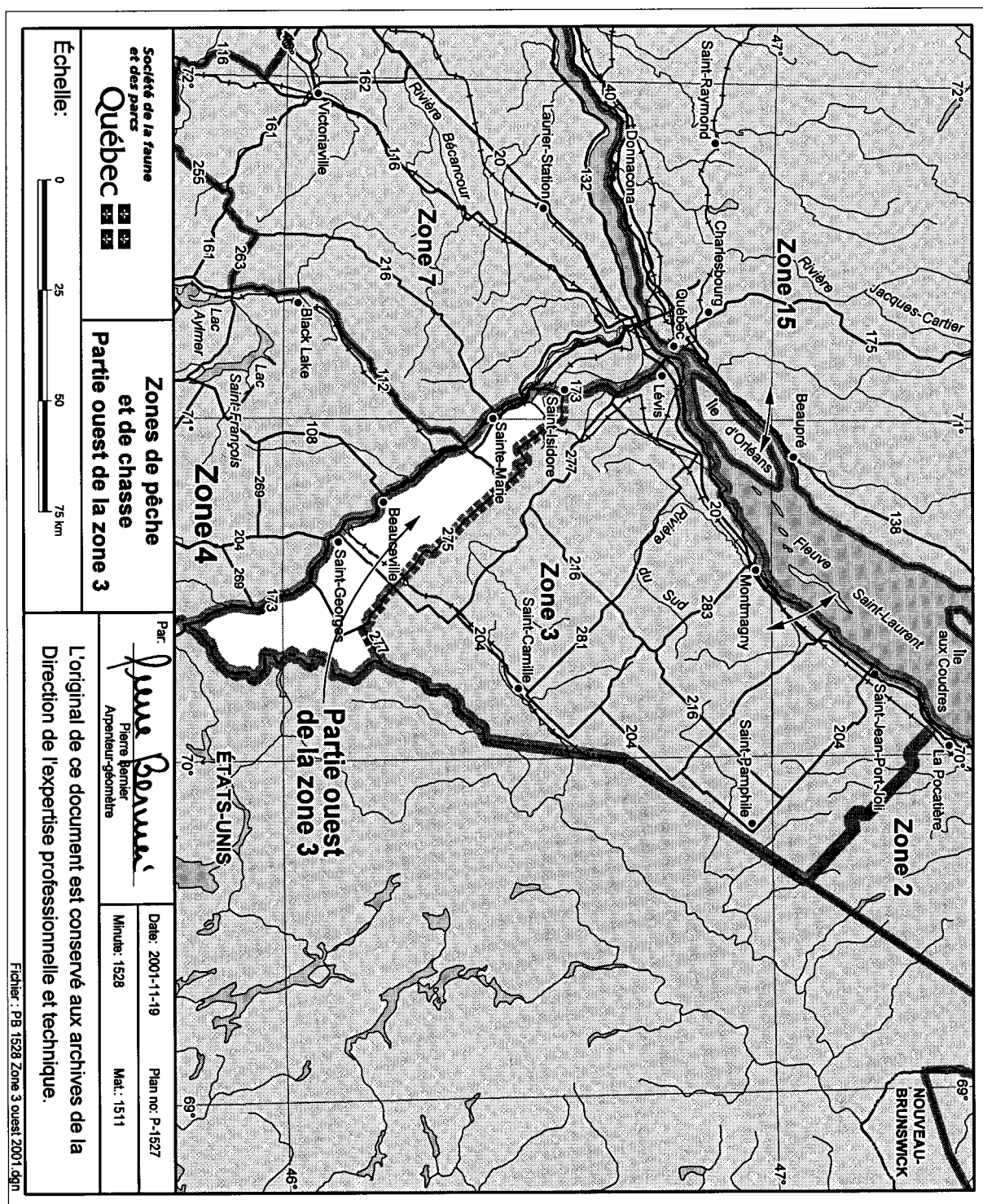
“From the Tuesday on or closest to 18 November to 1 March”.

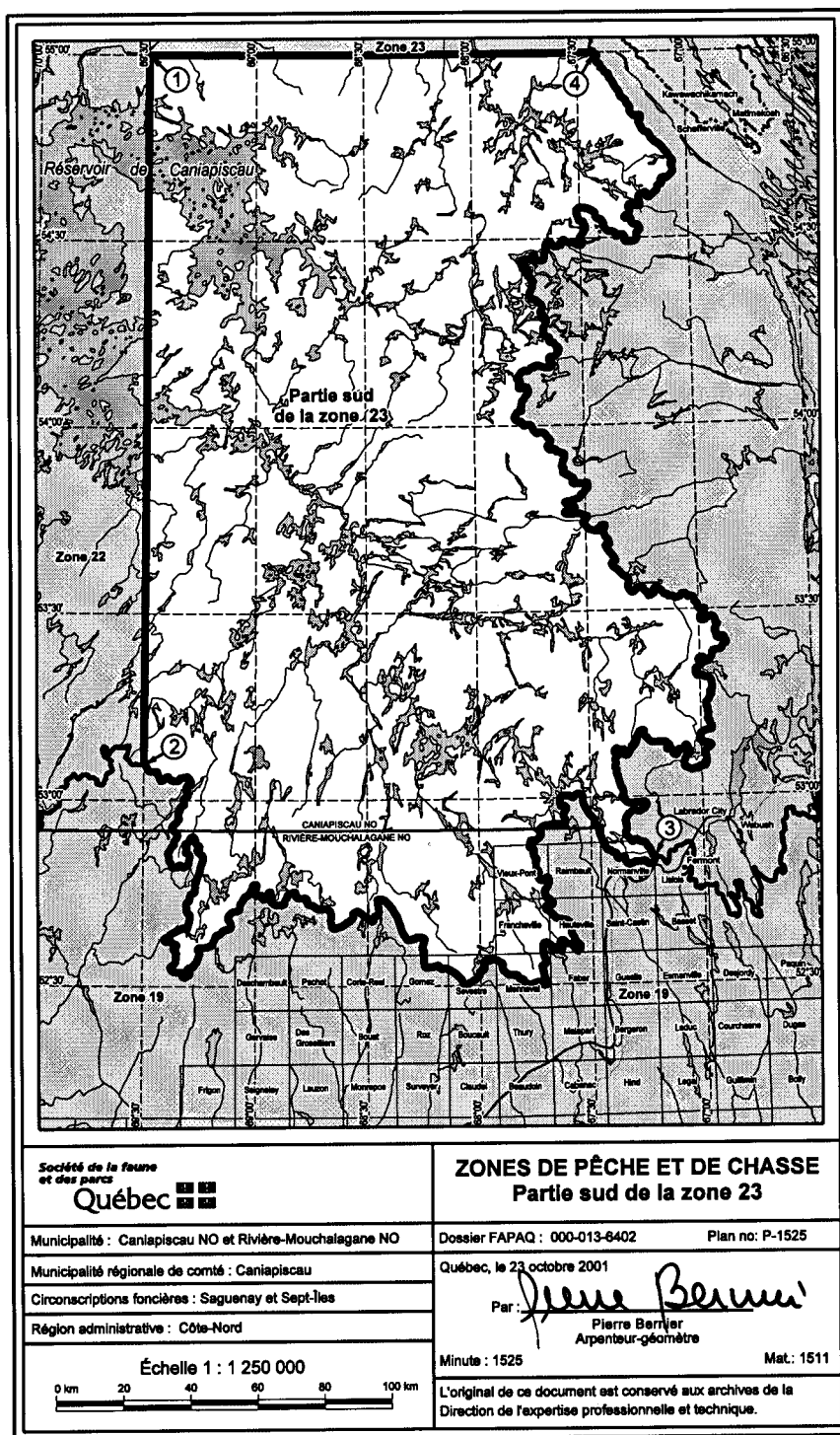
15. Schedules IX, X, XVIII, XXXVIII and XXXIX attached to this Regulation are substituted for Schedules IX, X, XVIII, XXXVIII and XXXIX.

16. Schedules CXXXII to CXXXVI attached hereto are added at the end of the Regulation.

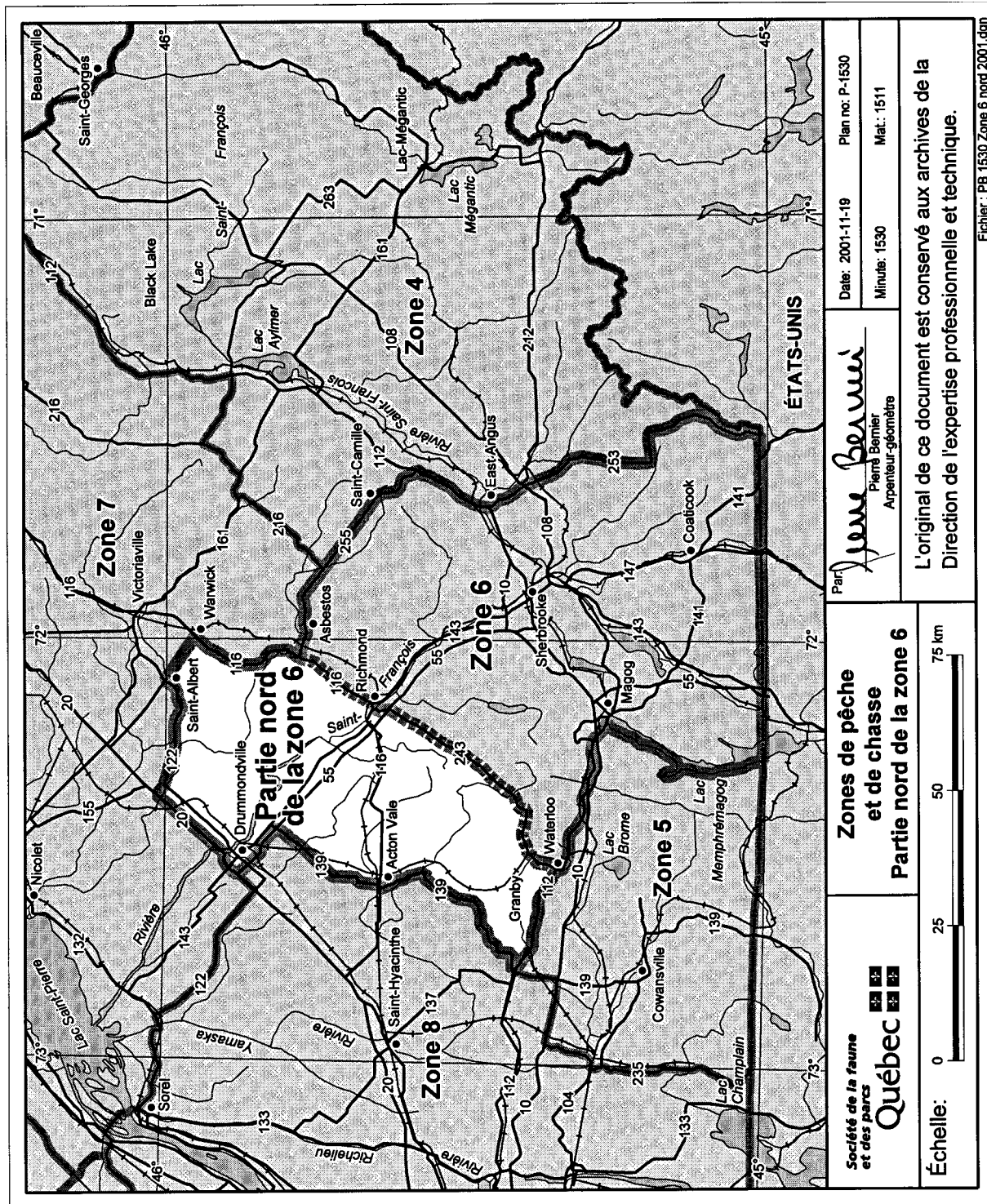
17. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*, except section 6 and paragraph 1 of section 10, which come into force on 1 April 2002.

