

“**244.1R1.** For the purposes of section 244.1 of the Act, the mandataries of the Gouvernement du Québec, except the entities listed in Schedule III and government departments, are prescribed mandataries.”.

**3.** Section 279R29 of the Regulation is amended by replacing “328 to 336” in the portion before the formula in the first paragraph by “327.10 to 335”.

**4.** Section 346.1R1 of the Regulation is replaced by the following:

“**346.1R1.** For the purposes of section 346.1 of the Act, the mandataries of the Gouvernement du Québec, except the entities listed in Schedule III and government departments, are prescribed mandataries.”.

**5.** This Regulation comes into force on the date of its publication in the *Gazette officielle du Québec*.

## Regulation to amend the Regulation respecting the application of the Fuel Tax Act

Fuel Tax Act  
(chapter T-1, s. 10.1 and s. 56)

**1.** Section 10.1R1 of the Regulation respecting the application of the Fuel Tax Act (chapter T-1, r. 1) is amended by striking out paragraph *a*.

**2.** This Regulation comes into force on the date of its publication in the *Gazette officielle du Québec*.

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Gouvernement du Québec

### O.C. 1113-2014, 10 December 2014

Professional Code  
(chapter C-26)

#### Physicians — Code of ethics — Amendment

Regulation to amend the Code of ethics of physicians

WHEREAS, under section 87 of the Professional Code (chapter C-26), the board of directors of a professional order must make, by regulation, a code of ethics governing the general and special duties of the professional towards the public, clients and the profession, particularly the duty to discharge professional obligations with integrity;

WHEREAS the board of directors of the Collège des médecins du Québec made the Regulation to amend the Code of ethics of physicians on 13 December 2013;

WHEREAS, under section 95.3 of the Professional Code, a draft of the Regulation to amend the Code of ethics of physicians was sent to every member of the Order at least 30 days before being made by the board of directors;

WHEREAS, pursuant to section 95 of the Professional Code and subject to sections 95.0.1 and 95.2, every regulation made by the board of directors of a professional order under the Code must be transmitted to the Office des professions du Québec for examination and be submitted, with the recommendation of the Office, to the Government which may approve it with or without amendment;

WHEREAS, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), a draft of the Regulation to amend the Code of ethics of physicians was published in Part 2 of the *Gazette officielle du Québec* of 12 February 2014 with a notice that it could be submitted to the Government for approval on the expiry of 45 days following that publication;

WHEREAS the Office has examined the Regulation and submitted it with its recommendation to the Government;

WHEREAS it is expedient to approve the Regulation with amendments;

IT IS ORDERED, therefore, on the recommendation of the Minister of Justice:

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

JUAN ROBERTO IGLESIAS,  
*Clerk of the Conseil exécutif*

## Regulation to amend the Code of ethics of physicians

Professional Code  
(chapter C-26, s. 87)

**1.** The Code of ethics of physicians (chapter M-9, r. 17) is amended by inserting the following after section 3:

“**3.1.** A physician must collaborate with other physicians in maintaining and improving the availability and quality of the medical services to which a clientele or population must have access.”.

**2.** Section 20 is amended

(1) by inserting “, including on social networks,” after “participating” in paragraph 2;

(2) by replacing “or the law authorizes him to do so” in paragraph 5 by “authorizes the physician to do so or when the law authorizes or orders the physician to do so”;

(3) by adding the following at the end:

“(7) must , when providing professional services to a couple or a family, preserve each member’s right to professional secrecy;

(8) must take reasonable measures to preserve professional secrecy when the physician uses, or persons working with the physician use, information technologies;

(9) must record in the patient’s record any communication to a third party, with or without the patient’s consent, of information protected by professional secrecy.”

**3.** Section 21 is amended by inserting “in order to prevent an act of violence, including a suicide,” after “protected by professional secrecy” in the first paragraph.

**4.** Section 22 is amended by adding the following paragraph at the end:

“The duration of the professional relationship is established by taking into account, in particular, the nature of the pathology, the nature of the professional services rendered and their duration, the vulnerability of the person and the likelihood of having to provide professional services to that person again.”

