



NATIONAL ASSEMBLY OF QUÉBEC

SECOND SESSION

FORTY-SECOND LEGISLATURE

Bill 19

**An Act respecting health and social
services information and amending
various legislative provisions**

Introduction

**Introduced by
Mr. Christian Dubé
Minister of Health and Social Services**

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EXPLANATORY NOTES

This bill establishes a legal framework specific to health and social services information that is applicable to every health and social services body that holds such information. The purpose of the bill is to ensure the protection of information, while allowing access to it in a timely manner and optimizing the use that can be made of it, with a view to improving the quality of the services provided to the population and to enabling management of the health and social services system that is based on knowledge of the needs of persons and of utilization of services.

To that end, the bill defines health or social services information and health and social services bodies. It contains rules to govern the collection of information by such bodies and determines the cases in which the information may be used, without the consent of the person concerned, for purposes other than those for which it was collected.

The bill sets out certain general principles, including the principle that, where possible, access to or use of health or social services information must be in a form that does not allow the person concerned to be identified directly. In addition, access to such information must be granted only in accordance with the rules prescribed by the bill, unless the consent of the person concerned is obtained.

The bill establishes the right of persons concerned by health or social services information and of certain persons related to them to access and request the rectification of that information.

Rules are introduced regarding access to health and social services information by third persons. For instance, a professional providing health services or social services within a health and social services body may access information held by any health and social services body where the information is necessary for providing those services. Such a body may allow a person, partnership or body to access health or social services information where the information is necessary for the application of an Act in Québec and the law expressly allows the information to be examined. In addition, a researcher who complies with certain conditions may be granted authorization to access health or social services information held by any health and social services body where the information is

necessary for carrying out a research project approved by an ethics committee, by addressing a request either to a health and social services body or to a public body designated by the Government to act as a research access centre, depending on which body the researcher is attached to. Furthermore, the bill designates a health and social services access authorization manager within the Ministère de la Santé et des Services sociaux, and entrusts the manager with the role of authorizing access to such information in other circumstances and subject to compliance with certain conditions.

Under the bill, the Minister is to determine, by regulation, the procedure and means for access to information in a context where services are provided, and he or she may also do so for other authorized accesses. In addition, the Government is given the power to limit, by regulation, access to certain health or social services information or a category of such information in a context where services are provided, including because the risk of injury that would be caused by their disclosure is clearly greater than the anticipated benefits for the persons concerned.

The Minister must define health and social services information governance rules, including the guidelines to be used by professionals in assessing the necessity of accesses, which are applicable to all health and social services bodies. The health and social services network information officer is entrusted with responsibility for establishing, for those bodies, special rules regarding information security management. In addition, obligations are imposed on the bodies themselves regarding governance and the protection of information, including the obligation to adopt a policy implementing the rules defined by the Minister, the obligation to designate a person in charge of the protection of information, the obligation to log all accesses to such information, and the obligation to use only technological products and services certified by the Minister in the cases determined by government regulation.

The bill entrusts the Commission d'accès à l'information with responsibility for overseeing the carrying out of the bill and, to that end, grants the Commission inspection and investigation powers and the power to make orders. The bill also gives the Commission responsibility for reviewing access and rectification requests, and grants a right of appeal before the Court of Québec in certain cases.

The Act respecting health services and social services is amended to allow the Minister to establish a national information filing system, which is designed to, among other purposes, facilitate authorized accesses. The system must, among other things, make it possible to

keep the records of the users of health and social services institutions, index the records of other health and social services bodies, and put in place mechanisms enabling a person to find a professional who agrees to provide medical care to the person and to book an appointment with him or her. In addition, the Minister must establish a register of users, a register of providers and a register of bodies.

To ensure the establishment of the new legal framework, several other Acts are amended and the Act respecting the sharing of certain health information, which governs the Québec Health Record, is repealed.

Lastly, the bill contains penal provisions and transitional and final provisions.

LEGISLATION AMENDED BY THIS BILL:

- Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1);
- Act to promote access to family medicine and specialized medicine services (chapter A-2.2);
- Workers' Compensation Act (chapter A-3);
- Act respecting industrial accidents and occupational diseases (chapter A-3.001);
- Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);
- Automobile Insurance Act (chapter A-25);
- Hospital Insurance Act (chapter A-28);
- Health Insurance Act (chapter A-29);
- Act to authorize the communication of personal information to the families of Indigenous children who went missing or died after being admitted to an institution (chapter C-37.4);
- Public Curator Act (chapter C-81);
- Act respecting the Institut de la statistique du Québec (chapter I-13.011);

- Act respecting Institut national de santé publique du Québec (chapter I-13.1.1);
- Act respecting administrative justice (chapter J-3);
- Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2);
- Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2);
- Act to assist persons who are victims of criminal offences and to facilitate their recovery (chapter P-9.2.1);
- Act respecting the Health and Social Services Ombudsman (chapter P-31.1);
- Youth Protection Act (chapter P-34.1);
- Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001);
- Act respecting the protection of personal information in the private sector (chapter P-39.1);
- Act respecting the Régie de l'assurance maladie du Québec (chapter R-5);
- Public Health Act (chapter S-2.2);
- Act respecting health services and social services (chapter S-4.2);
- Act respecting health services and social services for Cree Native persons (chapter S-5);
- Act respecting pre-hospital emergency services (chapter S-6.2);
- Act respecting end-of-life care (chapter S-32.0001).

LEGISLATION REPEALED BY THIS BILL:

- Act respecting the sharing of certain health information (chapter P-9.0001).

Bill 19

AN ACT RESPECTING HEALTH AND SOCIAL SERVICES INFORMATION AND AMENDING VARIOUS LEGISLATIVE PROVISIONS

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

CHAPTER I

GENERAL PROVISIONS

1. The purpose of this Act is to establish standards to ensure the protection of health and social services information throughout its life cycle, while allowing access to that information in a timely manner and enabling the optimization of its use, with a view to improving the quality of the services offered to the population and to enabling management of the health and social services system that is based on knowledge of the needs of persons and of utilization of services.

More specifically, the Act sets out the cases in which health and social services information is to be accessible and on what conditions. Moreover, it establishes a governance model based on transparency and on the responsibility and accountability of health and social services providers and bodies.

2. Within the meaning of this Act, health or social services information is any information held by a health and social services body that concerns a person, whether or not it allows the person to be identified, and that has one of the following characteristics:

(1) it concerns the person's state of physical or mental health and his or her health determinants, including his or her medical or family history;

(2) it concerns any material, including biological material, collected in the context of an assessment or treatment, and any implants, orthoses, prostheses or other aids that compensate for the person's disability;

(3) it concerns the health services or social services provided to the person, including the nature of those services, their results, the location where they were provided and the identity of the persons or bodies that provided them;

(4) it was obtained in the exercise of a function under the Public Health Act (chapter S-2.2); or

(5) any other characteristic determined by government regulation.

Despite the first paragraph, information concerning a personnel member of the body or a professional practising his or her profession within the body, including a student, a trainee, a mandatary or a service provider, is not health or social services information when it is collected by that body for human resources management purposes.

In addition, information allowing a person to be identified, such as the person's name, date of birth, contact information, health insurance number or any other information of the same nature, is health or social services information when it is next to information referred to in the first paragraph or when it is collected for registration, enrolment or admission of the person concerned to or at a health and social services institution or for the taking in charge of the person concerned by another health services or social services body.