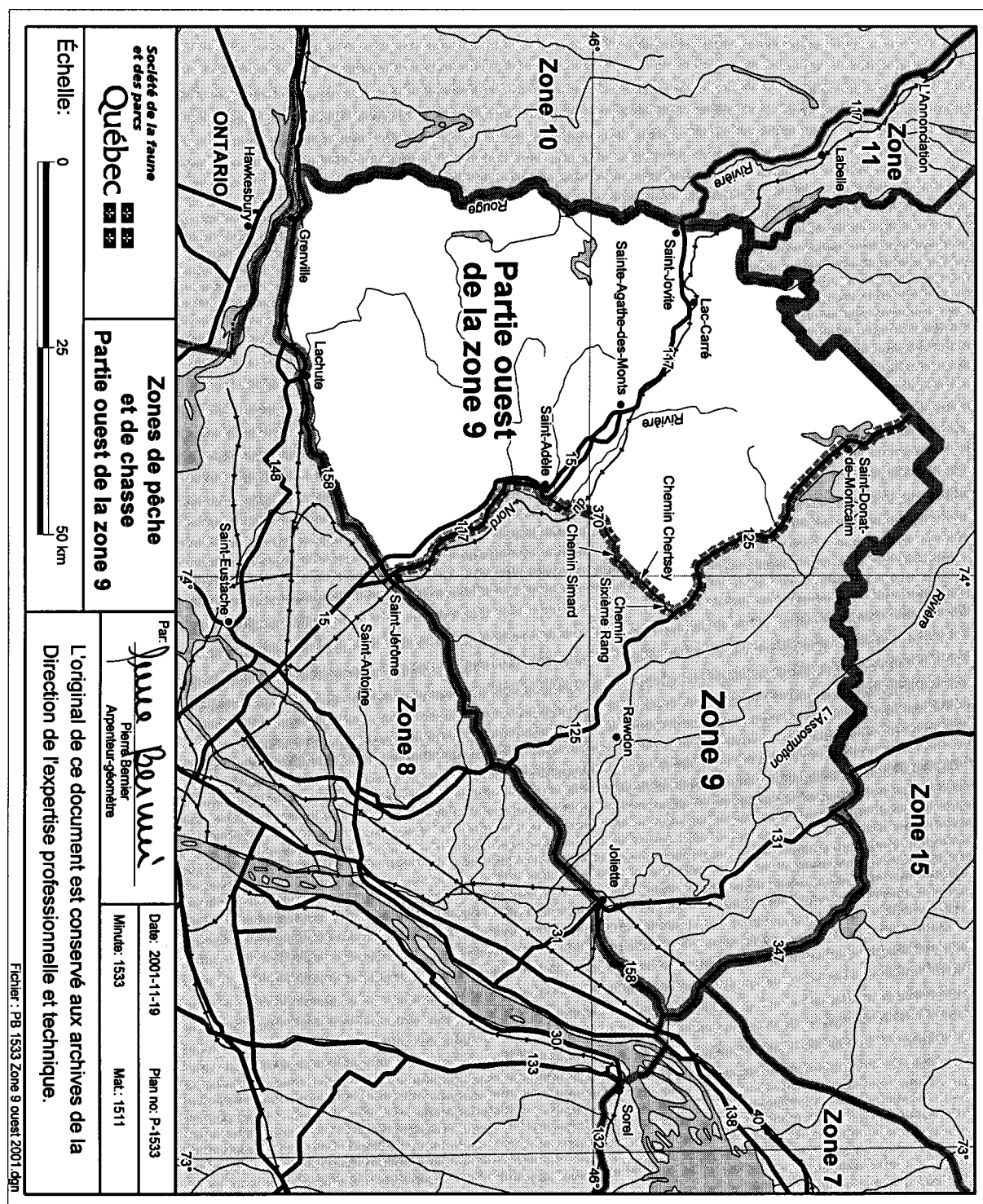


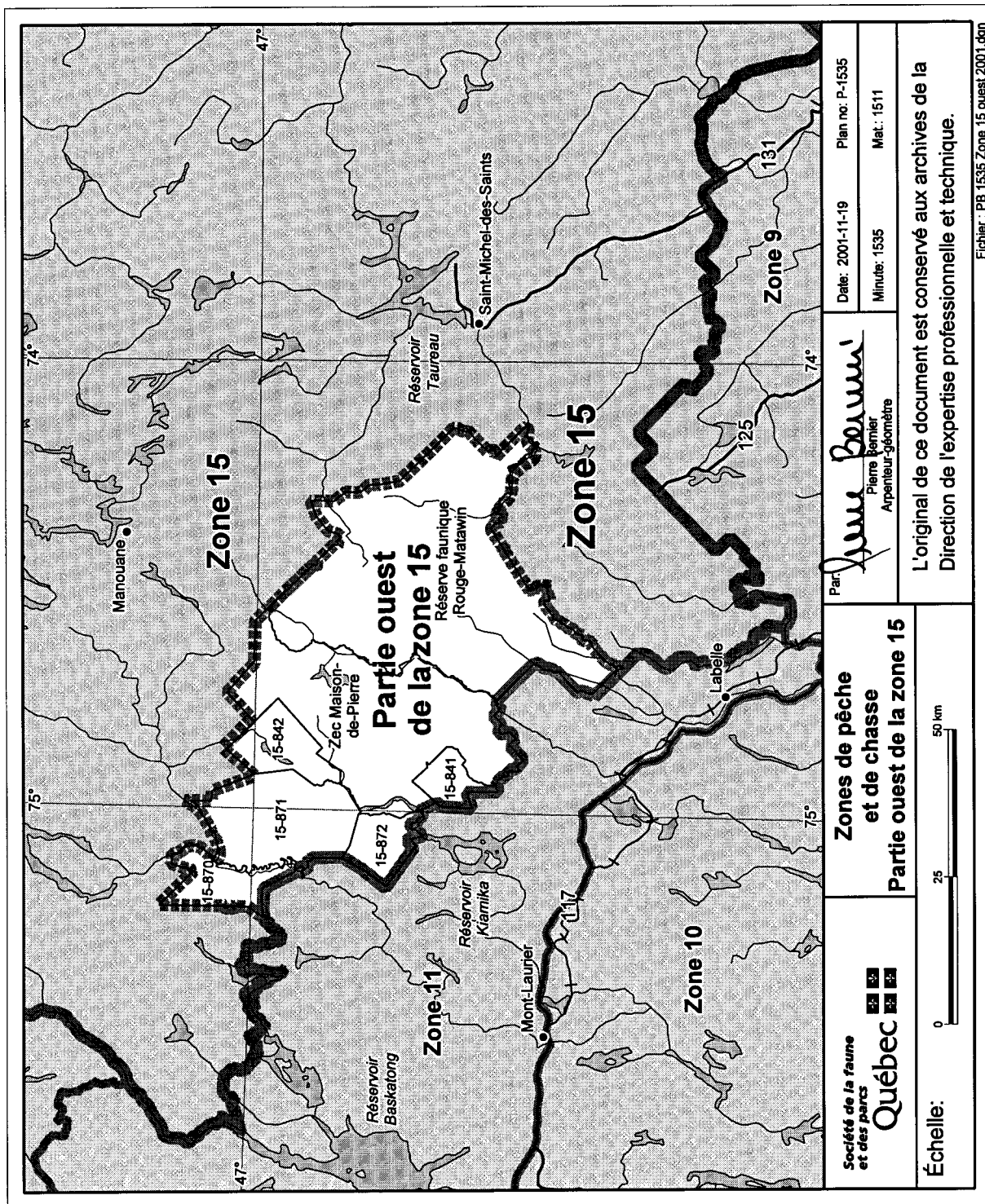


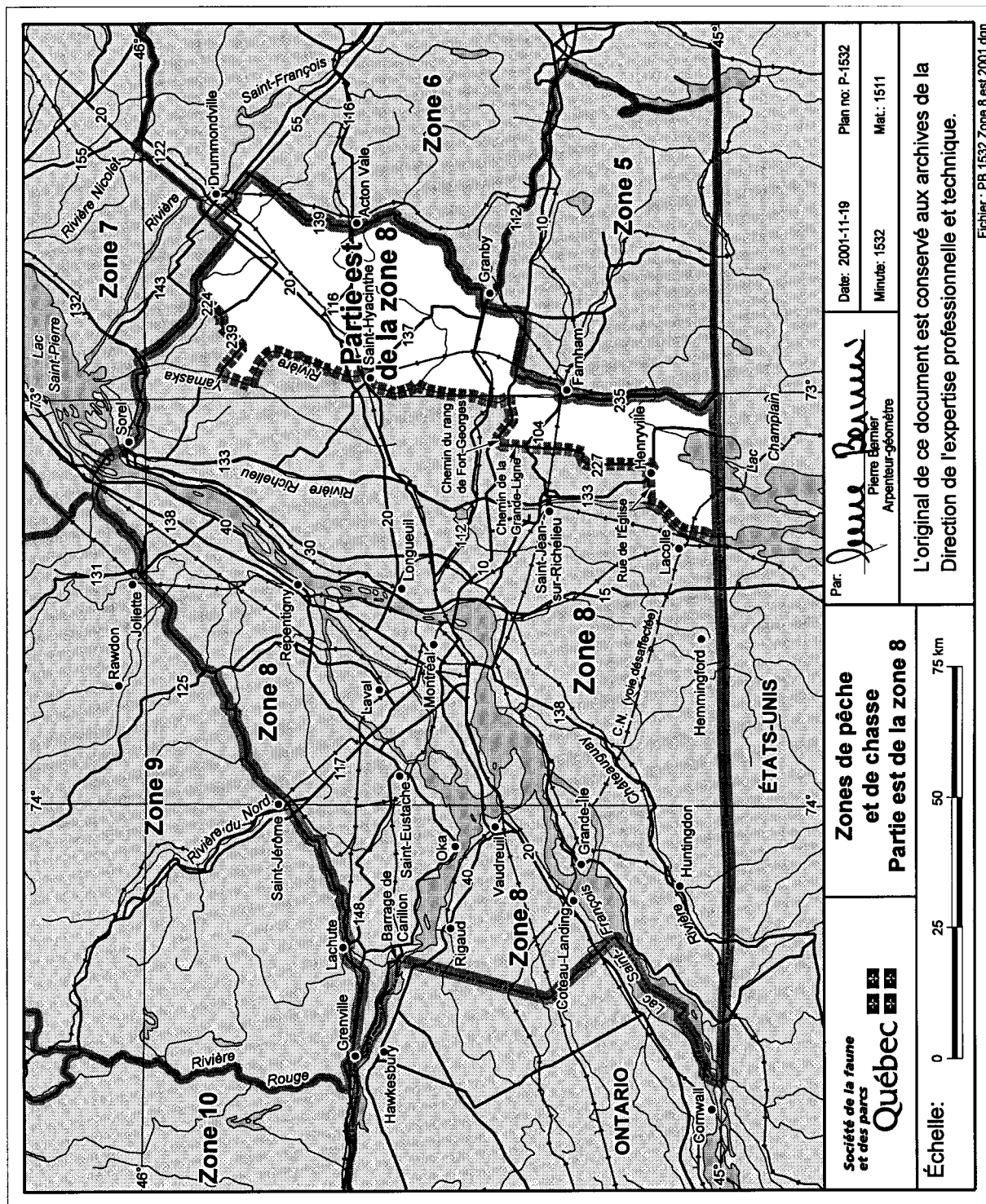














Extract from the Standing Orders of the National Assembly (Adopted on 13 March 1984)

TITLE III

CHAPTER IV PRIVATE BILLS

264. Notice and introduction — Any Member may, at the request of an interested person or body of persons, introduce a bill relating to private or local matters.

He shall give notice of his intent not later than the sitting day preceding that on which such bill is to be introduced and shall provide a copy thereof to the President before the sitting at which it is to be introduced.

265. Report from law clerk — Before such bill is introduced the President shall communicate to the Assembly the contents of the report from the law clerk thereon.

266. Preamble — A private bill shall require no explanatory notes; but every such bill shall contain a preamble setting out the facts on which it is founded and the circumstances giving rise to the necessity for it.

267. Referral to committee — When a private bill has been introduced the Government House leader shall move, without notice, that it be referred to a committee; and such motion shall be decided without debate.

The committee shall hear the interested parties, examine the bill clause by clause, and report thereon to the Assembly. The question for concurrence in such report shall be put forthwith and decided without debate.

268. Motions for passage in principle and passage — The passage in principle of the bill shall be set down for a future sitting day. No motion may be made to divide such bill or to defer its passage in principle.

A private bill when passed in principle shall not again be referred to a standing committee but may be passed during the same sitting day, and Standing Order 257 shall apply: Provided that the bill may not then be passed if opposition to its passage is taken by five Members.

269. Debate — During the debates on the passage in principle and the final passage of a private bill, each Member may speak for up to ten minutes: Provided that the Member sponsoring the bill and the leaders of the parliamentary groups may each speak for up to thirty minutes.

270. Procedure — Except as otherwise provided in this chapter of these Standing Orders, the general rules pertaining to bills shall apply to private bills.

CHAPTER III RULES FOR THE CONDUCT OF PROCEEDINGS RESPECTING PRIVATE BILLS

32. Objects — A bill relating to private or local matters must be introduced by a Member of the Assembly.

33. Deposit with law clerk — A Member who sponsors a bill relating to private or local matters shall deposit such bill with the law clerk.

The said Member shall not be answerable for the contents of the bill, nor shall he be required to endorse anything that may be provided therein.

34. Documents to be provided — Such bill shall be accompanied by a notice stating the name of the Member who is to introduce it and by a copy of every document mentioned therein and of every other document that may be pertinent thereto.

Any bill relating to a municipal corporation governed by the Cities and Towns Act, the Municipal Code, or a special charter shall likewise be accompanied by a certified true copy of the resolution authorizing its introduction.

35. Introduction and passage during same sessional period — No bill deposited with the law clerk between the second Tuesday in March and the twenty-third day of June or between the second Tuesday in September and the twenty-first day of December may be passed within that same period.

36. Notice in *Gazette officielle du Québec* — The applicant for a private bill shall cause to be published in the *Gazette officielle du Québec*, over his signature, a notice entitled “Avis de présentation d’un projet de loi d’intérêt privé.”

Such notice shall specify the objects of the bill and state that any party whose interest may be affected by it and who wishes to make submissions with respect thereto must so advise the law clerk.

