

(2) obtaining an educational card under false pretences;

(3) acting or behaving in such a way that the well-being or safety of the patients dealt with is compromised; or

(4) performing professional acts in contravention of the provisions of the Medical Act, the Professional Code or a regulation thereunder.

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

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Gouvernement du Québec

O.C. 1213-2002, 9 October 2002

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

Physicians

— Code of ethics

Code of ethics of physicians

WHEREAS, under section 87 of the Professional Code (R.S.Q., c. C-26), amended by section 6 of chapter 78 of the Statutes of 2001, the Bureau of a professional order must make, by regulation, a code of ethics governing the general and special duties of the members of the Order towards the public, their clients and their profession;

WHEREAS the Bureau of the Collège des médecins du Québec made the Code of ethics of physicians to replace the Code of ethics of physicians (R.R.Q., 1981, c. M-9, r.4);

WHEREAS, under section 95.3 of the Professional Code, amended by section 8 of chapter 34 of the Statutes of 2001, a draft Regulation was sent to every member of the Order at least 30 days before it was made by the Bureau;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (R.S.Q., c. R-18.1), a draft Regulation was published in Part 2 of the *Gazette officielle du Québec* of 27 March 2002 with a notice that it could be submitted to the Government for approval upon the expiry of 45 days following that publication;

WHEREAS, in accordance with section 95 of the Professional Code, the Office des professions du Québec made its recommendations;

WHEREAS it is expedient to approve the Regulation with amendments;

IT IS ORDERED, therefore, upon the recommendation of the Minister responsible for the administration of legislation respecting the professions:

THAT the Code of ethics of physicians, attached to this Order in Council, be approved.

JEAN ST-GELAIS,
Clerk of the Conseil exécutif

Code of ethics of physicians

Professional Code
(R.S.Q., c. C-26, s. 87; 2001, c. 78, s. 6)

CHAPTER 1

GENERAL PROVISIONS

1. This Code determines, pursuant to section 87 of the Professional Code (R.S.Q., c. C-26; 2001, c. 78), the duties and obligations to be discharged by every member of the Collège des médecins du Québec.

2. A physician may not exempt himself, even indirectly, from a duty or obligation contained in this Code.

CHAPTER II

GENERAL OBLIGATIONS OF THE PHYSICIAN

3. A physician's paramount duty is to protect and promote the health and well-being of the persons he attends to, both individually and collectively.

4. A physician must practise his profession in a manner which respects the life, dignity and liberty of the individual.

5. A physician must discharge his professional obligations with competence, integrity and loyalty.

6. A physician must practise his profession in accordance with scientific principles.

7. A physician must disregard any interference which does not respect his professional independence.

8. A physician must ensure that the persons he employs or with whom he is associated in the practice of his profession comply with this Code.

9. A physician must not allow other persons to perform, in his name, acts which, if performed by himself, would place him in contravention of this Code, the Medical Act, the Professional Code and the regulations ensuing therefrom.

10. A physician, in the practice of his profession, must not consult a charlatan, nor collaborate in any way whatsoever with him.

11. A physician must, in the practice of his profession, assume full civil liability at all times. He may not elude or attempt to elude, nor request that a patient or person renounce any recourse taken in a case of professional negligence on his part.

12. A physician must be judicious in his use of the resources dedicated to health care.

13. A physician must refrain from taking part in a concerted action of a nature that would endanger the health or safety of a clientele or population.

14. A physician must promote measures of education and information in the field in which he practises.

15. A physician must, as far as he is able, contribute to the development of the profession by sharing his knowledge and experience, notably with his colleagues, with residents and medical students, and by his participation in activities, courses, and periods of continuing training and evaluation.

16. A physician must refrain from the immoderate use of psychotropic substances or any other substance, including alcohol, producing analogous effects.

CHAPTER III

THE PHYSICIAN'S DUTIES AND OBLIGATIONS TOWARD THE PATIENT, THE PUBLIC AND THE PROFESSION

DIVISION I

QUALITY OF THE PROFESSIONAL RELATIONSHIP

17. A physician's physical, mental and emotional behaviour toward all persons with whom he comes into contact in the practice of his profession, particularly toward all patients, must be beyond reproach.

18. A physician must seek to establish and maintain with his patient a relationship of mutual trust and refrain from practising his profession in an impersonal manner.

19. A physician may put an end to a therapeutic relationship when there is reasonable and just cause to do so, particularly when the normal conditions required to establish and maintain mutual trust are absent, or if such trust no longer exists.