3. In this Act,

“confidentiality incident” means access not authorized by law to health or social services information, use not authorized by law of such information, or loss of such information or any other breach of its protection;

“health and social services institution” means an institution governed by the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5);

“health and social service provider” means a natural person who provides health services or social services within a health and social services body or who provides such a person with technical or administrative support services;

“research” means a process aimed at developing knowledge, in particular for innovation purposes, by means of structured study, systematic investigation or the production of statistics;

“technological product or service” means equipment, an application or a service required to collect, keep or access information, such as a database or an information system, a telecommunications system, technological infrastructure, software or a computer component of medical equipment.

4. For the purposes of this Act, the following are health and social services bodies:

(1) the Ministère de la Santé et des Services sociaux;

(2) a person, partnership or body operating in the health and social services sector referred to in Schedule I or Schedule II;

(3) a health and social services institution, the Nunavik Regional Board of Health and Social Services established under section 530.25 of the Act respecting health services and social services and the Cree Board of Health and Social Services of James Bay established under the Act respecting health services and social services for Cree Native persons;

(4) a person, partnership or body not already referred to in this section that enters into an agreement with a body referred to in subparagraph 2 or 3 concerning the provision of certain health services or social services on behalf of that body; and

(5) any other person, partnership or body determined by government regulation.

However, a person, partnership or body referred to in subparagraph 4 of the first paragraph is considered a health and social services body for the purposes of this Act only with respect to its activities related to the provision of health services or social services on behalf of a body referred to in subparagraph 2 or 3 of the first paragraph.

5. Health and social services information is confidential and, subject to the consent of the persons concerned by the information, it may be used, or access to it may be granted, only in accordance with this Act.

However, this Act does not limit access to such information if the information is required by the Public Protector or by a summons, subpoena, warrant or order issued by any person or body having the power to compel its release.

If health or social services information can be accessed or used in a form that does not allow the person concerned to be identified directly, it must be accessed or used in that form.

6. Any consent to access to health and social services information must be clear, free and informed and be given for specific purposes. It must be requested for each such purpose, in clear and simple language.

Consent is valid only for the time necessary to achieve the purposes for which it was requested, whether or not that time is predetermined.

If the request for consent is made in writing, it must be presented separately from any other information provided to the person concerned. If the person concerned so requests, assistance is provided to help him or her understand the scope of the consent requested.

The consent of a minor under 14 years of age is given by the person having parental authority. The consent of a minor 14 years of age or over is given by the minor, unless the Act provides for consent by the person having parental authority.

Despite the first paragraph, as concerns research, a person's consent to access to health or social services information concerning him or her may cover research themes, categories of research activities or categories of researchers.

A government regulation may determine the terms on which a person may give consent. Consent not given in accordance with this section or with a government regulation, as applicable, is without effect.

7. Where this Act allows a person to exercise a right of refusal, the refusal must be expressly indicated.

A government regulation may determine the terms on which a person may indicate refusal.

8. A person's right to receive health services and social services may not be compromised by his or her decision not to consent to access to health or social services information concerning him or her, or to exercise a right of refusal granted by this Act.

9. Despite the provisions of this Act, access to information concerning the adoption of a person and the protection of that information continues to be governed by the Civil Code and other legislation respecting adoption.

Moreover, no one may access or use health or social services information nor may its existence be confirmed for the purpose of determining a person's immigration status, subject to the second paragraph of section 5.

CHAPTER II

COLLECTION AND USE OF HEALTH AND SOCIAL SERVICES INFORMATION

10. A health and social services body may collect only the health or social services information necessary for fulfilling its mission or its purpose, exercising its functions or activities or implementing a program under its management.

11. Every health and social services body that collects health or social services information from the person concerned must, at the time of collection and subsequently upon request, inform him or her in simple and clear language

(1) of the name of the body collecting the information or on whose behalf it is collected;

(2) of the purposes for which the information is collected;

(3) of the means by which the information is collected;

(4) of his or her right to access or rectify the information; and

(5) of the period of time the information will be kept.

However, when the information is collected in a context where health services or social services are provided, the body is not required to inform the person concerned of the elements set out in the first paragraph every time information is collected, provided the person concerned is so informed at the time of his or her registration, enrolment or admission, in the case of a health and social services institution, or at the time the person is taken in charge, in other cases.

In addition, despite the first paragraph, a body that holds files respecting the adoption of persons and collects information relating to the antecedents of a person referred to in any of those files or information making it possible to locate a parent of origin or an adopted person is not required to inform the person concerned of the intended use of the information.

12. Health or social services information may not be used within a health and social services body except for the purposes for which it was collected, unless

(1) it is used for purposes consistent with the purposes for which it was collected;

(2) it is clearly used for the benefit of the person concerned; or

(3) its use is necessary for the application of an Act in Québec.

In order for a purpose to be consistent within the meaning of subparagraph 1 of the first paragraph, it must have a direct and relevant connection with the purposes for which the information was collected.

The Ministère de la Santé et des Services sociaux, a health and social services institution or a health and social services body referred to in Schedule I may also use health or social services information it holds, where such use is necessary for the exercise of its functions relating to the organization and assessment of health and social services, with a view to sound management.

13. Health or social services information held by a health and social services body may be used by any person within the body, to the extent that the person belongs to a category of persons identified in the health and social services information governance policy adopted under section 54 and the information is necessary for the exercise of his or her functions.

CHAPTER III

ACCESS TO HEALTH AND SOCIAL SERVICES INFORMATION

DIVISION I

ACCESS BY THE PERSON CONCERNED OR CERTAIN PERSONS RELATED TO THAT PERSON

§1. — *General provisions*

14. Every person has the right to be informed of the existence of any health or social services information concerning him or her and to have access to such information.

However, such access may be temporarily refused where, in the opinion of a health and social services professional, serious harm to the health of the person concerned would likely result. In such a case, the health and social services body, on the recommendation of the professional, determines when such access may be authorized and informs the person concerned.

Every person also has the right to be informed of the name of any person, partnership or body that has accessed health or social services information concerning him or her under Divisions II to IV of this Chapter and of the date and time of that access.

15. Every person has the right to request the correction of health or social services information concerning him or her if it is inaccurate, incomplete or equivocal, or to request its deletion if it was collected or is kept in contravention of the law.

16. Despite section 14, a person does not have the right to be informed of the existence of health or social services information concerning him or her that is provided by a third person, or to have access to that information, where disclosure of its existence or access to it would make it possible to identify the third person, unless the third person has agreed in writing to the disclosure of the information and of its source to the person concerned.

The first paragraph does not apply where the information was provided by a health or social service provider in the exercise of his or her functions.

17. Despite sections 14 and 15, a minor under 14 years of age does not have the right to access health or social services information concerning him or her, except through his or her lawyer in the context of a judicial proceeding.

The first paragraph does not limit exchanges between such a minor and a health and social service provider in the normal course of the provision of health services or social services.

18. Every person authorized to give consent to care for another person has the right to access health or social services information concerning that other person, to the extent that accessing it is necessary for the exercise of that power.

§2. — *Person having parental authority*

19. The person having parental authority has the right to access any health or social services information concerning a minor under 14 years of age and to request the correction or deletion of the information if it is inaccurate, incomplete or equivocal or if it was collected or is kept in contravention of the law.

Despite the first paragraph, the person having parental authority does not have the right to access health or social services information concerning a minor under 14 years of age where a director of youth protection determines that such access causes or could cause harm to the minor's health or safety in any of the following situations:

(1) the information was obtained by a director of youth protection under the Youth Protection Act (chapter P-34.1);

(2) the assessment of the child's situation and living conditions under section 49 of that Act is ongoing; or

(3) the situation of the child is or has previously been taken in charge by a director of youth protection under section 51 of that Act.