37. Notices in newspaper — The said notice shall likewise be published in a newspaper circulating in the judicial district wherein the applicant is domiciled; and if there be no newspaper circulating in that district, it shall be published in a newspaper circulating in the nearest district thereto.

Such notice shall be published once in each week for four weeks.

A copy of this notice shall accompany the bill upon its deposit with the law clerk.

38. Reports from the law clerk — The law clerk shall submit to the President of the Assembly a report stating whether such notice has been drafted and published in accordance with these rules.

The President shall forward a copy of this report to the Government House leader and to the Member sponsoring the bill.

39. Private bills register — The law clerk shall keep a register in which he shall enter the name, the occupation, and the place of residence of the applicant for a private bill and those of every party who has advised him that his interest is affected by such bill and that he wishes to make submissions with respect thereto.

The law clerk shall provide to the Government House leader and to the Member who is to introduce such bill a list of the parties who have advised him of their wish to make submissions with respect thereto.

40. Notices to interested parties — The director of the Secrétariat des commissions shall convene the interested parties not less than seven days before such bill is to be considered in committee.

41. Annual publication of rules — The law clerk shall publish in the *Gazette officielle du Québec*, in January of each year, the rules pertaining to private bills, together with Title III, Chapter IV, of the Standing Orders of the National Assembly.

M.O., 2001-027

Order of the Minister responsible for Wildlife and Parks dated 20 December 2001

An Act respecting the conservation and development of wildlife
(R.S.Q., c. C-61.1)

CONCERNING the York-Baillargeon Controlled Zone

THE MINISTER RESPONSIBLE FOR WILDLIFE AND PARKS,

GIVEN that the York-Baillargeon Controlled Zone was established in accordance with section 81.2 of the Wildlife Conservation Act (R.S.Q., c. C-61), by the adoption of the Regulation respecting the York-Baillargeon Controlled Zone (R.R.Q., 1981, c. C-61, r.152);

GIVEN that the Wildlife Conservation Act has been replaced by the Act respecting the conservation and development of wildlife (R.S.Q., c. C-61.1);

GIVEN that under section 186 of the Act respecting the conservation and development of wildlife every provision of a regulation, order in council or order made by the Government under the Wildlife Conservation Act continues to be in force to the extent that it is consistent with the Act respecting the conservation and development of wildlife;

GIVEN that under section 184 of that Act the provisions of the Wildlife Conservation Act are replaced by the corresponding provisions of the Act respecting the conservation and development of wildlife;

GIVEN that under section 104 of the Act respecting the conservation and development of wildlife (R.S.Q., c. C-61.1), amended by section 16 of Chapter 48 of the Acts of 2000, by section 218 of Chapter 56 of the Acts of 2000 and by section 148 of Chapter 42 of the Acts of 2000, the Minister may establish, after consultation with the Minister of Natural Resources, controlled zones on lands in the domain of the State for the development, harvesting or conservation of wildlife or a species of wildlife species and accessorially, to the practice of recreational activities;

CONSIDERING that under section 191.1 of the Act respecting the conservation and development of wildlife, regulations made by the Government under section 104 of the Act before January 1, 1987 continue to be in force until, as of June 17, 1998, they are replaced or repealed by an order of the Minister;

CONSIDERING that it is expedient to replace the Regulation respecting the York-Baillargeon Controlled Zone (R.R.Q., 1981, c. C-61, r.152);

ORDERS that:

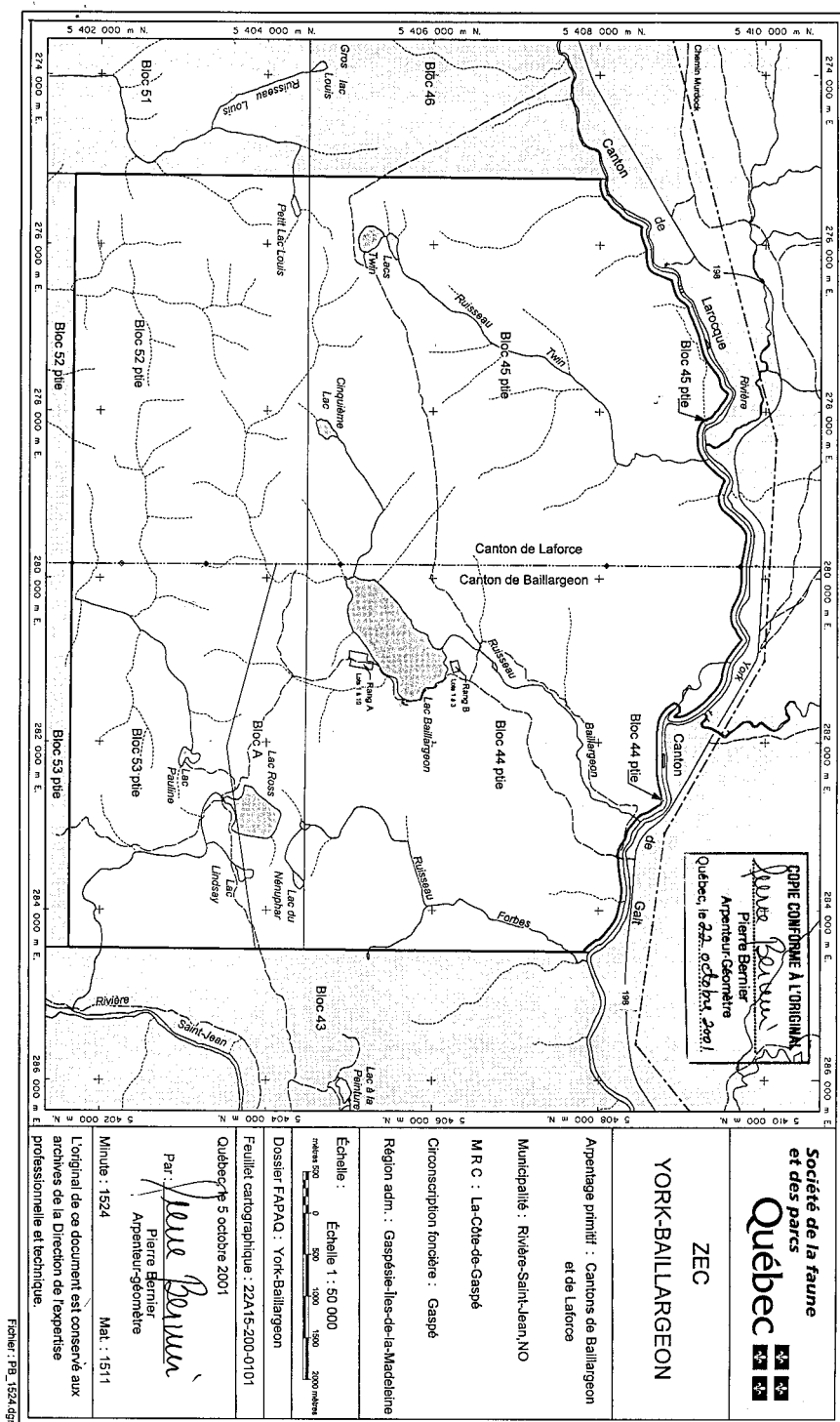
The territory, the boundaries of which are shown on the appended map, be established as a controlled zone designated by the name of “York-Baillargeon Controlled Zone”;

The present order replaces the Regulation respecting the York-Baillargeon Controlled Zone (R.R.Q., 1981, c. C-61, r.152);

This Order comes into force on the day of its publication in the *Gazette officielle du Québec*.

Québec, 20 December 2001

GUY CHEVRETTE,
*Minister responsible for
Wildlife and Parks*



Draft regulations

Draft Regulation

Professional Code
(R.S.Q., c. C-26)

Dentists

— **Code of ethics**
— **Amendments**

Notice is hereby given, in accordance with the Regulations Act (R.S.Q., c. R-18.1), that the Bureau de l'Ordre des dentistes du Québec, at its meeting held on the 26 of May 2001, made the Regulation to amend the Code of ethics of dentists.

The Regulation, the text of which appears below, will be examined by the Office des professions du Québec under section 95 of the Professionnal Code. Then, it will be submitted, along with the recommendation of the Office, to the Government who, under the same section, may approve it, with or without amendments, upon the expiry of 45 days following this publication.

The purpose of this Regulation is to update the Code of ethics of dentists concerning the duties and obligations of dentists towards patients.

This Regulation clarifies the rules applicable to dentists especially concerning requirements and executory provisions of the access right and rectification of the information included in the records of their patients, as well as the obligation to deliver them the documents.

According to the Ordre des dentistes du Québec,

(1) concerning protection of the public, this Regulation specifies the rights of patients regarding access to records, regarding the possibility to make rectifications to a record concerning them and, to obtain documents, in compliance with sections 60.5 and 60.6 of the Professionnal Code.

(2) this Regulation has no impact on small or medium-sized businesses or others.

Further information may be obtained on the proposed draft Regulation by contacting Dr. Diane Legault, Director General and secretary, Ordre des dentistes du Québec, 625, boulevard René-Lévesque Ouest, 15^e étage, Montréal (Québec) H3B 1R2; by telephone at (514) 875-8511 or at 1 800 361-4887; or by fax at (514) 393-9248.

Any person having comments to make is asked to send them, before the expiry of the 45-day period, to the Chairman of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. These comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be forwarded to the professional order that made the regulation as well as to interested persons, departments and agencies.

JEAN-K SAMSON,
*Chairman of the Office
des professions du Québec*

Regulation modifying the Code of ethics of dentists *

Professional code
(R.S.Q., c. C-26, s. 87, pars. 4)

1. Section 3.07.01 of the Code of ethics of dentists is modified by the following:

“**3.07.01.** A dentist must respect the right of his patient to consult the documents that concern him in any record made in his regard.

The documents referred to in the first paragraph are those listed in the Regulation respecting the keeping of records by dentists.”.

2. The Code of ethics of dentists is modified by adding the subsection 7 of division III that which follows:

“**3.07.02.** A dentist holding documents that are subject to a request for access by a patient, in the application of those rights referred to in section 60.5 of the Professional Code, must follow-up this request with diligence and within his normal business hours no later than thirty 30 days from the date of the request.

* The Code of ethics of dentists (R.R.Q., 1981, c. D-3, r. 4) was last amended by the Regulation made by Order in council 673-96 dated 5 June 1996 (1996, G.O. 2, 2729). For previous amendments, refer to the *Tableau des modifications et Index sommaire*, Éditeur officiel du Québec, 2000, updated to 1 November, 2000.

3.07.03. For the purpose of the application of sections 3.07.01 and 3.07.02, the access by a patient to documents contained in any record made in his regard by a dentist is free of charge. Nevertheless, expenses not exceeding the cost of their transcription, reproduction, transmission, as well as, the normal administrative charges can be requested from the patient. A dentist who intends to request payment of expenses in accordance with this section must inform the patient of the approximate amount before dealing with the request.

3.07.04. A dentist who in the application of the second paragraph of section 60.5 of the Professional Code refuses to allow access to information contained in a record made in his regard must divulge to his patient in writing the reasons for his refusal which would likely cause serious harm to the patient or a third person.

3.07.05. In addition to the specific rules prescribed by law, a dentist must follow-up with diligence and no later than thirty 30 days of its receipt, any request made by his patient where the purpose is:

(1) to have corrected in a document that concerns him and that is included in any record made in his regard, information that is inaccurate, incomplete or ambiguous with regard to the purpose for which it was collected;

(2) to have deleted any outdated or not justified information by the object of the record made in his regard;

(3) to put into a record made in his regard the written comments that he made.

3.07.06. A dentist who acquiesces to a request referred to in section 3.07.05 must provide his patient, at no cost, a copy of the document or the part of the document that allows his patient to see that the information has been corrected or deleted or, according to the case, a testimony that the written comments that his patient made have been put in the record.

3.07.07. With a written request from his patient, a dentist must send a copy at no cost to his patient, of the corrected information or a testimony that the information has been deleted or, according to the case, that the written comments have been put in the record of any person that a dentist received information from for the object of correction, deletion or comments, as well as, any person to whom the information was communicated to.

3.07.08. A dentist must, with diligence, give to a patient, who requests the same from him, any document that the latter entrusted to him.”.

3. This Regulation comes into force on the fifteenth day following its publication in the *Gazette officielle du Québec*.

4784

Draft Regulation

Professional Code
(R.S.Q., c. C-26)

Medical technologists — Issue of the permit — Replacement

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), that the Regulation respecting the issue of a permit of medical technologist in cytopathology, adopted by the Bureau of the Ordre des technologistes médicaux du Québec, may be submitted to the Government, which may approve it with or without amendment upon the expiry of 45 days following this publication.

According to the Order, the Regulation is intended to establish a permit category for the professional activities of members who work in cytopathology and who have the required training to do so, that is an attestation of college studies in cytotechnology.

This Regulation will have an important impact on citizens since it will establish controls for qualifications of medical technologists in cytopathology and will provide information on their academic training.

According to the Order, the Regulation will better regulate the practice of medical technologists in cytopathology by prescribing rules for the issue of permits.

Further information may be obtained by contacting Alain Collette, Director General and Secretary of the Ordre professionnel des technologistes médicaux du Québec, 1150, boul. Saint-Joseph Est, bureau 300, Montréal (Québec), H2J 1L5, telephone numbers: (514) 527-9811, 1-800-361-2996; fax number: (514) 527-7314.

Any person having comments to make is asked to send them, before the expiry of the 45-day period, to the Chair of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. Comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be sent to the professional order that made the Regulation, as well as to interested persons, departments and bodies.

JEAN-K. SAMSON,
Chair of the Office des professions du Québec

Regulation respecting the issue of a permit of medical technologist in cytopathology

Professional Code
(R.S.Q., c. C-26, s. 94, pars. *i* and *m*)

1. The category “permit of medical technologist in cytopathology” is hereby established.

2. A medical technologist may not engage in the professional activities described in paragraph *q* of section 37 of the Professional Code (R.S.Q., c. C-26) in the field of cytopathology unless he holds a permit of the category referred to in section 1. Notwithstanding the foregoing, any medical technologist may engage in professional activities in that field provided that the acts performed are related to the pre-analytical stage.

3. To obtain a permit of medical technologist in cytopathology, a medical technologist shall hold an attestation of college studies in cytotechnology issued by the general and vocational colleges of Sainte-Foy or Rosemont.

4. A person who meets the following conditions on the date of coming into force of this Regulation may also obtain a permit of medical technologist in cytopathology :

(1) the person holds a diploma of college studies issued by the Ministère de l'Éducation following studies completed at the general and vocational colleges of Dawson, Sainte-Foy or Rosemont, a cytotechnology certificate issued by Université de Montréal, Université Laval or McGill University, or the Canadian cytology certification issued by the Canadian Society for Medical Laboratory Science; and

(2) the person applies for a permit, in the form prescribed by the Bureau of the Ordre professionnel des technologistes médicaux du Québec, within one year of the date of coming into force of this Regulation.