Inducement on the part of the patient to perform illegal, unjust or fraudulent acts constitutes a reasonable and just cause.

20. A physician, in order to maintain professional secrecy,

1° must keep confidential the information obtained in the practice of his profession;

2° must refrain from holding or participating in indiscreet conversations concerning a patient or the services rendered him or from revealing that a person has called upon his services;

3° must take reasonable means with respect to the persons with whom he works to maintain professional secrecy;

4° must not use information of a confidential nature to the prejudice of a patient;

5° may not divulge facts or confidences which have come to his personal attention, except when the patient or the law authorizes him to do so, or when there are compelling and just grounds related to the health or safety of the patient or of others;

6° may not reveal a serious or fatal prognosis to a patient's family if the patient forbids him from so doing.

21. A physician who communicates information protected by professional secrecy must, for each communication, indicate in the patient's record the following items:

1° the date and time of the communication;

2° the identity of the person exposed to danger or of the group of persons exposed to danger;

3° the identity of the person to whom the communication was made, specifying, according to the case, whether it was the person or persons exposed to danger, their representative or the persons likely to come to their assistance;

4° the act of violence he aimed to prevent;

5° the danger he had identified;

6° the imminence of the danger he had identified;

7° the information communicated.

22. A physician must refrain from taking advantage of the professional relationship established with the person to whom he is providing services.

More specifically, the physician must, for the duration of the professional relationship established with the person to whom he is providing services, refrain from having sexual relations with that person or making improper gestures or remarks of a sexual nature.

23. A physician may not refuse to examine or treat a patient solely for reasons related to the nature of the patient's deficiency or illness, or because of the race, colour, sex, pregnancy, civil status, age, religion, ethnic or national origin, or social condition of the patient, or for reasons of sexual orientation, morality, political convictions, or language; he may, however, refer the patient to another physician if he deems it to be in the patient's medical interest.

24. A physician must, where his personal convictions prevent him from prescribing or providing professional services that may be appropriate, acquaint his patient with such convictions; he must also advise him of the possible consequences of not receiving such professional services.

The physician must then offer to help the patient find another physician.

25. A patient must not interfere in the personal affairs of his patient in matters unrelated to the field of health.

DIVISION II FREEDOM OF CHOICE

26. A physician must acknowledge the patient's right to consult a colleague, another professional or any other competent person. He must not, by any means, interfere with the patient's freedom of choice.

27. A physician must, when issuing a prescription, respect the patient's right to have it filled at the place and by the person of his choice.

DIVISION III CONSENT

28. A physician must, except in an emergency, obtain voluntary and informed consent from the patient or his legal representative before undertaking an examination, investigation, treatment or research.

29. A physician must ensure that the patient or his legal representative receives explanations pertinent to his understanding of the nature, purpose and possible consequences of the examination, investigation, treatment or research which he plans to carry out. He must facilitate the patient's decision-making and respect it.

30. A physician must, with respect to research subjects or their legal representative, ensure:

1° that each subject is informed of the research project's objectives, its advantages, risks or disadvantages for the subject, the advantages provided by the usual care, if applicable, as well as the fact, as the case may be, that the physician will derive a material gain from enrolling or keeping the subject in the research projects;

2° that a voluntary and informed written consent, which is revocable at all times, is obtained from each subject before he begins his participation in the research project or when there is any significant change in the research protocol.

31. A physician must, before undertaking his research on humans, obtain approval of the project by a research ethics committee that respects existing standards, notably in its composition and procedures. He must also ensure that all those collaborating with him in the research project are informed of his ethical obligations.

DIVISION IV MEDICAL MANAGEMENT AND FOLLOW-UP

32. A physician who has undertaken an examination, investigation or treatment of a patient must provide the medical follow-up required by the patient's condition, following his intervention, unless he has ensured that a colleague or other competent professional can do so in his place.

33. A physician who wishes to refer a patient to another physician must assume responsibility for that patient until the new physician takes responsibility for the latter.

34. A physician who treats a patient requiring emergency care must ensure the medical management required by the patient's condition until the transfer is accepted by another physician.

35. A physician who can no longer provide the required medical follow-up of a patient must, before ceasing to do so, ensure that the patient can continue to receive the required care and contribute thereto to the extent necessary.

36. A physician must, in the event of a complete or partial cessation of practice, inform his patients of such by giving them advance notice within a reasonable period of time.