20. The person having parental authority has the right, even if the minor under 14 years of age has not consented to it, to access health or social services information concerning the minor if the health and social services body that holds that information is of the opinion, after consulting the minor, that such access does not or could not cause harm to the minor's health or safety. In the cases referred to in subparagraphs 1 to 3 of the second paragraph of section 19, a director of youth protection must also be consulted.

The right under the first paragraph does not apply to information referred to in section 45.2, 50.1 or 57.2.1 or the second paragraph of section 70.2 of the Youth Protection Act.

A person having parental authority who has access to information under the first paragraph also has the right to request the correction or deletion of the information if it is inaccurate, incomplete or equivocal, or if it was collected or is kept in contravention of the law.

§3. — *Tutor, mandatory or temporary representative of an incapable person of full age*

21. Any person who attests under oath that he or she intends to apply, for another person, for the institution or review of a tutorship, the homologation of a protection mandate or the temporary representation of an incapable person of full age has the right to access health or social services information contained in the medical and psychosocial assessment reports regarding that other person, to the extent that the assessment determines that the person is incapable of caring for himself or herself and administering his or her property or performing a specified act.

22. The tutor or mandatory of an incapable person of full age has the right to access any health or social services information concerning that person and to request the correction or deletion of the information if it is inaccurate, incomplete or equivocal or if it was collected or is kept in contravention of the law.

§4. — *Persons related to a deceased person*

23. An heir, a legatee by particular title or a legal representative of a deceased person has the right to access health or social services information concerning the deceased person, to the extent that accessing it is necessary for the exercise of their rights and obligations in that capacity.

They also have the right to request, to the extent that it pertains to their interests or rights in that capacity, the correction of such information if it is inaccurate, incomplete or equivocal, or to request its deletion if it was collected or is kept in contravention of the law.

The same applies to a person entitled to the payment of a benefit under an insurance contract on the life of the person concerned by the information or under a pension plan of that person.

24. The spouse or close relative of a deceased person may obtain permission from a health and social services body to access health or social services information concerning the deceased person that could help them in their grieving process, unless the deceased person indicated refusal in that respect.

In addition, the spouse, an ascendant or a direct descendant of a deceased person has the right to access information relating to the cause of the person's death, unless the deceased person indicated refusal in that respect.

Despite the second paragraph, persons related by blood to a deceased person have the right to access health or social services information concerning the deceased person, to the extent that accessing it is necessary to verify the existence of a genetic or hereditary disease.

25. The person having parental authority has the right to access health or social services information concerning a minor under 14 years of age if the minor is deceased. However, that right of access does not extend to information of a psychosocial nature.

DIVISION II

ACCESS BY A HEALTH AND SOCIAL SERVICE PROVIDER

26. A health and social service provider who is a professional within the meaning of the Professional Code (chapter C-26) may access any health or social services information concerning a person to whom he or she provides health services or social services, to the extent that the information is necessary for providing those services.

A provider who is not a professional within the meaning of the Professional Code may also, in the cases and on the conditions determined by government regulation, access health or social services information, to the extent that the information is necessary for providing health services or social services.

27. Despite section 26, information obtained under the Youth Protection Act is accessible, in a context where health or social services are provided, only to a health and social service provider acting under that Act.

In addition, a health and social service provider may access health or social services information obtained under Chapters VIII, IX and XI of the Public Health Act only if authorized by a public health director or the national public health director.

28. The Government may, by regulation, limit access to certain health or social services information or a category of such information, including because the risk of injury that would be caused by the disclosure of the information is clearly greater than the anticipated benefits for the persons concerned by the information.

Despite section 26, a health and social service provider may access such information only in the cases and on the conditions prescribed by government regulation and only to the extent that the information is necessary for providing health services or social services.

29. A health and social service provider who is a professional within the meaning of the Professional Code may access health or social services information that is necessary for the purposes of teaching, training and reflective practice. Sections 27 and 28 apply to such access.

DIVISION III

ACCESS BY A RESEARCHER

30. A researcher may, without the consent of the person concerned, access health or social services information necessary for carrying out a research project where so authorized in accordance with this division.

A person may, however, refuse access to information concerning him or her for the purpose of soliciting his or her participation in a research project.

A person may also refuse access to information concerning him or her where the research project is not carried out by a researcher attached to a health and social services body referred to in Schedule I, a public health and social services institution or a private health and social services institution under agreement that operates a hospital centre. Such a refusal may cover access to all or part of the information of the person concerned and may pertain to one or more research themes or categories of research activities.

For the purposes of this division, a researcher is attached to a health and social services body referred to in Schedule I, a public health and social services institution or a private health and social services institution under agreement that operates a hospital centre if the researcher practices his or her profession in a centre operated by such an institution or if the researcher conducts research on his or her own behalf or on behalf of such an institution or body under a contract of enterprise or for services.

31. A researcher attached to a health and social services body referred to in Schedule I, a public health and social services institution or a private health and social services institution under agreement that operates a hospital centre who wishes to access, without the consent of the person concerned, health or social services information necessary for carrying out a research project must present a written request for authorization to that effect to the most senior officer of the institution or body to which the researcher is attached or to the person designated by the officer.

The researcher must enclose with the request

- (1) a detailed presentation of the activities related to the research project;
- (2) a privacy impact assessment, which must be proportionate to the sensitivity of the information concerned, the purposes for which it is to be used, the quantity and distribution of the information, the medium on which it is stored and its format; and
- (3) the approval of the project by a research ethics committee.

Before authorizing access to the health or social services information requested, the institution's or body's most senior officer or the person designated by the officer must consult the bodies that hold the information requested, which have 10 days to submit observations. The officer or person may then authorize access to the information that is necessary for the research project, except information for which access has been refused under the second paragraph of section 30, if, once the officer has assessed the request and the observations obtained, if applicable, he or she considers that the following criteria are met:

(1) it is unreasonable to require obtaining the consent of the persons concerned;

(2) the objective of the research project outweighs, with regard to the public interest, the impact of access to the information on the privacy of the person concerned; and

(3) the security measures for ensuring the protection of the information that have been or will be put in place for carrying out the research project comply with the health and social services information governance rules referred to in sections 41 and 42 and the special rules defined by the health and social services network information officer under section 47.

The authorization must be granted for a limited period and may be subject to conditions. In accordance with the third paragraph of section 5, where it is possible to carry out the research project accessing only information in a form not allowing the person concerned to be identified directly, the authorization must provide that the necessary information must be accessed only in that form. A copy of the authorization must be sent to each health and social services body consulted.

At any time, if the most senior officer of the institution or body or the person designated by the officer has reason to believe that the generally accepted standards of ethics and scientific integrity, the security measures for ensuring the protection of the information that have been put in place or the conditions attached to the authorization are not being complied with, or that the protection of the information is otherwise compromised, he or she may revoke the authorization without delay or formality.

32. A researcher not referred to in section 31 who wishes to access, without the consent of the person concerned, health or social services information necessary for carrying out a research project must present a written request for authorization to the research access centre referred to in section 62. In such a case, the researcher must attach to the request the documents required under the second paragraph of section 31.

The access centre may authorize access to the information necessary for the research project, except information for which access has been refused under the second or third paragraph of section 30, if, once the centre has assessed the request, it considers that the criteria set out in the third paragraph of section 31 are met.