Such persons may only engage in the professional activities described in paragraph *q* of section 37 of the Professional Code in the field of cytopathology, unless they have successfully completed the training periods included in the programs of study leading to diplomas giving access to the permits of the Order.

5. The Regulation respecting the other terms and conditions for issuing permits of the Ordre professionnel des technologistes médicaux du Québec, approved by Order in Council 3049-82 dated 21 December 1982, is revoked.

6. This Regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

4783

Draft Regulation

Professional Code
(R.S.Q., c. C-26)

Notaries — Ethics

Notice is hereby given in accordance with sections 10 and 11 of the *Regulations Act* (R.S.Q., c. R-18.1) that the *Code of ethics of notaries*, which has been adopted by the Bureau of the Chambre des notaires du Québec and the text of which appears below, may be submitted to the government, which may approve it with or without amendment upon the expiry of 45 days following this publication.

According to the Chambre des notaires du Québec, this draft is a complete revision of the current code, rendered necessary as a result of the adoption of the *Notaries Act* (2000, c. 44). Certain provisions of the *Notarial Act* (R.S.Q., c. N-2) that have not been repeated in the new Act have been included in the Code of ethics. The Chambre has also taken this opportunity to align the Code with the major trends of the profession.

The principle amendments are as follows :

— certain rules are clarified and improved, including those regarding duties and obligations towards the client, conflict of interest, and the setting and payment of fees ;

— almost all incompatibility preventing a notary from holding another professional title has disappeared. The only remaining incompatibility is with the profession of advocate ;

— provisions allowing clients to have access to and correct files have been included in the code pursuant to articles 60.5, 60.6, and 87 par. 4 of the *Professional Code*.

This draft regulation will have no impact on the economic burden of citizens and enterprises.

Further information may be obtained by contacting Mtre. Daniel Gervais, notary, Directeur des Services juridiques, Tour de la Bourse, 800 Place-Victoria, Suite 700, Montréal, Qué., H4Z 1L8.

Any interested person having comments to make is requested to send them, before the expiry of the 45-day period, to the President of the Office des professions du Québec, 800 Place D'Youville, 10th Floor, Québec, Qué., G1R 5Z3. The comments will be forwarded by the Office to the minister responsible for the administration of legislation governing the professions. They may also be forwarded to the professional order that has adopted the regulation, as well as to the persons, departments, and agencies concerned.

JEAN-K. SAMSON,
*Chairman of the Office des
professions du Québec*

Code of ethics of notaries

Professional Code
(R.S.Q., c. C-26, s. 87)

CHAPTER I DUTIES AND OBLIGATIONS TOWARDS THE PUBLIC

1. Every notary shall act with dignity and shall refrain from using methods or adopting attitudes likely to detract from the good repute of the profession or from the notary's ability to serve the public interest.

2. A notary must seek to improve the quality and availability of professional services in areas in which he practises.

3. A notary must promote measures of education and information relevant to the areas in which he practises.

In alternate dispute resolution, the notary must also promote all measures likely to encourage settlement by agreement and must inform the public of mechanisms available.

4. A notary must promptly report to the syndic of the Order where he has reason to believe that a notary has

used funds, securities, or other property for purposes other than those for which they were entrusted to him in the practice of his profession.

5. Every notary shall consistently strive to maintain up-to-date knowledge of his profession. The notary shall always remain informed of developments in the areas in which he practises, and shall maintain his skills in these areas.

CHAPTER II DUTIES AND OBLIGATIONS TOWARDS THE CLIENT

DIVISION I GENERAL

6. No notary shall practise under conditions or in situations likely to impair the quality of his services.

7. The advice given by a notary to clients or to parties to an act must be disinterested, frank, and honest.

8. Before concluding a contract for services, the notary must consider the extent of his proficiency and knowledge, the standards of the area in which he practices his profession, and the means at his disposal.

9. Every notary shall seek to establish a relationship of mutual trust between himself and his client. To that end, he shall, in particular,

(a) refrain from practising his profession in a perfunctory manner;

(b) conduct interviews with respect for his client's values and personal convictions.

10. No notary shall intervene in a client's personal affairs in matters not generally acknowledged to be within the scope of the profession.

11. Every notary shall at all times respect a client's right to consult another notary or another competent person.

12. Every notary shall exercise appropriate supervision over any student, employee, or other person for whom he is responsible.

DIVISION II INTEGRITY

13. A notary shall observe the strictest rules of probity, objectivity, and integrity.

14. No notary shall falsely represent his level of competence or the efficacy of his services or those generally provided by members of his profession.

If a client's interest so requires, the notary shall, with the client's authorization, consult a colleague, a member of another professional order, or another competent person, or refer him to one of these persons.

15. Every notary shall inform his client, as soon as possible, of the extent, terms, and conditions of the contract for services, and obtain the client's agreement thereto.

16. A notary shall, according to the contract for services agreed upon, inform the parties to an act or agreement of the nature and reasonably foreseeable legal consequences of the act or agreement.

17. A notary shall inform his client of the formalities required for the validity and efficacy of each act or agreement and shall determine the facts that are essential thereto.

18. No notary shall use for his own purposes the monies, securities, or other property entrusted to him in the practice of his profession. In particular, he shall not use them as a personal loan or security, or invest them to his own advantage, whether in his name, through an intermediary, or on behalf of a legal person in which he owns an interest.

19. Every loan obtained by a notary from a client other than a legal person must be evidenced by notarial act executed before a notary who is not his partner.

20. A notary who exercises his profession chiefly as an investment counsellor must be authorized by the Order or by any competent authority to hold the title of financial planner.

21. Every notary shall take reasonable care of the corporeal property entrusted to his care.

22. A notary who undertakes or participates in matters not connected with the practice of his profession shall exercise care to protect his personal solvency, professional independence, and professional obligations.

DIVISION III

AVAILABILITY AND DILIGENCE

23. A notary shall demonstrate reasonable availability and diligence. He shall inform his client if he cannot respond to a request within a reasonable time.

24. In addition to opinion and advice, the notary shall provide his client with all explanations necessary to understand and assess the services rendered.

25. A notary shall render account to his client when so requested.

26. No notary shall cease to act on behalf of a client without serious cause. The following, in particular, constitute serious cause:

(a) loss of confidence between the notary and the client;

(b) the fact that the notary is in a conflict of interest or in a situation where his professional independence could be called into question;

(c) inducement by the client to perform illegal, unfair, or fraudulent acts.

27. Before ceasing to perform his duties on behalf of a client, the notary shall give advance notice of withdrawal to all parties within a reasonable time. He must minimize the prejudice caused to the parties by the withdrawal of services.

Where the notary acts as legal adviser to one party only, he shall give notice to that party only.

DIVISION IV

LIABILITY

28. Every notary shall fully assume civil liability in the practice of his profession. No notary shall include in a contract for professional services any clause directly or indirectly excluding this liability in whole or in part. However, the client and the notary may agree to limit the terms of the contract for services within the parameters of the law.

DIVISION V

INDEPENDENCE AND IMPARTIALITY

29. Every notary shall subordinate his personal interests to those of his client and safeguard his professional independence at all times.

30. No notary may be in a situation of conflict of interest.

A notary is in a situation of conflict of interest where the interests are such that he may be inclined to give preference to some of them, and his judgment or loyalty may be unfavourably affected.

As soon as the notary finds himself in a conflict of interest, he shall cease to perform his duties.

31. A notary shall ignore any intervention by a third party that might influence the performance of his professional duties to the detriment of his client.

32. Except within the limits prescribed by regulation adopted pursuant to paragraph *p* of section 94 of the Professional Code, no notary shall share his fees with, or remit them to, a person who is not a notary.

33. Save for the remuneration and commission to which he is entitled, no notary shall provide or receive any benefit in connection with the practice of his profession.

34. Every notary shall ensure that his client is informed of fees, commissions, or disbursements paid to him by a third person on behalf of the client.

DIVISION VI PROFESSIONAL SECRECY AND CONFIDENTIALITY

35. Every notary is bound by professional secrecy.

36. A notary may be released from professional secrecy only with the written authorization of the person concerned, or if required by law.

37. No notary shall disclose that a person has retained his services, unless required to do so by the nature of the case.

38. Every notary shall avoid indiscreet conversations concerning a client and the services rendered to him.

39. No notary shall make use of confidential information in a manner that is prejudicial to a client, or with a view to obtaining a direct or indirect benefit for himself or another person.

40. Every notary must ensure that no person for whom he is responsible in his practice discloses any confidential information to a third person.

41. No notary shall disclose any personal code or mark enabling the use of his digital signature or any other, similar means of identifying him or acting in his name.

DIVISION VII

ACCESSIBILITY AND RECTIFICATION OF RECORDS

42. Subject to conflicting legislation, every notary shall allow a client to take cognizance, and obtain copies, of documents that concern the client in any record. However, the notary shall deny access to information contained in such documents where disclosure would probably result in serious prejudice to the client or to a third person.

43. Subject to conflicting legislation, every notary shall allow a client to require the correction of any information that is inaccurate, incomplete, or ambiguous given the purpose for which it was collected, contained in a document concerning the client in any record established in his respect. The notary shall also allow a client to require the deletion of any information that is outdated or unjustified given the object of the record, and to prepare written comments and file them in the record.

44. A notary who has in his possession a record in respect of which a request for access or correction has been made by the person concerned must accede to this request with due diligence, and in any event, not later than twenty days after the request.

45. Access to information contained in a record is free. Nevertheless, fees for copies or extracts of acts and fees not exceeding the costs of transcription, reproduction, or transmission may be charged to a person requesting the information. Before transcribing, reproducing, or transmitting the information, the notary who intends to charge fees pursuant to this section must inform such person of the approximate amount that will be charged.

46. A notary who refuses to grant a request for access or correction shall notify the person concerned in writing, giving reasons and informing him of his recourses.

47. A notary who grants a request for correction shall, without charge, give the person concerned a copy of all information that has been changed or added, or, as the case may be, written confirmation that information has been deleted.

The person concerned may require the notary to transmit a copy of the information or the confirmation, as the case may be, to the person from whom such information was obtained or to any person to whom such information was given.

48. A notary who has information in respect of which a request for access or correction has been denied shall conserve such information until such time as the person concerned has exhausted his recourses under the law.