37. A physician must be diligent and display reasonable availability with respect to his patient and the patients for whom he accepts responsibility when he is on call.

38. A physician must come to the assistance of a patient and provide the best possible care when he has reason to believe that the patient presents with a condition that could entail serious consequences if immediate medical attention is not given.

39. A physician must report to the director of youth protection any situation where there is reasonable cause to believe that the security or development of a child is or may be considered to be in danger; he must then transmit to the director any information he deems pertinent to protecting the child.

The physician himself may also report to the police authorities the situation of a child whose physical integrity or life appears to him to be in danger.

40. A physician who has reason to believe that the health of the population or of a group of individuals is threatened must notify the appropriate public health authorities.

41. A physician must collaborate with his colleagues in maintaining and improving the availability and quality of the medical services to which a clientele or population must have access.

DIVISION V **QUALITY OF PRACTICE**

42. A physician must, in the practice of his profession, take into account his capacities, limitations and the means at his disposal. He must, if the interest of his patient requires it, consult a colleague, another professional or any competent person, or direct him to one of these persons.

43. A physician must refrain from practising his profession under circumstances or in any state that could compromise the quality of his practice or his acts or the dignity of the profession.

44. A physician must practise his profession in accordance with the highest possible current medical standards; to this end, he must, in particular, develop, perfect and keep his knowledge and skills up to date.

45. A physician who undertakes or participates in research on human beings must conform to the scientific principles and ethical standards generally recognized and justified by the nature and purpose of his research.

46. A physician must make his diagnosis with the greatest care, using the most appropriate scientific methods and, if necessary, consulting knowledgeable sources.

47. A physician must avoid omissions, procedures or acts which are unsuitable or contrary to the current information in medical science.

48. A physician must not resort to insufficiently tested examinations, investigations or treatments, unless they are part of a recognized research project and carried out in a recognized scientific milieu.

49. A physician must, with regard to a patient who wishes to resort to insufficiently tested treatments, inform him of the lack of scientific evidence relative to such treatments, of the risks or disadvantages that could result from them, as well as the advantages he may derive from the usual care, if any.

50. A physician must only provide care or issue a prescription when these are medically necessary.

51. A physician must refrain from providing, prescribing or permitting the obtainment of, in the absence of pathology or sufficient medical reason, psychotropic substances, including alcohol, or any other substance producing analogous effects, as well as any substance used to improve performance.

52. A physician must refrain from using or stating that he uses secret substances or treatments or from promoting the dissemination thereof.

53. A physician must, when performing an act requiring assistance, ensure that the person assisting him is qualified.

54. A physician must not remain alone with a patient when he uses a method of examination or treatment that entails a significantly altered state of consciousness.

55. A physician must not decrease the physical, mental or affective capacities of a patient except where such is required for preventive, diagnostic or therapeutic reasons.

56. A physician must, as soon as possible, inform his patient or the latter's legal representative of any incident, accident or complication which is likely to have or which has had a significant impact on his state of health or personal integrity.

57. A physician must inform the patient or, if the latter is unable to act, his legal representative, of a fatal or grave prognosis, unless there is just cause not to do so.

58. A physician must, when the death of a patient appears to him to be inevitable, act so that the death occurs with dignity. He must also ensure that the patient obtains the appropriate support and relief.

59. A physician must collaborate with the patient's relatives or any other person who shows a significant interest in the patient.

60. A physician must refuse to collaborate or participate in any medical act not in the patient's interest as it pertains to his health.

61. A physician must refuse to collaborate in any research activity where the risks to the health of subjects, healthy or ill, appear disproportionate to the potential advantages they may derive from such or the advantages they may derive from the usual care, if any.

62. A physician may not, unless an Act or regulation authorizes it,

1° select or keep in his position as associate, employee or assistant for the purpose of practising medicine, a person who is not a physician;

2° confer upon a person who is not a physician the responsibility of performing acts belonging to the practice of medicine;

3° collaborate with a person who illegally practises medicine.

DIVISION VI INDEPENDENCE AND IMPARTIALITY

63. A physician must safeguard his professional independence at all times and avoid any situation in which he would be in conflict of interest, in particular when the interests in question are such that he might tend to favour certain of them over those of his patient or where his integrity and loyalty toward the latter might be affected.

64. A physician must disregard any intervention by a third party which could influence the performance of his professional duties to the detriment of his patient, a group of individuals or a population.