The access centre and the researcher must then enter into an agreement that stipulates, in particular, that the information covered by the authorization

(1) may be made accessible only to persons who need to examine it to exercise their functions and who have signed a confidentiality agreement;

(2) may not be used for purposes other than those specified in the detailed presentation of the activities related to the research project;

(3) may not be paired with any other information than that provided for in the detailed presentation of the activities related to the research project; and

(4) may not be released, published or otherwise distributed in a form allowing the persons concerned to be identified.

The agreement must also

(1) specify the information that must be provided to the persons concerned if information concerning them is used for the purpose of soliciting their participation in a research project;

(2) specify, where it is possible to carry out the research project by accessing the information in a form not allowing the person concerned to be identified directly, in accordance with the third paragraph of section 5, that the necessary information must be accessed only in that form;

(3) provide for security measures for ensuring the protection of the information;

(4) determine a preservation period for the information;

(5) set out the obligation to notify the access centre of the destruction of the information; and

(6) provide that the access centre must be informed without delay

(a) of non-compliance with any condition set out in the agreement;

(b) of any failure to comply with the security measures for ensuring the protection of the information that are provided for in the agreement; and

(c) of any event that could breach the confidentiality of the information.

At any time, if the access centre has reason to believe that the generally accepted standards of ethics and scientific integrity, the security measures for ensuring the protection of the information that have been put in place or any other measure provided for in the agreement is not being complied with, or that the security of the information is otherwise compromised, it may revoke the authorization without delay or formality.

33. Despite section 32, where the health or social services information necessary for a research project is designated information within the meaning of the Act respecting the Institut de la statistique du Québec (chapter I-13.011), a researcher attached to a public body within the meaning of that Act must address the Institut de la statistique du Québec to obtain communication of the information in accordance with that Act.

In addition, where health or social services information is accessed in accordance with sections 31 and 32 of this Act by a researcher attached to a public body within the meaning of the Act respecting the Institut de la statistique du Québec and must, for the purposes of the research project, be compared, combined or paired, including, where applicable, with information communicated in accordance with Chapter I.2 of the Act respecting the Institut de la statistique du Québec, the Institut may access it to compare, combine or pair it. The Institut may then use the information only for the purposes of that project and the Institut must destroy the information once the project is completed.

DIVISION IV

ACCESS BY ANOTHER PERSON, A PARTNERSHIP OR A BODY

34. A health and social services body may allow a person, partnership or body to access health or social services information it holds, to the extent that the information is necessary for the application of an Act in Québec, where the release, transmission or disclosure of the information or any other action enabling its examination is expressly provided for by law.

35. A health and social services information access authorization manager referred to in section 49 may authorize a health and social services body to access health or social services information held by another health and social services body in any of the following cases:

(1) the access to the information is necessary for the application of an Act in Québec, without the release, transmission or disclosure of the information or any other action enabling its examination being expressly provided for by law;

(2) the access is necessary for fulfilling its mission or its purpose, exercising its functions or activities or implementing a program under its management;

(3) the access is clearly for the benefit of the person concerned; or

(4) the access is justified by exceptional circumstances.

The access authorization manager may also, in any of the above cases, authorize a public body within the meaning of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) or a body of another government to access health or social services information. Where the authorization is given to a body of another government, the access must be governed by a written agreement entered into in accordance with the law.

36. Any request for authorization addressed to the health and social services access authorization manager under section 35 must

(1) establish that the access requested corresponds to one of the cases provided for in that section;

(2) set out the security measures for ensuring the protection of the information that have been or will be put in place, which measures must be compliant with the health and social services information governance rules referred to in sections 41 and 42 and the special rules defined by the health and social services network information officer under section 47;

(3) be accompanied by a privacy impact assessment, which must be proportionate to the sensitivity of the information concerned, the purposes for which it is to be used, the quantity and distribution of the information, the medium on which it is stored and its format; and

(4) if the information covered by the request must be used to put in place an automated decision system, be accompanied by an algorithmic impact assessment enabling an assessment of the risks of injury.

The access authorization manager may authorize access for the time and on the conditions the manager determines, where, once the manager has assessed the request, he or she considers that the following criteria are met:

(1) it is unreasonable to require obtaining the consent of the person concerned;

(2) the purposes pursued outweigh, with regard to the public interest, the impact of access to the information on the privacy of the person concerned; and

(3) the security measures for ensuring the protection of the information that have been or will be put in place comply with the health and social services information governance rules referred to in sections 41 and 42 and the special rules defined by the health and social services network information officer under section 47.

In accordance with the third paragraph of section 5, where it is possible to achieve the purposes for which access to information is requested by accessing information in a form not allowing the person concerned to be identified directly, the authorization must provide that the necessary information must be accessed only in that form.

At any time, if the access authorization manager has reason to believe that the use of the information is not compliant with the authorization, that the security measures for ensuring the protection of the information that have been put in place or the conditions attached to the authorization are not being complied with or that the protection of the information is otherwise compromised, the manager may revoke the authorization without delay or formality.

At the expiry of the authorization or, where its term is longer than one year, on each anniversary date, the applicant must report to the access authorization manager, in the form the latter determines, on the use of the information accessed and on compliance with the conditions set out in the authorization.

37. A health and social services body may allow any person exposed to danger or that person's representative or any person who can come to that person's aid to access health or social services information that it holds in order to prevent an act of violence, including a suicide, where there is reasonable cause to believe that there is a serious risk of death or serious bodily injury threatening a person or an identifiable group of persons and where the nature of the threat generates a sense of urgency.

For the purposes of the first paragraph, "serious bodily injury" means any physical or psychological injury that is significantly detrimental to the physical integrity or the health or well-being of a person or an identifiable group of persons.

38. A health and social services body, except a health and social services institution, may grant the Director of Criminal and Penal Prosecutions or a person or body responsible by law for the prevention, detection or repression of crime or statutory offences access to health or social services information that the body holds and that is necessary to prosecute an offence under an Act applicable in Québec.

39. A health and social services body may allow a person, partnership or body it has entrusted with carrying out a mandate or performing a contract of enterprise or for services, other than a contract for the provision of health services or social services, to access health or social services information it holds that is necessary for carrying out the mandate or performing the contract.

Such a mandate or contract must be given in writing and, where given to a person, partnership or body that is not a health and social services body, it must on pain of nullity, set out

(1) the measures to be taken by the person, partnership or body to ensure, at all times throughout the mandate or contract,

(a) that the confidentiality of the information is respected;

(b) that the information is protected, which measures must comply with the health and social services information governance rules referred to in sections 41 and 42 and the special rules defined by the health and social services network information officer under section 47; and

(c) that the information is used only for carrying out the mandate or performing the contract; and

(2) the following obligations to be complied with by the person, partnership or body that carries out the mandate or performs the contract:

(a) send to the health and social services body, before the information is accessed, a confidentiality agreement completed by every person who could access the information in carrying out the mandate or performing the contract;

(b) use only technological products or services authorized by the health and social services body to access, use or keep the information where the mandate is carried out or the contract is performed remotely;

(c) immediately notify the most senior officer of the health and social services body or the person designated by the officer, where applicable, of any violation or attempted violation by any person of an obligation relating to the protection of information provided for in this section;

(d) allow the health and social services body to conduct any verification or investigation relating to the protection of the information;

(e) send to the health and social services body, free of charge and whenever so required, all information obtained or produced in carrying out the mandate or performing the contract; and

(f) not keep the information at the end of the mandate or contract, and dispose of it in a secure manner.