DIVISION VIII

DETERMINATION AND PAYMENT OF FEES

49. The fees charged by a notary must be fair and reasonable, warranted under the circumstances, and proportional to the services rendered, and in this regard the notary shall abstain from unfair competition with his colleagues.

In determining his fees, the notary shall take the following factors into account:

- (1) his experience or expertise;
- (2) the time required to execute the professional service;
- (3) the degree of difficulty and importance of the service;
- (4) the performance of services that are unusual or require exceptional competence or speed;
- (5) the degree of responsibility assumed;
- (6) the result obtained, where the matter may have involved special difficulties or where the outcome has been uncertain.

50. A notary shall explain his detailed statement of fees to his client as required.

51. Every notary shall inform his client of the approximate cost of his services. He shall not determine the amount of his fees without knowing all the elements required to establish the amount. He must promptly inform his client where he anticipates that the approximate cost will be exceeded.

52. No notary shall demand advance payment of his fees; he may, however, require advances on his fees and disbursements.

53. No notary shall charge interest on outstanding accounts unless the client has been duly notified. The interest so charged must be reasonable.

54. No notary shall deduct his fees and disbursements from a client's funds without the client's written authorization, regardless of the reason for which the funds are held.

CHAPTER III

DUTIES AND OBLIGATIONS TOWARDS THE PROFESSION

DIVISION I

INCOMPATIBLE RESPONSIBILITIES AND DUTIES

55. No notary may be a member of the Ordre professionnel des avocats du Québec, as such membership is incompatible with the notarial profession.

DIVISION II

DEROGATORY ACTS

56. In addition to the acts referred to in sections 57, 58, 59.1, and 59.2 of the Professional Code (R.S.Q., c. C-26), the following acts performed by a notary constitute acts derogatory to the dignity of the profession:

- (1) urging a person repeatedly or insistently to retain his professional services;
- (2) communicating with a complainant without the prior written permission of the syndic or assistant syndic, where he is informed that he is the subject of an inquiry into his conduct or professional competence or where he has been served notice of a complaint against him;
- (3) billing a client for meeting, communicating, or corresponding with the syndic, the assistant syndic, the Secretary of the Order, the conciliator of accounts, the council of arbitration, the Secretary of the Comité du Fonds d'indemnisation, or an inspector, in response to a request for explanations or information concerning a claim by the client or by any other person in respect of the notary;
- (4) furnishing a receipt or other document that falsely indicates that services have been rendered;
- (5) failing to promptly inform the Order where a candidate fails to respect the conditions for admission to the Order;
- (6) failing to promptly report to the Order any person appropriating the title of notary;
- (7) misappropriating, or using for purposes other than those authorized by the client, the monies, securities, or other property remitted to the notary in trust;
- (8) giving the character of authenticity to illegal or fraudulent acts;

(9) participating in, agreeing to render services enabling the commission of, or committing an illegal or fraudulent act;

(10) asking a client to withdraw him from, or refusing to submit to, the conciliation or arbitration of his account, or refusing to comply with decisions rendered pursuant to the Regulation respecting the procedure for conciliation and arbitration of accounts of notaries;

(11) taking legal action against a colleague in connection with a matter related to the practice of the profession without having first referred the dispute to the President of the Order for mediation;

(12) failing to promptly notify the Secretary of the Order where, pursuant to the *Bankruptcy and Insolvency Act* (S.C. 1997, c. 12), he has made an assignment of property for the benefit of his creditors, is the subject of a receiving order, or has made a proposal that has been rejected by his creditors or dismissed or annulled by the court.

57. No notary shall, for any reason whatsoever, directly or indirectly assist or collaborate with a notary who has been struck off the roll by allowing him to use his name to prepare proceedings or practise the profession. He shall not hire or keep in his employ a notary who has been struck off the roll, or tolerate, without valid reason, the latter's presence in his office.

DIVISION III

RELATIONS WITH THE ORDER AND WITH COLLEAGUES

58. A notary whose participation on a board of arbitration of accounts or on a committee on discipline or professional inspection is requested by the Order must accept that duty unless he has reasonable cause for refusing it.

59. Every notary shall promptly reply to all correspondence addressed to him by the Order or by any person appointed to assist it.

60. No notary shall unduly retain a file or document belonging to a client. Thus the notary shall, upon request and upon payment of the fees and disbursements due, transmit a client's files and documents to the client or to a colleague with the client's authorization.

61. No notary shall betray the good faith or breach the trust of a colleague, or display disloyal practices towards him.

62. A notary who requests a colleague to execute an act that he himself has drawn up must, in relation to the colleague, assume in writing all liability in respect of the contents of the act.

63. A notary who is consulted by a colleague must give his opinion and recommendations within a reasonable time.

64. A notary who is called upon to collaborate with another notary or with any other person must maintain professional independence. He shall not perform a task contrary to his professional conscience or to the principles governing the practice of his profession.

65. No notary shall compromise the good repute of the profession or a colleague by discrediting or denigrating the competence, knowledge, or services of another notary. A notary shall not use a decision of the Committee on discipline for the purpose of compromising the reputation of a colleague or harming relations between a colleague and the colleague's client or employer.

DIVISION IV

CONTRIBUTION TO THE ADVANCEMENT OF THE PROFESSION

66. Every notary shall, as far as he is able, contribute to the development of his profession by exchanging his knowledge and experience with his colleagues or students, collaborating in vocational training programmes and the work of universities and legal associations, and contributing to scientific and professional publications.

DIVISION V

PUBLIC DECLARATIONS

67. As a professional within the framework of public discourse by means of conferences, writings, or messages conveyed by the media or through the mail, the notary shall emphasize the general nature of or limits to the information or advice given.

CHAPTER IV

RESTRICTIONS AND OBLIGATIONS RELATING TO ADVERTISING

68. No notary shall, by any means whatsoever, engage in or allow advertising that is false, deceitful, incomplete, or likely to be misleading.

69. No notary shall claim to possess specific qualities or skills, particularly in respect of his level of competence or the range or efficacy of his services, unless he can substantiate such claims.

70. No notary shall, in his advertising, use or allow to be used any endorsement or statement of gratitude in his regard other than awards for excellence and other prizes received in recognition of a contribution or achievement the honour of which is reflected on the profession as a whole.

71. A notary who advertises professional fees or prices must do so in a manner easily comprehensible by a public having no particular knowledge of the law, and must

(1) maintain such fees for the period of time indicated in the advertisement, which period must not be less than 60 days following the last authorized broadcast or publication ;

(2) indicate the services covered by the fees ;

(3) indicate whether or not disbursements or taxes are included.

72. No notary shall, in any way whatsoever in a declaration or advertisement, give more importance to fees and prices than to the professional service offered.

73. All the partners in a partnership are responsible for complying with the rules respecting advertising, unless the advertisement clearly indicates the names of one or more persons who are responsible.

CHAPTER V **PARTNERSHIP NAME AND GRAPHIC SYMBOL**

74. Except as provided in section 75, only the names of partners who practise together may be included in the name of a partnership of which a notary is a member.

The partnership name may end with the words “and Associates” where the names of at least two partners do not appear in the partnership name.

75. Where a notary retires from a partnership or dies, his name must no longer appear in the partnership name or partnership advertising after one year following retirement or death unless an agreement to the contrary has been entered into with him or with his successors and assigns.

76. Where a notary uses the graphic symbol or the coat of arms of the Order for advertising purposes, he must ensure that they are associated with his name or the name of his partnership and that they are identical to the original held by the Secretary of the Order.

77. Where a notary uses the graphic symbol or the coat of arms of the Order in an advertisement, he must ensure that it is clear that the advertisement does not originate from, and is not binding on, the *Chambre des notaires du Québec*.

CHAPTER VI **FINAL PROVISIONS**

78. This Regulation replaces the Code of ethics of notaries (R.R.Q., 1981, c. N-2, r. 3)

79. This Regulation comes into force on the fifteenth day following its publication in the *Gazette officielle du Québec*.

4782

Draft Regulation

Nurses Act
(R.S.Q., c. I-8)

Professional Code
(R.S.Q., c. C-26)

Nurses **— Code of ethics**

Notice is hereby given, in accordance with the Regulations Act (R.S.Q., c. R-18.1), that the Bureau of the Ordre des infirmières et infirmiers du Québec made the Code of ethics of nurses.

The Regulation, the text of which is attached below, will be examined by the Office des professions du Québec pursuant to section 95 of the Professional Code. It will then be submitted, with the recommendation of the Office, to the Government which may approve it with or without amendment, upon the expiry of 45 days following this publication.

The purpose of the Regulation is to update the Code of ethics of nurses as regards the obligations of nurses towards the public, clients and the profession. In light of the foregoing, prohibited behaviour on the part of a nurse towards a client; proper behaviour during the therapeutic process; relations with persons with whom nurses interact in the practice of the profession; and businesses incompatible with the dignity or practice of the profession have all been clarified.

The Regulation also has the purpose to render the wording of certain provisions of the Code of ethics consistent with the wording of the Professional Code, and introduce provisions respecting accessibility and corrections of information contained in records.

According to the Bureau of the Ordre des infirmières et infirmiers du Québec, the updating of the Code of ethics was necessary in order to clarify nurses' ethical obligations, so as to ensure better protection of the public. The Bureau foresees no other impact on businesses, in particular small and medium-sized businesses.

Further information concerning the Regulation may be obtained by contacting France Pedneault, Legal Services Department, Ordre des infirmières et infirmiers du Québec, 4200, boulevard Dorchester Ouest, Montréal, H3Z 1V4; telephone: (514) 935-2501; fax: (514) 935-3147.

Any person having comments to make on the Regulation is asked to send them, before the expiry of the 45 days period, to the Chairman of the Office des professions du Québec, 800, place D'Youville, 10^e étage, Québec (Québec) G1R 5Z3. Those comments will be forwarded by the Office to the Minister responsible for the administration of legislation respecting the professions; they may also be forwarded to the professional order that made the Regulation, that is the Ordre des infirmières et infirmiers du Québec, and to the interested persons, departments and agencies.

JEAN-K. SAMSON,
*Chairman of the Office des
professions du Québec*

Code of ethics of nurses

Nurses Act
(R.S.Q., c. I-8)

Professional Code
(R.S.Q., c. C-26, s. 87)

CHAPTER I GENERAL PROVISIONS

1. This Code governs, pursuant to section 87 of the Professional Code (R.S.Q., c. C-26), the duties of nurses toward the public, clients and the profession.