65. A physician acting on behalf of a third party must communicate directly to the physician of the patient, with the latter's authorization, any information he deems important with respect to his state of health.

66. A physician must, subject to existing laws, refrain from acting as physician on behalf of a third party in a lawsuit against his patient.

67. A physician acting on behalf of a patient or a third party as expert or assessor, must:

1° during an assessment, objectively and impartially acquaint the patient with the purpose of his work, what is being assessed and the means he intends to use to carry it out; he must also tell him to whom the assessment report is being sent and how he may request a copy of such;

2° avoid obtaining any information from that person or making any interpretations or comments not pertinent to what is being assessed;

3° refrain from communicating to the third party any information, interpretations or comments not pertinent to what is being assessed;

4° refrain from any word or gesture that could undermine that person's confidence in his physician;

5° promptly, objectively and impartially communicate his report to the third party or person who requested the assessment.

68. A physician must, in judging the aptitude of a person to perform work, confine himself to seeking information pertinent to this purpose.

69. A physician acting on behalf of a third party as expert or assessor may not become the attending physician of the patient unless the latter requests it or expressly authorizes it, and not until his mandate from the third party is completed.

70. A physician must, except in an emergency or in cases which are manifestly not serious, refrain from treating himself, or from treating any person with whom there is a relationship that could prejudice the quality of his practice, notably his spouse and his children.

71. A physician must, either alone or with the physicians with whom he practises, assume responsibility for the practice of his profession; he may not accept any arrangement limiting that responsibility.

72. A physician may not be party to an agreement in which the nature and extent of professional expenses can influence the quality of his practice.

Likewise, a physician may not be party to an agreement with another health professional in which the nature and extent of the professional expenses of the latter can influence the quality of his practice.

73. A physician must refrain :

1° from seeking or obtaining undue profit from the prescription of apparatus, examinations, medications or treatments ;

2° from granting, in the practice of his profession, any benefit, commission or rebate to any person whatsoever ;

3° from accepting, in his capacity as physician or by using his title of physician, any commission, rebate or material benefit that would jeopardize his professional independence.

74. A physician must not solicit clientele.

75. A physician may not allow his title to be used for commercial purposes.

76. A physician must refrain from selling any drug or product presented as having a benefit to health, except those he administers directly.

77. A physician must inform the patient of the fact that he has interests in the enterprise providing the diagnostic or therapeutic services he prescribes for him.

A physician must respect the patient's freedom of choice by indicating to him, on request, the other places where he may receive such services, when he issues him a prescription or a referral form to that effect.

78. A physician who undertakes or participates in a research project must state his interests and disclose any real, apparent or potential conflicts of interest to the research ethics committee.

In research-related activities, a physician must not be party to any agreement nor accept or grant any compensation that would call his professional independence into question.

Remuneration or compensation of a physician for the time and professional expertise he devotes to research must be reasonable and known to the ethics committee.

79. A physician who obtains royalties or is part of an enterprise which is within his power to control and which manufactures or markets products having a benefit to health must so inform the persons to whom he prescribes them and the circles in which he promotes them.

80. A physician may not be party to any agreement or accept any benefit that could jeopardize his professional independence, particularly in the context of continuing medical education activities.

81. A physician who organizes a continuing medical education activity or acts as a resource person in the context of such an activity must inform the participants of his affiliations or financial interests in a commercial enterprise in the performance of this activity.

82. A physician who is to perform a graft or organ transplant must not participate in the determination or confirmation of death of the patient from whom the organ is to be removed.

DIVISION VII
INTEGRITY

83. A physician must refrain from guaranteeing, explicitly or implicitly, the effectiveness of an examination, investigation or treatment, or the cure of a disease.

84. A physician must refrain from entering, producing or using data that he knows to be erroneous in any document, particularly in any report, medical record or research record.

85. A physician must refrain from issuing to any person and for any reason whatsoever a false certificate or any information, either verbal or written, which he knows to be erroneous.

86. A physician may not, by whatever means, make false, misleading or incomplete representations to the public or to a person having recourse to his services, particularly as to his level of competence or the scope or effectiveness of his services or of those generally provided by members of his profession.

87. A physician must not knowingly conceal the negative findings of a research project in which he has taken part.

88. A physician who uses a public information medium must communicate factual, exact and verifiable information. This information must not contain :

1° any comparative or superlative statement regarding the quality of the products, professionals or services referred to in the information ;

2° any expression of support or gratitude concerning him or his professional practice.