Where a person, partnership or body retains a third person to carry out a mandate or perform a contract, the health and social services body concerned must be notified. The third person is then subject to the same obligations as those imposed on the person, partnership or body in accordance with the second paragraph. However, the third person must send the person, partnership or body the confidentiality agreement required under subparagraph *a* of subparagraph 2 of the second paragraph and the notice required under subparagraph *c* of subparagraph 2 of that paragraph.

CHAPTER IV

GOVERNANCE AND RESPONSIBILITIES RELATING TO HEALTH AND SOCIAL SERVICES INFORMATION

DIVISION I

MINISTER OF HEALTH AND SOCIAL SERVICES

§1. — Health and social services information governance rules

40. The Minister is responsible for defining rules for the governance of health and social services information by health and social services bodies.

Those rules are applicable to all health and social services bodies, and the Minister sees to it that they are complied with. The Minister publishes the rules on his or her department's website.

41. Health and social services information governance rules pertain to, among other things,

(1) the responsibilities of health and social services bodies, including with respect to keeping and monitoring logs, and minimizing the risk of a confidentiality incident;

(2) the guidelines used by health and social service providers who are professionals within the meaning of the Professional Code in assessing whether it is necessary to access information in a context where health or social services are provided;

(3) the conditions on which access to information may be allowed in order to prevent an act of violence, including a suicide; and

(4) the terms for keeping and destroying information.

The above rules are sent simultaneously to the Commission d'accès à l'information and to the secretariat of the Conseil du trésor and come into force 30 days after their approval by the Commission.

42. The Minister also defines governance rules for the following subjects:

(1) the quality of information and, more specifically, the technical norms or standards to be used, in particular with respect to the categorization of information;

(2) the maintenance and evaluation of technological products or services; and

(3) the mobility and valorization of information.

The rules must comply with the guidelines, standards, strategies, directives, rules and application instructions made under the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03).

They are sent simultaneously to the Commission d'accès à l'information and to the secretariat of the Conseil du Trésor and come into force 30 days after they are received by the Commission and the Conseil du Trésor.

§2. — *Certification of certain technological products or services*

43. The Government may, by regulation, determine the cases and circumstances in which only a certified technological product or service may be used by a health and social services body.

The Minister may also determine, by regulation,

(1) the certification procedure for a technological service or product, including the documents to be sent by the supplier; and

(2) the criteria for obtaining and maintaining certification, in particular with respect to the security provided by the product or service, its functionalities and its interoperability with other devices, systems and information assets used by health and social services bodies.

The certification of a product or service covered by the regulation is ensured by the Minister or by any person, partnership or body to whom or which the Minister entrusts responsibility for the product or service.

44. A health and social services body may not, in the cases or circumstances provided for in a regulation referred to in section 43, acquire or use a non-certified technological product or service.

Likewise, a technological product or service supplier that, under a contract entered into with a health and social services body, supplies a certified technological product or service to the body is required to maintain the product's or service's certification throughout the term of the contract.

45. Any person designated by the Minister or by the person, partnership or body responsible for certification, as applicable, may, in order to ensure the compliance of a certified technological product or service, require any information or document from any supplier of certified technological products or services or from any health and social services body.

46. The Minister publishes a list of the certified technological products and services on his or her department's website.

DIVISION II

HEALTH AND SOCIAL SERVICES NETWORK INFORMATION OFFICER

47. The health and social services network information officer designated by the Minister under section 8 of the Act respecting the governance and management of the information resources of public bodies and government enterprises defines, in exercising the functions devolved to him or her under section 10.1 of that Act, and in keeping with the health and social services information governance rules referred to in sections 41 and 42, special rules applicable to the management of such information that pertain to, among other things,

(1) information security management and the guiding principles concerning security;

(2) the protection and confidentiality of information contained in technological products or services;

(3) identity management with respect to the persons concerned by information and to the persons, partnerships and bodies that may access that information;

(4) access authorization management with respect to technological products or services as well as methods for authenticating persons, in accordance with defined degrees of trust;

(5) the physical and logical security of infrastructures, the security of accesses to information, and integrated security risk management and incident management;

(6) the categorization of information; and

(7) the obligations concerning reporting on the security of technological products or services used by health and social services bodies.

The special rules come into force after being approved by the Conseil du trésor. They apply to all health and social services bodies.

48. The health and social services network information officer ensures compliance with the special rules the officer defines.

For that purpose, the officer or any person he or she designates may require any person, partnership or body to provide him or her with any information or document.

DIVISION III

HEALTH AND SOCIAL SERVICES INFORMATION ACCESS AUTHORIZATION MANAGER

49. The delegated manager of government digital data for the Ministère de la Santé et des Services sociaux acts as health and social services information access authorization manager. The latter is responsible for, among other things, supporting the Minister in the administration of this Act and, more specifically, authorizing any access in any of the cases provided for in section 35.

50. The health and social services information access authorization manager must keep a register of every access he or she has authorized. The register must include

(1) the names of the persons, partnerships or bodies that have been granted an authorization;

(2) a description of the information covered by each authorization and its origin;

(3) a description of the purposes for which each access was authorized;

(4) the duration of and conditions applicable to each authorization, including, if applicable, the special security measures necessary for ensuring the protection of the information that were imposed by the manager; and

(5) the processing time for the request for authorization.

The Minister publishes the register on his or her department's website.

DIVISION IV

HEALTH AND SOCIAL SERVICES BODY

§1. — Protection of health and social services information

51. A health and social services body is responsible for the protection of the health and social services information it holds.

In that respect, it must take the security measures for ensuring the protection of that information that are reasonable given, in particular, the sensitivity of the information, the purposes for which it is to be used, the quantity and distribution of the information, the medium on which it is stored and its format.

It must also see to it that the health and social services information it holds is up to date, accurate and complete so that it serves the purposes for which it was collected or is used.

52. The person exercising the highest authority within a health and social services body must see to ensuring that this Act is implemented and complied with within the body. That person exercises the function of person in charge of the protection of health and social services information.

All or part of those functions may be delegated in writing to a member of the body's personnel, to a professional practising his or her profession within the body, or to a member of its board of directors. That person must be able to exercise them autonomously.

Where the person exercising the highest authority within a public body does not exercise those functions himself or herself, the person must see to it that such exercise is facilitated.

In the case of a health and social services body referred to in subparagraph 4 of the first paragraph of section 4, the person in charge of the protection of health and social services information within the body with which it has entered into an agreement acts in that capacity for both bodies, unless they agree otherwise.

The title and contact information of the person in charge of the protection of health and social services information are published on the body's website or, failing that, made available to the public by any other appropriate means.

53. A health and social services body must log all accesses to the health and social services information it holds, as well as all uses of such information by any member of the body's personnel and any professional practising his or her profession within the body, including any student and trainee. Such logging must make it possible to identify the information accessed or used, the person who accessed or used it and the date and time it was accessed or used.

Each year, the body sends to the Minister a report whose form and content are determined by the Minister and that concerns all such accesses and uses, excluding those in a context where health or social services are provided. Each year, the Minister sends a summary of the reports so obtained to the Commission d'accès à l'information.

In the case of a health and social services body referred to in Schedule I, a public health and social services institution or a private health and social services institution under agreement that operates a hospital centre, the report referred to in the second paragraph must also pertain to the accesses to health or social services information authorized in accordance with section 31.