**5.** Section 23 is amended

(1) by replacing “of the patient’s deficiency or illness” by “of a deficiency or illness, or to the context in which the patient’s deficiency or illness appeared”;

(2) by striking out “; he may, however, refer the patient to another physician if he considers it to be in the patient’s medical interest”.

**6.** Section 32 is amended

(1) by replacing “a colleague or other competent professional” by “another physician, another professional or another authorized person”;

(2) by adding the following paragraph at the end:

“A physician who signs a collective prescription or a prescription to adjust a medication or a medication therapy must ensure that the prescription includes measures for the medical management or follow-up, if required.”

**7.** Section 33 is amended by replacing “who wishes to refer” and “the new” by “who refers” and “that other”, respectively.

**8.** Section 34 is revoked.

**9.** Section 41 is revoked.

**10.** Section 56 is amended by replacing “of any incident, accident or” by “of an accident or”.

**11.** The following is inserted after section 63:

“**63.1.** A physician may neither subscribe to any agreement nor accept any benefit likely to influence his or her professional practice as regards the quality of care and its availability as well as the patient’s freedom of choice.

The physician must ensure that a patient is given priority access to medical care strictly on the basis of criteria founded on medical necessity.”

**12.** Section 67 is amended

(1) by replacing paragraph 1 by the following:

“(1) objectively and impartially acquaint the person subject to the assessment or expert’s opinion with the purpose of the physician’s work, the subjects of the assessment or expert’s opinion and the means the physician intends to use to carry it out; the physician must also tell the person to whom the assessment or expert’s report is being sent and how the person may request a copy thereof;”;

(2) by replacing “to what is being assessed” in paragraph 2 by “to the subject of the assessment or expert’s opinion”;

(3) by replacing paragraph 3 by the following:

“(3) communicate to third parties only the comments, information or interpretations necessary for answering the questions raised by the requested assessment or expert’s opinion;”;

(4) by inserting “or the expert’s opinion” after “the assessment” in paragraph 5.

**13.** Section 72 is amended by inserting “from the physician” after “a statement” in the third paragraph.

**14.** Section 73 is amended

(1) by replacing paragraph 1 by the following:

“(1) from seeking or obtaining a financial benefit other than the physician’s fees from the prescription of apparatus, examinations or medications, either directly, indirectly or through an enterprise controlled by the physician or in which the physician takes part;”;

(2) by adding the following paragraph at the end:

“Despite subparagraph 1 of the first paragraph, a physician may make a profit from the sale or marketing of an apparatus or examination that the physician prescribes and has developed or contributed to its development, directly, indirectly or through an enterprise controlled by the physician or in which the physician takes part, in which case the physician must so inform the patient.”.

**15.** Section 76 is replaced by the following:

“76. A physician must refrain, directly or indirectly, from leasing or selling apparatus or from selling any medication or product presented as having a benefit to health, except the apparatus installed or the medications and products administered by the physician directly.

In addition, a physician may not claim disproportionate amounts as payment for the medical supplies required by the treatments administered by the physician.”.

**16.** Section 77 is replaced by the following:

“77. A physician must respect the patient’s freedom of choice by indicating to the patient, on request, the places where the patient may receive the diagnostic or therapeutic services when the physician issues the patient a prescription or a referral form to that effect.”.

**17.** Section 79 is replaced by the following:

“79. A physician who receives benefits from the enterprise offering a product having a benefit to health or therapeutic or diagnostic services in which the physician has interests or is part of an enterprise which is within his or her power to control and which manufactures or markets products having a benefit to health or therapeutic or diagnostic services must so inform the circles in which he or she promotes them.”.

**18.** Section 92 is replaced by the following:

“92. A physician must, in any advertising or any other item of identification used to offer professional services, clearly indicate his or her name and a specialist’s title

corresponding to one of the specialties defined in the Regulation respecting medical specialties (chapter M-9, r. 26.1). The physician may also mention in it the professional services he or she offers.”.

**19.** Section 94 is amended

(1) by replacing “30” by “20” and by inserting “14 years of age or older” after “made by his patient”;

(2) by adding the following paragraphs at the end:

“Despite the foregoing, a physician may temporarily deny access if the physician is of the opinion that communicating the record or a part thereof would cause serious harm to the patient’s health. In that case, the physician determines the time the record or part thereof to which access is denied may be communicated to the patient and so informs the patient.