89. A physician, in expressing medical opinions through any public information medium, must inform the public of opinions in keeping with current information in medical science on the subject and avoid any uncalled for publicity favouring a medication, product, or method of investigation or treatment.

90. A physician must express the appropriate caution when informing the public of a new diagnostic, investigative or treatment procedure which has not been sufficiently tested.

91. A physician may not engage in, or allow the use of, by any means whatsoever, advertising in his name, about him or for his benefit that is false, incomplete, unsuitable, misleading or liable to mislead.

92. A physician must clearly indicate in his advertising, on his stationery and all other items of identification, his name, his status as general practitioner or, where he holds a specialist's certificate issued by the Collège, his status as specialist. He may also mention the services he offers.

93. A physician must keep a complete copy of every advertisement in its original form, as well as a copy of any relevant contracts, for a period of not less than three (3) years following the date on which the advertisement was last published or broadcast. The copy must be submitted to a syndic of the Collège upon request.

DIVISION VIII ACCESSIBILITY AND RECTIFICATION OF RECORDS

94. A physician must, promptly and within no more than 30 days of its receipt, respond to any request made by his patient to examine or obtain a copy of documents concerning him in any record established in his respect.

95. A physician may demand from a patient reasonable fees no greater than the cost of reproducing or transcribing such documents and the cost of transmitting a copy of the latter.

A physician who intends to demand such fees must, before proceeding with any reproduction, transcription or transmission, inform his patient of the approximate amount he will be required to pay.

96. A physician who refuses a patient access to information contained in a record established in his respect must, at the written request of the patient, inform him in writing of the reasons for his refusal and enter such reasons in the record.

97. A physician must provide a patient who requests it, or such person designated by the latter, with all information allowing him to obtain a benefit to which he may be entitled.

98. A physician must, at the patient's written request and within no more than 30 days of its receipt, hand over to the physician, employer, establishment, insurer or any other person designated by the patient, pertinent information from the patient's medical record which is in his possession and safekeeping.

99. A physician must, promptly and within no more than 30 days of its receipt, respond to any request made by a patient to correct or delete inexact, incomplete, ambiguous, outdated or unjustified information in any document concerning him. He must also respect the right of the patient to make written comments in his record.

A physician must deliver to the patient, free of charge, a copy of the document or that part of the document which was duly dated and placed in the record and which allows the patient to see that the information was corrected or deleted or, depending on the case, an attestation that the patient's written comments have been entered in the record.

100. A physician must, at the patient's written request, transmit a copy, without charge to the patient, of the corrected information or an attestation that the information was deleted or, if such be the case, that the written comments were entered in the record, to any person from whom the physician has received information that was the subject of correction, deletion or comments, as well as to any person to whom the information was communicated.

101. A physician who refuses to assent to a request for correction or deletion of information must notify the patient in writing of the reasons for such refusal and inform him of any recourse available to him.

102. A physician must respond promptly to any written request made by a patient to regain possession of a document the patient entrusted to him.

DIVISION IX FEES

103. A physician must refrain from claiming fees from whomever for professional activities the cost of which has been or must be paid by a third party.

104. A physician must claim only those fees justified by the nature and circumstances of the professional services rendered.

The physician must, without delay, advise the patient of any change in the estimated cost of services.

105. A physician who does not participate or who has withdrawn from the Québec Health Insurance Plan or who claims fees for services not covered by this Plan, must give the patient sufficient prior information on the nature and scope of the services included in the fee claimed and specify the period for which the fee is in effect. A physician must provide the patient with all the necessary explanations for understanding his account and the terms and conditions of payment.

106. A physician must refrain from claiming fees for professional services not rendered.

The physician contemplated in section 105 may, however, demand a reasonable advance to cover the costs and fees related to the performance of his professional services.

107. A physician may share his fees only insofar as the sharing does not affect his professional independence.

108. A physician must not sell or transfer his accounts for professional fees, unless it is to another physician or unless the patient agrees thereto or a regulation of the Collège authorizes it.

109. A physician who appoints another person or agency to collect his fees must ensure that the latter proceeds with tact, moderation and a respect for the confidentiality and practices related to the collection of accounts authorized by law.

DIVISION X RELATIONS WITH COLLEAGUES AND OTHER PROFESSIONALS

110. A physician must not, in his relations with whomever in the practice of his profession, notably a colleague or member of another professional order, denigrate him, abuse his confidence, willingly mislead him, betray his good faith or use disloyal tactics.