§2. — *Health and social services information governance policy*

54. A health and social services body must adopt a governance policy implementing the rules defined by the Minister.

This policy must set out, among other things,

(1) the roles and responsibilities of the members of the body's personnel and the professionals practising their profession within the body, including students and trainees, with regard to health and social services information throughout its life cycle;

(2) the categories of persons who may, in the exercise of their functions, access the various health and social services information held by the body;

(3) the logging mechanisms and the security measures for ensuring the protection of the health and social services information that the body puts in place;

(4) an update schedule for the technological products or services the body uses;

(5) a procedure for processing confidentiality incidents;

(6) a procedure for processing complaints regarding the protection of health and social services information; and

(7) a description of the training and awareness activities concerning the protection of the health and social services information the body provides to its personnel members and the professionals practising their profession within the body, including students and trainees.

In the case of a health and social services body referred to in subparagraph 4 of the first paragraph of section 4, the policy of the body with which it has entered into an agreement applies to both bodies, unless they agree otherwise.

The health and social services body must make the policy known to the members of its personnel and the professionals practising their profession within the body, including students and trainees. It must also publish the policy on its website or, failing that, make it available to the public by any other appropriate means.

§3. — *Technological products or services*

55. A health and social services body must conduct a privacy impact assessment for any project to acquire, develop or overhaul technological products or services or any electronic service delivery project, where the project involves the collection, use, keeping or destruction of health or social services information or access to such information.

It must also ensure that such a project allows computerized information collected from the person concerned to be accessible to that person in a structured, commonly used technological format.

The assessment referred to in the first paragraph must be proportionate to the sensitivity of the information concerned, the purposes for which it is to be used, the quantity and distribution of the information, the medium on which it is stored and its format.

56. A health and social services body must record in a register any technological product or service it uses. The content of the register may be determined by a government regulation.

The body must publish the register on its website or, failing that, make it available to the public by any other appropriate means.

§4. — *Confidentiality incident*

57. A health and social services body that has cause to believe that a confidentiality incident involving health or social services information it holds has occurred or that there is a risk of such an incident occurring must take reasonable measures to reduce the risk of injury and to prevent new incidents of the same nature.

If the incident presents a risk of serious injury, the body must promptly notify the Minister and the Commission d'accès à l'information. It must also notify any person whose information is concerned by the incident, failing which the Commission may order it to do so. It may also notify any person, partnership or body that could reduce the risk and send the person, partnership or body, without the consent of the person concerned, any information necessary for that purpose.

Despite the second paragraph, a person whose information is concerned by an incident need not be notified so long as doing so could hamper an investigation conducted by a person or body responsible by law for the prevention, detection or repression of crime or statutory offences.

A government regulation may determine the content and terms of the notices provided for in this section.

58. In assessing the risk of injury to a person whose health or social services information is concerned by a confidentiality incident, a health and social services body must consider, in particular, the sensitivity of the information concerned, the anticipated consequences of its use and the likelihood that such information will be used for injurious purposes. The body must also consult the person in charge of the protection of health and social services information within the body.

59. A health and social services body must keep a register of confidentiality incidents. A government regulation may determine the content of the register.

A copy of the register must be sent to the Minister or the Commission d'accès à l'information at their request.

§5.—*Keeping and destruction of health and social services information*

60. A government regulation may determine the minimum period for which certain health or social services information held by a health and social services body must be kept. That period may vary according to, among other factors, the category of information or of health and social services bodies concerned.

Such a regulation must not have the effect of extending the preservation period for the information obtained under the Youth Protection Act beyond the periods set out in that Act.

61. Subject to section 60 or the provisions of the Archives Act (chapter A-21.1) or the Professional Code, where the purposes for which health or social services information was collected or used are achieved, a health and social services body must destroy the information.

DIVISION V

RESEARCH ACCESS CENTRE

62. The Government, on the recommendation of the Minister, designates a body to act as research access centre from among the bodies referred to in section 2 of the Act respecting the governance and management of the information resources of public bodies and government enterprises.

The access centre is responsible for ensuring the coordination and control of accesses for research purposes following a request for authorization addressed to it in accordance with section 32. For that purpose, the functions of the access centre include

- (1) processing all requests for authorization submitted to it;
- (2) obtaining all the health or social services information to which it authorizes access;
- (3) producing information files or analyses and allowing access to them; and
- (4) exercising any other function entrusted to it by the Government.

Information obtained by the access centre in accordance with subparagraph 2 of the second paragraph may be accessible only for the purposes of a research project it has authorized and the information must be destroyed at the end of the project.

63. The Minister may designate, from among the bodies referred to in section 2 of the Act respecting the governance and management of the information resources of public bodies and government enterprises, one or more bodies charged with assisting, to the extent determined by the Minister, the access centre in the exercise of its functions.

64. The access centre, as well as any body charged with assisting it, must take the measures necessary for ensuring, at all times, compliance with the highest recognized information protection standards, in particular by taking into account the health and social services information governance rules referred to in sections 41 and 42 and the special rules defined by the health and social services network information officer under section 47.

To that end, the access centre must, among other things, adopt a governance policy, which policy also applies to bodies charged with assisting it. Section 54 applies to the access centre with respect to the adoption of that policy, with the necessary modifications.

65. Each year, the access centre sends to the Minister and to the Commission d'accès à l'information a report whose form and content are determined by the Minister concerning the accesses to health and social services information it has authorized.

CHAPTER V

TERMS OF ACCESS TO HEALTH AND SOCIAL SERVICES INFORMATION

DIVISION I

ACCESS BY THE PERSON CONCERNED AND CERTAIN PERSONS RELATED TO THAT PERSON

66. A request to access or rectify health or social services information must be made in writing by a natural person who proves his or her identity and his or her status as a person authorized to access or rectify it.

The request is to be addressed to the person in charge of the protection of health and social services information within the health and social services body concerned.

This section does not limit a person's access to health or social services information concerning him or her by any other means put at his or her disposal nor its rectification by a person other than the person in charge of the protection of health and social services information.

67. The person in charge of the protection of health and social services information must give the applicant a notice, in writing, of the date on which the request was received. The notice must specify, among other things, the time limits prescribed for responding to the request, and the effect under the law of a failure, by the person in charge, to comply with those time limits. In addition, the person in charge must inform the applicant of the review proceedings provided for in Division II of Chapter VII.

68. The person in charge of the protection of health and social services information must respond to a request for access or rectification promptly and not later than 30 days after the date the request was received.

On failing to respond to a request within the applicable time, the person in charge is deemed to have refused to grant the request, and the failure gives rise to review proceedings as provided for in Division II of Chapter VII, as if it were a refusal to grant the request.

69. Where the person in charge of the protection of health and social services information grants a request for access, the health and social services body must allow the person concerned to examine the information sought on the premises during regular working hours or by remote access and to obtain a copy of it.

Such access is free of charge, subject to reasonable fees that may be required from the applicant for the transcription, reproduction or transmission of the information. In such a case, the body must inform the applicant, in advance, of the approximate amount that will be claimed from the applicant for the transcription, reproduction or transmission of the information.

At the applicant's request, computerized health and social services information must be made accessible in the form of a written and intelligible transcript. In addition, unless doing so causes serious practical difficulties, such information, where collected from the applicant and not created or inferred from information concerning him or her, must be made accessible to the applicant in a structured, commonly used technological format.

If the applicant is a handicapped person, reasonable accommodation must be provided, on request, to enable the applicant to exercise his or her right of access.

70. Where the person in charge of the protection of health and social services information grants a request for rectification, the health and social services body must issue to the person concerned, free of charge, a copy of any amended or added health or social services information or, as applicable, an attestation of the deletion of information.

The body must also, at the request of the person concerned, send a copy of those documents to the body from which it received the information, if applicable, or to every person, partnership or body that accessed that information in accordance with this Act.