It sets out, in particular, certain acts which are derogatory to the honour and dignity of the profession, certain professions, trades, industries, businesses, offices or duties which are incompatible with the dignity or practice of the profession, certain provisions to preserve profes-

sional secrecy, conditions and procedures applicable to the exercise of the rights of access and correction and provisions concerning the obligation to release documents to clients, and certain conditions, obligations and prohibitions relating to advertising.

2. In this Code, unless the context indicates otherwise, the following words mean:

(1) nurse: a person entered on the roll of the Ordre des infirmières et infirmiers du Québec;

(2) client: a person who receives professional services from a nurse;

(3) profession: the profession of nurse.

3. The duties set out in this Code of Ethics are imperative and of public order. A nurse may not derogate from these duties.

CHAPTER II DUTIES TOWARD THE PUBLIC, CLIENTS AND THE PROFESSION

DIVISION I ACTS DEROGATORY TO THE HONOUR AND DIGNITY OF THE PROFESSION

4. In addition to the derogatory acts set out in sections 59 to 59.3 of the Professional Code and as may be determined pursuant to subparagraph (1) of the second paragraph of section 152 of the Professional Code, the violation of a duty set out in Divisions II to VII of this Chapter is an act derogatory to the honour and dignity of the profession.

DIVISION II DUTIES INHERENT TO THE PRACTICE OF THE PROFESSION

§ 1. General provisions

5. A nurse shall come to the aid of anyone whose life is in peril, either personally or by calling for aid, by giving necessary and immediate assistance to that person, except in the event of danger to the nurse or a third party, or unless the nurse has another valid reason.

6. A nurse may not refuse to provide professional services to a person on the basis of race, colour, sex, pregnancy, sexual orientation, civil status, age except as provided by law, religion, political convictions, language, ethnic or national origin, social condition, a handicap or the use of any means to palliate a handicap.

7. A nurse shall not perform any act or behave in any manner that is contrary to what is generally admissible in the practice of the profession.

8. In relation with the care and treatment provided to a client, a nurse may not use or dispense products or methods that could be harmful to health or miracle treatments, nor may a nurse consult, collaborate with or refer a client to a person who uses or dispenses such products, methods or miracle treatments.

9. A nurse shall respect the right of the client to consult another nurse, another health professional or any other person of the client's choice.

10. A nurse who is informed of the holding of an inquiry or who has been served with a complaint concerning her or his professional conduct or competence shall not harass, intimidate or threaten the person who requested the holding of the inquiry or any other person implicated in the events related to the inquiry or complaint.

11. A nurse shall take into account all of the foreseeable consequences that her or his research and work will have for society, human life and health.

§ 2. Integrity

12. A nurse shall fulfill her or his professional duties with integrity.

13. A nurse shall not abuse the trust of her or his client.

14. A nurse who makes an error shall declare the error and not attempt to conceal it.

When an error has or could have consequences for the client's health, the nurse shall promptly take the necessary measures to correct her or his error or minimize or offset its consequences.

15. A nurse shall not appropriate drugs, narcotic or anesthetic preparations, supplies of any kind or any other property belonging to a person with whom she or he interacts in the practice of the profession.

16. A nurse shall not, in respect of a client's record or any other report, file or other document related to the profession:

(1) falsify same, in particular by altering any notes already entered therein or by inserting any notes under a false signature;

(2) fabricate any records, reports, files or documents;

(3) enter therein any false information;

(4) fail to enter therein any necessary information.

17. A nurse shall refrain from expressing or giving conflicting, incomplete or groundless opinions or advice. To that end, the nurse shall attempt to acquire thorough knowledge of the facts before giving an opinion or advice.

§ 3. Condition liable to impair the quality of care and services

18. In addition to the circumstances contemplated by section 54 of the Professional Code, a nurse shall refrain from practising her or his profession in a state that is liable to impair the quality of care and services.

Without limiting the generality of the foregoing, a nurse is in a state that is liable to impair the quality of care and services if she or he is under the influence of alcoholic beverages, drugs, hallucinogens, narcotic or anesthetic preparations or any other substance which may cause intoxication, a diminution or disruption of the faculties or unconsciousness.

§ 4. Competence

19. A nurse shall act competently in fulfilling her or his professional duties.

20. A nurse shall keep her or his professional knowledge and skills up to date in order to provide safe care and treatment in accordance with generally accepted standards of practice.

21. If the client's condition so requires, a nurse shall consult another nurse, another health professional or another competent person or refer the client to one of such persons.

§ 5. Professional independence and conflict of interest

22. A nurse shall subordinate her or his personal interest to that of her or his client.

23. A nurse shall safeguard her or his professional independence at all times. In particular, a nurse shall practise her or his profession with objectivity and disregard any intervention by a third party that could affect the performance of her or his professional duties to the detriment of the client.

24. A nurse shall not induce any person in pressing terms to make use of her or his professional services.

25. A nurse shall avoid any situation in which she or he would be in conflict of interest. Without limiting the generality of the foregoing, a nurse is in a conflict of interest situation:

(1) when the interests concerned are such that the nurse may be influenced to favour certain of them over those of her or his client or the nurse's judgment and loyalty toward her or his client may be unfavourably affected;

(2) when the nurse receives, in addition to the remuneration to which she or he is entitled, any rebate, commission or benefit related to her or his professional activities;

(3) when the nurse pays, offers to pay or undertakes to pay any rebate, commission or benefit related to her or his professional activities.

26. In the event of conflict of interest or the appearance of conflict of interest, a nurse shall take reasonable measures to ensure that care and treatment are provided by another nurse, unless the situation requires that the nurse administer or continue to administer care or treatment. In such circumstances, the client shall be notified of the situation, to the extent permitted by the circumstances.

§ 6. Availability and diligence

27. In the practice of her or his profession, a nurse shall display due diligence and availability.

28. A nurse who is consulted by another nurse owing to her or his specific knowledge and skill in a given area shall provide the latter with her or his opinion and recommendations within a reasonable time.

29. Before ceasing to perform her or his duties for the account of a client, a nurse shall ensure that such termination of service is not detrimental to the client.

§ 7. Civil liability

30. A nurse may not be released from personal civil liability in the practice of her or his profession.

In particular, a nurse is prohibited from inserting any clause directly or indirectly excluding such liability, in whole or in part, or from being a party to a contract for professional services containing any such clause.

§ 8. Contribution to the profession

31. A nurse shall, to the extent that she or he is able, exchange knowledge with other nurses, nursing students and candidates for the profession.

DIVISION III

RELATIONSHIP BETWEEN THE NURSE AND THE CLIENT

§ 1. Relationship of trust

32. A nurse shall seek to establish a relationship of trust with her or his client.

33. A nurse shall take a respectful approach toward the client and the client's spouse, family and significant others.

34. A nurse shall respect the client's values and personal convictions.

§ 2. Provisions to preserve the secrecy of confidential information

35. A nurse shall preserve the secrecy of confidential information that becomes known to her or him in the practice of her or his profession.

36. A nurse may be released from the obligation of professional secrecy only with the authorization of her or his client or where so ordered by law.

37. A nurse shall not disclose the fact that a person had recourse to her or his services when that fact is liable to be prejudicial to that person.

38. A nurse shall take reasonable measures to ensure that persons under her or his authority or supervision or in her or his employ do not disclose any confidential information concerning the client.

39. A nurse shall not make use of confidential information to the detriment of a client or with a view to obtaining, directly or indirectly, a benefit for herself or himself or for another person.

40. Whenever a nurse asks a client to disclose confidential information or whenever she or he permits such information to be disclosed to her or him, she or he shall ensure that the client knows the reasons therefor and the purpose for which the information will be used.

41. A nurse shall refrain from holding or participating in indiscreet conversations concerning a client and the services rendered to such client.

§ 3. Prohibited behaviour

42. A nurse shall not use physical, verbal or psychological abuse against the client.

43. For the duration of the professional relationship, a nurse may not establish a personal friendship or an intimate, amorous or sexual relationship with the client.

44. A nurse shall refrain from intervening in the personal affairs of her or his client on subjects not falling within her or his areas of professional expertise.

DIVISION IV **QUALITY OF CARE AND SERVICES**

§ 1. Information and consent

45. A nurse shall provide her or his client with all the explanations necessary for the client's comprehension of the care and services being provided to him or her by the nurse.

46. When a nurse is obliged to obtain a free and enlightened consent, she or he shall provide the client with all the information required for that purpose.

§ 2. The therapeutic process

47. In the course of performing her or his duties, a nurse shall take reasonable measures to ensure the safety of clients. To that end, the nurse shall refer to the appropriate authorities when necessary.

48. A nurse who is providing care and treatment to a client may not abandon him or her without a serious reason.

49. A nurse shall not be negligent in the care and treatment provided to the client. In particular, a nurse shall:

(1) intervene promptly when the client's state of health so requires;

(2) ensure the supervision required by the client's state of health;

(3) take reasonable measures to ensure the continuity of care and treatment.

50. A nurse shall not be negligent when administering medication. In particular, when administering medication, a nurse shall have sufficient knowledge of the medication and abide by the principles and methods applicable to its administration.

§ 3. Collaboration

51. A nurse may not refuse to collaborate with health professionals engaged in providing care, treatment or services necessary for the client's welfare.

DIVISION V **RELATIONS WITH PERSONS WITH WHOM THE NURSE INTERACTS IN THE PRACTICE OF THE PROFESSION**

52. A nurse shall not intentionally mislead, betray the good faith of, or engage in unfair practices toward, a person with whom she or he interacts in the practice of the profession.

53. A nurse shall not harass, intimidate or threaten a person with whom she or he interacts in the practice of the profession.

DIVISION VI **RELATIONS WITH THE ORDER**

54. Unless she or he has serious grounds for refusing, a nurse shall participate or permit participation in a committee on discipline, a review committee, a professional inspection committee, an arbitration of accounts or any other committee provided for by law, upon request of the Order.

55. A nurse shall cooperate and respond as soon as possible to any request received from the secretary of the Order, the syndic of the Order, an assistant syndic or an investigator, inspector or member of the professional inspection committee.

56. A nurse may not permit, assist or encourage any person who is not entered on the roll of the Order to practise the profession.