111. A physician must not harass, intimidate or threaten a person with whom he is connected in the practice of his profession.

112. A physician must, when of his own initiative he refers a patient to another professional, provide the latter with any information he possesses which is pertinent to the examination, investigation and treatment of that patient.

113. A physician who accepts a request for consultation from a physician must promptly provide the latter with the written results of his consultation and the recommendations he considers appropriate. He may also, if he deems it necessary, provide another health professional who refers a patient to him or to whom he refers a patient with any information useful to the care and services to be given to that patient.

114. A physician must, in an emergency, assist a colleague or another health professional in the practice of his profession when the latter requests it.

115. A physician must not take credit for work performed by a colleague or any other person.

DIVISION XI RELATIONS WITH THE COLLÈGE

116. A physician must collaborate with the Collège in the execution of the latter's mandate to protect the public.

117. A physician must refrain from exerting any undue pressure, accepting or offering money or any other consideration, in order to influence a decision of the Bureau of the Collège, one of its committees or any person acting on behalf of the Collège.

118. A physician may not intimidate, hinder or denigrate in any way whatsoever a representative of the Collège acting in the performance of the duties conferred upon him by the Professional Code, the Medical Act or the regulations ensuing therefrom, or any person who has requested the holding of an inquiry, or any other person identified as a witness who could be summoned before a disciplinary body.

119. A physician must report to the Collège any physician, medical student, resident, medical fellow or any person authorized to practise medicine whom he believes to be unfit to practise, incompetent or dishonest, or who has performed acts in contravention of the Professional Code, Medical Act or regulations ensuing therefrom.

The physician must furthermore try to assist a colleague who presents a health problem likely to affect the quality of his practice.

120. A physician must, as promptly as possible, reply in writing to any correspondence from the secretary of the Collège, from a syndic as well as a member of the Review Committee or Professional Inspection Committee, or from an investigator, expert or inspector of this Committee, and make himself available for any meeting deemed pertinent.

121. A physician who is the subject of an inquiry or upon whom a complaint has been served by a syndic must not communicate with the person who requested that the inquiry be held, unless the physician has the prior, written permission of the person acting as syndic.

122. A physician must respect any agreement he has concluded with the Bureau, the Administrative Committee, the secretary of the Collège, a syndic, an assistant syndic or the Professional Inspection Committee.

123. A physician may not use the graphic symbol of the Collège in his advertising, unless he is authorized to do so by the secretary of the Collège, in which case the physician must add to such advertising the following notice:

“This advertisement is not an advertisement for the Collège des médecins du Québec and makes reference only to its authors.”

CHAPTER IV FINAL PROVISIONS

124. This code replaces the Code of ethics of physicians (R.R.Q., 1981, c. M-9, r.4).

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

5345

Gouvernement du Québec

Agreement

An Act respecting elections and referendums in municipalities
(R.S.Q., c. E-2.2)

AGREEMENT CONCERNING NEW METHODS OF VOTING USING “PERFAS-MV” BALLOT BOXES

AGREEMENT ENTERED INTO

BETWEEN

The MUNICIPALITY OF SAINT-LIBOIRE, a legal person established in the public interest, having its head office at 21, place Mauriac, Saint-Liboire, Province of Québec, represented by the mayor, Gaétan Phaneuf and the secretary-treasurer Marie-Andrée Gosselin under a resolution bearing number 236-02, hereinafter called

THE MUNICIPALITY

AND

Mtre. Marcel Blanchet, in his capacity as CHIEF ELECTORAL OFFICER OF QUÉBEC, duly appointed to that office under the Election Act (R.S.Q., c. E-3.3), acting in that capacity and having his main office at 3460, rue de La Pérade, in Sainte-Foy, Province of Québec, hereinafter called

THE CHIEF ELECTORAL OFFICER

AND

the Honourable André Boisclair, in his capacity as MINISTER OF MUNICIPAL AFFAIRS AND GREATER MONTRÉAL, having his main office at 10, rue Pierre-Olivier-Chauveau, in Québec, Province of Québec, hereinafter called

THE MINISTER

WHEREAS the council of the MUNICIPALITY, by its resolution No. 177-02, passed at its meeting of 2nd July 2002, expressed the desire to avail itself of the provisions of the Act respecting elections and referendums in municipalities to enter into an agreement with the CHIEF ELECTORAL OFFICER and the MINISTER in order to allow the use of electronic ballot boxes for the regular election of 3rd November 2002 the MUNICIPALITY;