71. The person in charge of the protection of health and social services information must give reasons for any refusal to grant a request and indicate the provision of law on which the refusal is based. The person in charge must render his or her decision in writing and send a copy of it to the applicant.

The decision must be accompanied by the text of the provision on which the refusal is based and by a notice informing the applicant of the review proceedings provided for in Division II of Chapter VII and indicating, in particular, the time within which they may be brought.

The person in charge must keep the information concerned for as long as is required to enable the person concerned to exhaust the recourses available to him or her under the law.

72. Where the person in charge of the protection of health and social services information refuses to grant, in whole or in part, a request for rectification, the health and social services body must, at the request of the person concerned, register the request for rectification with the information.

The person in charge must also, at the request of the person concerned, send a copy of that registration to the body from which it received the information, if applicable, or to every person, partnership or body that accessed the information in accordance with this Act.

DIVISION II

ACCESS BY A HEALTH AND SOCIAL SERVICE PROVIDER, A RESEARCHER OR ANY OTHER PERSON, PARTNERSHIP OR BODY

73. Access under Division II of Chapter III is to be in accordance with the procedure and by the means determined by regulation of the Minister.

The regulation may also determine the procedure and means for access under Divisions III and IV of Chapter III, except the communication of information designated in an order made under section 13.1 of the Act respecting the Institut de la statistique du Québec, which is to be in accordance with Chapters I.1 and I.2 of that Act.

74. Before allowing or authorizing access from outside Québec to health or social services information under Divisions III and IV of Chapter III, a health and social services body or the health and social services information access authorization manager must ensure that a privacy impact assessment has been conducted. Such an assessment must, in particular, take into account

- (1) the sensitivity of the information;
- (2) the purposes for which it is to be used;
- (3) the protection measures, including those that are contractual, that would apply to it; and
- (4) the legal framework applicable in the State from which the information would be accessed, including the health or social services information protection principles applicable in that State.

Such access may be allowed or authorized if the assessment establishes that the information would receive adequate protection, in particular in light of generally recognized principles regarding the protection of personal information. The access to the information must be the subject of a written agreement that takes into account, in particular, the results of the assessment and, if applicable, the terms agreed on to mitigate the risks identified in the assessment.

The same applies where a health and social services body entrusts a person, partnership or body from outside Québec with the task of collecting, using, allowing access to or keeping such information on its behalf.

This section does not apply to access in a case described in subparagraph 3 of the first paragraph of section 35 or in section 37. Nor does it apply to access within the scope of an international commitment referred to in Chapter III of the Act respecting the Ministère des Relations internationales (chapter M-25.1.1) or within the scope of an agreement referred to in Chapter III.1 or III.2 of that Act, or a communication or disclosure of information under section 133 of the Public Health Act.

CHAPTER VI

OVERSIGHT

75. The Commission d'accès à l'information is responsible for overseeing the carrying out of this Act. It must also ensure respect for and promotion of the protection of health and social services information, in particular by using awareness tools.

The functions and powers provided for in this chapter are exercised by the chair, the vice-chair responsible for the oversight division and the members assigned to that division of the Commission.

76. Every health and social services body must, at the request of the Commission, provide it with any information it requires on the carrying out of this Act.

77. In the exercise of its oversight functions, the Commission may authorize any person to act as an inspector for the purpose of verifying compliance with this Act or the regulations.

78. An inspector may, in the exercise of inspection functions,

(1) enter, at any reasonable time, any premises where a health and social services body carries out its activities;

(2) use any computer, equipment or other thing that is on the premises to access information contained in a device, system or information asset or to inspect, examine, process, copy or print out such information;

(3) take photographs of the premises and equipment; and

(4) require the persons present to provide any information relating to the application of this Act that is necessary for the discharge of inspection functions and to produce, for examination or reproduction, any document or extract of a document containing such information.

An inspector may be accompanied by a person with special expertise or ask a health and social services body to have an expert assessment conducted and provide the inspector with the resulting report, if such an assessment is considered necessary. The expenses incurred for the expert assessment are to be assumed by the body.

79. The Commission may, on its own initiative or following a complaint by a person, investigate or charge a person with investigating any matter relating to the protection of health and social services information as well as the practices of a health and social services body in relation to such information.

On completion of an investigation, the Commission may recommend or order that a health services and social services body, after providing it with the opportunity to submit observations, take any measure for protecting the information covered by this Act.

80. Inspectors or investigators must, on request, identify themselves and produce a certificate of authority.

No judicial proceedings may be brought against an inspector or an investigator for an act performed in good faith in the exercise of inspection or investigation functions.

81. The Commission may, by a formal demand notified by any appropriate method, require any person, whether subject to this Act or not, to file, within a reasonable time specified in the demand, any information or documents enabling the Commission to verify compliance with this Act or the regulations.

The person to whom the demand is made must comply with it within the specified time regardless of whether the person has already filed such information or documents in response to a similar demand or to fulfil an obligation under this Act or the regulations.

82. The Commission may, when a confidentiality incident is brought to its attention, order any person, partnership or body, after giving the person, partnership or body an opportunity to submit observations, to take any measure to protect the rights granted to the persons concerned by this Act, for the time and on the conditions the Commission determines. It may, in particular, order that the health or social services information involved be returned to the health and social services body or destroyed.

If a person, partnership or body to whom an order applies was not given prior notice because, in the opinion of the Commission, urgent action is required or there is a danger of irreparable injury being caused, the person, partnership or body may, within the time specified in the order, submit observations so that the order may be reviewed by the Commission.

83. A member of the Commission may act alone on behalf of the Commission to exercise the powers provided for in sections 77, 79 and 120.

The chair of the Commission may delegate all or part of the powers devolved to it by section 77 to a member of the Commission's personnel.

84. Any order issued by the Commission's oversight division becomes enforceable in the same manner as a decision referred to in section 103.

85. A person directly interested may contest, before a judge of the Court of Québec, an order issued by the Commission's oversight division.

The proceeding to contest an order must be filed with the office of the Court of Québec within 30 days after notification of the order and must specify the questions that ought to be examined. Such a proceeding does not suspend the execution of the order. However, on a motion heard and judged on an urgent basis, a judge of the Court of Québec may order otherwise because of the urgency of the situation or the risk of serious and irreparable injury.

The contestation of an order must be served on the Commission and, if applicable, on the other parties within 10 days after it is filed with the office of the Court of Québec. The secretary of the Commission must send a copy of the contested order and the accompanying documents to the office of the Court, to serve as a joint record.

The contestation is governed by the rules of the Code of Civil Procedure (chapter C-25.01) that are applicable in first instance.

Sections 113 and 114 apply to a proceeding brought under this section.

CHAPTER VII

RECOURSES OF A PERSON CONCERNED AND CERTAIN PERSONS RELATED TO THAT PERSON

DIVISION I

GENERAL PROVISIONS

86. The functions and powers of the Commission d'accès à l'information provided for in this chapter are exercised by the chair, the vice-chair responsible for the adjudicative division and the members assigned to that division of the Commission.

87. The parties to a proceeding must ensure that their actions, their pleadings and the means of proof they use are proportionate, in terms of the cost and time involved, to the nature and complexity of the matter and the purpose of the application.

The Commission must do likewise in managing each proceeding it is assigned. It must ensure that the measures and acts it orders or authorizes are in keeping with that principle of proportionality, while having regard to the proper administration of justice.

DIVISION II

APPLICATION FOR REVIEW

88. A person whose request for access or rectification has been refused, in whole or in part, by the person in charge of the protection of health and social services information may apply to the Commission for a review of the decision.