DIVISION VII **DETERMINATION AND PAYMENT OF FEES**

57. A nurse shall require and accept fair and reasonable fees.

Fees are considered fair and reasonable if they are justified by the circumstances, in proportion to the professional services rendered and take into account, in particular,

(1) the nurse's experience;

(2) the time spent in performing the professional service;

(3) the difficulty and extent of the service; and

(4) the performance of unusual services or services requiring exceptional competence or speed.

58. A nurse may not claim fees that are unwarranted, in particular for performing services that she or he knew or should have known were unnecessary or disproportionate to the client's needs.

59. A nurse may share her or his fees with another nurse only to the extent that such division corresponds to a division of responsibilities and services.

60. A nurse shall provide her or his client with all the explanations required for the comprehension of the nurse's statement of fees and of the terms and conditions of payment.

61. A nurse may require payment only for services rendered or products delivered, but shall inform her or his client in advance of the approximate cost of her or his professional services.

62. A nurse may collect interest on outstanding accounts only after having duly notified her or his client. The interest so charged shall be at a reasonable rate.

63. A nurse shall refrain from selling her or his accounts, except to another nurse or unless the client consents thereto.

DIVISION VIII

CONDITIONS AND PROCEDURES APPLICABLE TO THE EXERCISE OF THE CLIENT'S RIGHTS OF ACCESS AND CORRECTION OF INFORMATION CONTAINED IN RECORDS ESTABLISHED IN RESPECT OF HIM OR HER

§ 1. General provisions

64. A nurse who practises her or his profession in an organization governed by the Act respecting access to documents held by public bodies and the protection of personal information (R.S.Q., c. A-2.1), by the Act respecting health services and social services (R.S.Q., c. S-4.2) or by the Act respecting health services and social services for Cree Native persons (R.S.Q., c. S-5) shall abide by the rules relating to accessibility and correction of records set out in the said acts and facilitate their application.

65. A nurse may require that a request covered by sections 66, 69 or 72 of this code be made in writing and that the right be exercised at her or his professional domicile during her or his ordinary working hours.

§ 2. Conditions and procedures applicable to the exercise of the client's right of access to information contained in records established in respect of him or her

66. A nurse shall respond, with diligence and no later than 20 days following receipt thereof, to any request made by her or his client to examine or obtain a copy of the information concerning the client in any record established in respect of the client.

67. Access to the information contained in a record shall be free of charge. However, a nurse may charge her or his client a reasonable fee for the reproduction, transcription or transmission of such information.

A nurse who intends to charge such fee shall, prior to reproducing, transcribing or transmitting the information, inform the client of the approximate amount that the client will be called upon to pay.

68. A nurse may refuse to allow the client access to information contained in a record established in respect of the client where the disclosure of such information would be likely to cause serious harm to the client or a third party. In such event, the nurse shall notify the client accordingly in writing.

§ 3. Conditions and procedures applicable to the exercise of the client's right of correction of information contained in records established in respect of him or her

69. A nurse shall respond, with diligence and no later than 20 days following receipt thereof, to any request made by her or his client to:

(1) cause to be corrected any information that is inaccurate, incomplete or ambiguous having regard for the purpose for which it was collected, contained in a document concerning the client included in any record established in respect of the client;

(2) cause to be deleted any information that is outdated or not justified by the object of the record established in respect of the client;

(3) file in the record established in respect of the client the written comments prepared by the client.

70. A nurse who grants a request covered by section 69 of this Code shall issue to the client, free of charge, as the case may be:

(1) a copy of the document or portion thereof allowing the client to determine that the information has been corrected;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

71. Upon written request of the client, a nurse shall transmit, free of charge, to any person who had transmitted to the nurse the information contemplated by section 69 of this Code as well as any person to whom such information was communicated, as the case may be:

(1) a copy of the corrected information;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

§ 4. Obligation of the nurse to release documents to the client

72. A nurse shall, with diligence, release to a client who so requests any document entrusted by the client to the nurse and shall indicate in the client's file, as appropriate, the reasons for the request.

DIVISION IX
CONDITIONS, OBLIGATIONS AND
PROHIBITIONS RELATING TO ADVERTISING

73. A nurse shall avoid all advertising likely to tarnish the image of the profession.

74. A nurse may not associate or permit the association of her or his name with her or his professional title in an advertisement directed at the public for the purpose of promoting the sale of any medication, medical product, product or method that could be harmful to health or miracle treatment.

75. A nurse may not, in any way whatsoever, engage in or permit advertising that is false, misleading or incomplete with regard to the professional services that she or he provides or will be called upon to provide.

76. A nurse who, in her or his advertising, claims to possess specific qualities or skills must be able to demonstrate them.

77. In her or his advertising, a nurse may not compare the quality of her or his services with the quality of the services provided or that may be provided by other nurses, and may not discredit or denigrate such services.

78. In her or his advertising, a nurse may not use or permit the use of an endorsement or statement of gratitude concerning her or him.

The preceding paragraph does not prevent a nurse from mentioning in her or his advertising an award for excellence or any other prize in recognition of a specific contribution or achievement related to the profession.

79. A nurse may not engage in or permit advertising that is likely to unduly influence persons who may be physically or emotionally vulnerable because of their age or state of health or the occurrence of a specific event.

80. A nurse who advertises prices or fees for her or his professional services shall:

(1) establish fixed amounts;

(2) specify the services covered by these amounts;

(3) indicate whether or not disbursements are included in the amounts;

(4) indicate whether additional services may be required and specify the cost thereof.

The fixed amounts shall remain in effect for a minimum period of 90 days after the last broadcast or publication of the advertisement.

A nurse may nevertheless agree with a client on a price lower than the one broadcast or published.

81. Any advertisement by a nurse must be of such a nature as to adequately inform persons who have no particular knowledge of the area of expertise referred to in the advertisement.

82. A nurse shall keep a copy of every advertisement put out by her or him for a period of at least 5 years following the date on which the advertisement was last published or broadcast. The copy shall be given to the secretary of the Order, the syndic of the Order, the assistant syndic or any investigator, inspector or member of a professional inspection committee who requests it.

83. A nurse who practises in partnership is solidarily responsible with the other nurses for complying with the rules respecting advertising, unless the advertisement clearly indicates the names of those responsible therefor or unless the nurse demonstrates that the advertisement was published or broadcast without her or his knowledge or consent or in spite of the measures taken to ensure compliance with those rules.

DIVISION X

PROFESSIONS, TRADES, INDUSTRIES,
BUSINESSES, OFFICES OR DUTIES
INCOMPATIBLE WITH THE DIGNITY OR
PRACTICE OF THE PROFESSION

84. A nurse may not trade, sell, engage or participate for profit in any distribution of medications, equipment or products related to her or his professional activities, except in the following cases:

1) where a sale of products is made in response to an immediate need of the client and is required for the care and treatment to be provided. In such case, the client shall be notified of any profit realized by the nurse upon the sale;

where the nurse's commercial activities are clearly distinguishable from her or his professional practice and where her or his professional title is not associated with the said commercial activities.

85. A nurse may not trade in products or methods that could be harmful to health or miracle treatments

DIVISION XI

GRAPHIC SYMBOL OF THE ORDER

86. Where a nurse reproduces the graphic symbol of the Order for advertising purposes, she or he shall ensure that such reproduction is in conformity with the original held by the secretary of the Order.

87. Where a nurse uses the graphic symbol of the Order for advertising purposes elsewhere than on a business card, she or he shall include the following warning in the advertisement:

“This advertisement does not originate with the Ordre des infirmières et infirmiers du Québec and is binding on the author only.”

Where a nurse uses the graphic symbol of the Order for advertising purposes, including on a business card, she or he may not juxtapose thereto or otherwise use the name of the Order, except to indicate that she or he is a member thereof.

CHAPTER III

FINAL PROVISIONS

88. This regulation replaces the Code of ethics of nurses (R.R.Q., 1981, c. I-8, r.4).

89. This regulation comes into force on the fifteenth day following the date of its publication in the *Gazette officielle du Québec*.

4781

Index Statutory Instruments

Abbreviations : **A**: Abrogated, **N**: New, **M**: Modified

Regulations — Statutes	Page	Comments
Administrative justice, An Act respecting..., amended (2001, Bill 30)	327	
Conservation and development of wildlife, An Act respecting the... — Hunting (R.S.Q., c. C-61.1)	343	M
Conservation and development of wildlife, An Act respecting the... — York-Baillargeon Controlled Zone (R.S.Q., c. C-61.1)	364	N
Dentists — Code of ethics (Professional Code, R.S.Q., c. C-26)	367	Draft
Executive Power Act, amended (2001, Bill 30)	327	
Government Departments Act, amended (2001, Bill 30)	327	
Health services and social services and other legislative provisions, An Act respecting the... — Coming into force of certain provisions of the Act (2001, c. 24)	341	
Hunting (An Act respecting the conservation and development of wildlife, R.S.Q., c. C-61.1)	343	M
Income support, employment assistance and social solidarity and other legislative provisions, An Act to amend the Act respecting... (2001, Bill 30)	327	
Income support, employment assistance and social solidarity, An Act respecting..., amended (2001, Bill 30)	327	
Industrial accidents and occupational diseases, An Act respecting..., amended (2001, Bill 30)	327	
Medical technologists — Issue of the permit — Replacement (Professional Code, R.S.Q., c. C-26)	368	Draft
Ministère de l'Emploi et de la Solidarité and establishing the Commission des partenaires du marché du travail, An Act respecting the..., amended (2001, Bill 30)	327	
National Assembly — Extract from the Standing Orders	363	
Notaries — Ethics (Professional Code, R.S.Q., c. C-26)	369	Draft
Nurses — Code of ethics (Nurses Act, R.S.Q., c. I-8)	375	Draft
Nurses — Code of ethics (Professional Code, R.S.Q., c. C-26)	375	Draft

Nurses Act — Nurses — Code of ethics (R.S.Q., c. I-8)	375	Draft
Professional Code — Dentists — Code of ethics (R.S.Q., c. C-26)	367	Draft
Professional Code — Medical technologists — Issue of the permit — Replacement (R.S.Q., c. C-26)	368	Draft
Professional Code — Notaries — Ethics (R.S.Q., c. C-26)	369	Draft
Professional Code — Nurses — Code of ethics (R.S.Q., c. C-26)	375	Draft
York-Baillargeon Controlled Zone (An Act respecting the conservation and development of wildlife, R.S.Q., c. C-61.1)	364	N