A physician must obtain the consent of a minor 14 years of age or older before communicating to the minor’s parent or tutor health information connected with care to which the minor may give his or her consent alone.”.

**20.** The following is inserted after section 94:

“94.1. A physician may not communicate information concerning a patient, or contained in the patient’s record, furnished by or concerning a third party, where knowledge of the existence or the communication thereof would make it possible to identify the third party and such disclosure could seriously harm the third party, unless the latter agrees in writing to the communication of the information or in the case of an emergency that threatens the life, health or safety of the person concerned.

The first paragraph does not apply where the information was furnished by a health or social services professional or by an employee of a health institution in the performance of their duties. For the purposes of this paragraph, trainees, including medical residents, are deemed to be health or social services professionals.”.

**21.** Section 95 is amended by adding the following paragraph at the end:

“Despite the foregoing, a physician may not withhold the documents until payment of the fees by the patient.”.

**22.** Section 100 is amended by striking out “, at the patient’s written request,”.

**23.** Section 104 is amended by adding the following paragraph at the end:

“A physician who claims fees must provide the patient with an itemized invoice for his or her services, the medical supplies and apparatus, medications and products presented as having a benefit to health whose cost is claimed by the physician.”.

**24.** Section 105 is amended by adding the following sentence at the end of the first paragraph: “The physician must in particular clearly identify the cost of his or her fees and the price of medical supplies, apparatus, medications and products presented as having a benefit to health.”.

**25.** The following is inserted after section 112:

“**112.1.** A physician must cooperate with other health professionals and other persons authorized to provide health care to a patient.”.

**26.** Section 113 is replaced by the following:

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

**27.** This Regulation comes into force on 7 January 2015, except for sections 14 and 17, which come into force on 7 July 2015.

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**M.O., 2014-10**

**Order number V-1.1-2014-10 of the Minister of Finance, December 5, 2014**

Securities Act  
(chapter V-1.1)

CONCERNING the Regulation to amend Regulation 31-103 respecting Registration Requirements, Exemptions and Ongoing Registrant Obligations

WHEREAS subparagraphs 1, 3, 4.1, 8, 9, 11, 26 and 34 of section 331.1 of the Securities Act (chapter V-1.1) stipulate that the *Autorité des marchés financiers* may make regulations concerning the matters referred to in those paragraphs;

WHEREAS the third and fourth paragraphs of section 331.2 of the said Act stipulate that a draft regulation shall be published in the Bulletin of the Authority, accompanied with the notice required under section 10 of the Regulations Act (chapter R-18.1) and may not be submitted for approval or be made before 30 days have elapsed since its publication;

WHEREAS the first and fifth paragraphs of the said section stipulate that every regulation made under section 331.1 must be approved, with or without amendment, by the Minister of Finance and the Economy and comes into force on the date of its publication in the *Gazette officielle du Québec* or any later date specified in the regulation;

WHEREAS the Regulation 31-103 respecting Registration Requirements, Exemptions and Ongoing Registrant Obligations was made by ministerial order 2009-04 dated September 9, 2009 (2009, *G.O.* 2, 3309A);

WHEREAS there is cause to amend this regulation;

WHEREAS the draft Regulation to amend Regulation 31-103 respecting Registration Requirements, Exemptions and Ongoing Registrant Obligations was published in the *Bulletin de l'Autorité des marchés financiers*, volume 10, no. 48 of December 5, 2013;

WHEREAS the Authority made, on November 14, 2014, by the decision no. 2014-PDG-0138, Regulation to amend Regulation 31-103 respecting Registration Requirements, Exemptions and Ongoing Registrant Obligations;

WHEREAS there is cause to approve this regulation without amendment;

CONSEQUENTLY, the Minister of Finance approves without amendment Regulation to amend Regulation 31-103 respecting Registration Requirements, Exemptions and Ongoing Registrant Obligations appended hereto.

December 5, 2014

CARLOS LEITÃO,  
*Minister of Finance*

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