The application for review must be made within 30 days of the date of the decision or of the expiry of the time granted by this Act to the person in charge of the protection of health and social services information for responding to a request for access or rectification. However, the Commission may, for reasonable cause, relieve the applicant from failure to submit the application for review within that time.

89. The application for review must be made in writing and briefly state the reasons for which the decision should be reviewed. Notice of the application is given to the health and social services body by the Commission.

90. The Commission may authorize a health and social services body to disregard applications that are obviously abusive because of their number or their repetitious or systematic nature or an application whose processing could seriously interfere with the body's activities. It may also limit the scope of the applicant's request or extend the time within which the body must reply.

The body's application must be filed within 30 days after the date the applicant's most recent request was received.

91. The Commission may refuse or cease to examine a matter if it has reasonable cause to believe that the application is frivolous or made in bad faith or that its intervention would clearly serve no purpose.

In such cases, the Commission may prohibit a person from bringing an application for review except with the authorization of and subject to the conditions determined by the chair of the Commission. It may, in the same manner, prohibit a person from presenting a pleading in an ongoing proceeding.

92. The members of the Commission's personnel must lend assistance in drafting an application for review to every interested person who requires it.

93. On receiving an application, the Commission may direct a person it designates to attempt to bring the parties to an agreement, if it considers it useful and the circumstances of the case allow it.

If the Commission is of the opinion that no agreement is possible between the parties, it examines the application for review. It must then give the parties an opportunity to submit their observations.

94. A member of the Commission may act alone on behalf of the Commission to exercise the powers provided for in sections 88, 90, 91, 102 and 105.

95. The Commission must make rules of procedure and proof by regulation. The regulation must include provisions to ensure the accessibility of the Commission and the quality and promptness of its decision-making process. To that end, the regulation must specify the time allotted to proceedings, from the time the application for review is filed until the hearing, if applicable. The regulation must be submitted to the Government for approval.

96. The Commission may, at any stage of the proceeding, use technological means that are available to both the parties and itself. It may, even on its own initiative, order that such means be used by the parties. If the Commission considers it necessary, it may also, despite an agreement between the parties, require a person to appear in person at a hearing, conference or examination.

97. If a request for rectification is contested, the health and social services body must prove that the health or social services information does not need to be rectified, unless the information was obtained directly from the person concerned or with the person's consent.

DIVISION III

DECISION OF THE COMMISSION

98. The Commission renders, with respect to every application for review submitted to it, a decision in writing giving the reasons on which it is based, and sends a copy of the decision to the parties by any means providing proof of the date of receipt.

99. The Commission has all the powers necessary for the exercise of its jurisdiction. It may make any order it considers appropriate to protect the rights of the parties, and decide on any question of fact or of law.

The Commission may, in particular, order a health and social services body to give access to or rectify health or social services information, or refrain from doing so.

100. The Commission must exercise its review functions and powers diligently and efficiently. It must make its decision within three months after the matter is taken under advisement, unless the chair extends that time limit for valid reasons.

If a member of the Commission to whom a case is referred does not make a decision within the prescribed time, the chair may, on the chair's own initiative or at the request of one of the parties, remove the member from the case.

Before extending the time limit or removing from the case the member who has not made a decision within the prescribed time, the chair must take into account the circumstances and the interest of the parties.

101. The Commission may, in deciding an application for review, set the conditions it considers appropriate to facilitate the exercise of a right conferred by this Act.

102. A decision containing an error in writing or in calculation or any other clerical error may be rectified by the Commission or the member who rendered the decision. The same applies to a decision that, through obvious inadvertence, grants more than was requested or fails to rule on part of the application.

The rectification may be made on the Commission's or the concerned member's own initiative as long as execution of the decision has not begun. It may be made at any time on the motion of one of the parties, unless an appeal has been lodged.

The motion is addressed to the Commission and submitted to the member who rendered the decision. If the latter is no longer in office, is absent or is unable to act, the motion is submitted to the Commission.

If the rectification pertains to the operative part of the decision, the period for appealing or executing the rectified decision runs from the date of the rectification.

103. A decision of the Commission prescribing a particular course of action to a party is enforceable 30 days after it is received by the parties.

A decision prohibiting a course of action to a party is enforceable from its delivery to the party concerned.

From the time a decision becomes enforceable, a certified copy of the decision may be filed by the Commission or a party in the office of the clerk of the Superior Court of the district of Montréal or Québec or of the district where the head office, business establishment or residence of a party is situated.

The filing of a decision confers on the decision the same force and effect as a judgment of the Superior Court.

104. A decision of the Commission on a question of fact within its competence cannot be appealed.

105. The Commission may declare an application for review expired if one year has elapsed since the last useful proceeding was filed.

DIVISION IV

APPEAL FROM A DECISION OF THE COMMISSION

106. A person directly interested may bring an appeal from the final decision of the Commission before a judge of the Court of Québec on any question of law or jurisdiction or, with leave of a judge of that court, from an interlocutory decision that will not be remedied by the final decision.

107. The application for leave to appeal from an interlocutory decision must specify the questions of law or jurisdiction that ought to be examined in appeal and the reasons the interlocutory decision will not be remedied by the final decision and, after notice to the parties and to the Commission, be filed with the office of the Court of Québec within 10 days after the date on which the parties receive the Commission's decision.

If the application is granted, the judgment authorizing the appeal serves as a notice of appeal.

108. The jurisdiction conferred by this division on a judge of the Court of Québec is exercised by only the judges of that court that are appointed by the chief judge.

109. The appeal is brought by filing with the Court of Québec a notice to that effect specifying the questions of law or jurisdiction that ought to be examined in appeal.

The notice of appeal must be filed with the office of the Court of Québec within 30 days after notification of the final decision.

110. The filing of the notice of appeal or of the application for leave to appeal from an interlocutory decision suspends the execution of the decision of the Commission until the decision of the Court of Québec is rendered. If it is an appeal from a decision ordering a health and social services body to cease or refrain from doing something, the filing of the notice or application does not suspend execution of the decision.

111. The notice of appeal must be served on the parties and on the Commission within 10 days after it is filed with the office of the Court of Québec.

The secretary of the Commission must send a copy of the decision under appeal and accompanying documents to the office of the Court, to serve as a joint record.

112. The appeal is governed by articles 351 to 390 of the Code of Civil Procedure, with the necessary modifications. The parties are not required, however, to file a brief stating their contentions.

113. The Court of Québec may, in the manner prescribed under the Courts of Justice Act (chapter T-16), make the regulations considered necessary for the carrying out of this division.

114. The decision of the judge of the Court of Québec cannot be appealed.

CHAPTER VIII

PENAL PROVISIONS

115. Anyone who

(1) collects, uses, keeps, destroys or accesses health or social services information in contravention of this Act or a regulation made under this Act,

(2) refuses to allow access to information that is accessible under this Act or impedes such access, in particular by destroying, modifying or concealing the information or by unduly delaying its transmission,

(3) hinders the health and social services information access authorization manager or a person in charge of the protection of health and social services information in the exercise of the manager's or person's functions,

(4) fails to report, where required to do so, a confidentiality incident to the Minister or to the Commission d'accès à l'information, or

(5) fails to comply with the conditions set out in an authorization issued under section 31 or 36 or in an agreement entered into under section 32 or 39

commits an offence and is liable to a fine of \$1,000 to \$10,000 in the case of a natural person and of \$3,000 to \$30,000 in all other cases.

116. Anyone who

(1) allows access to information that cannot be made accessible under this Act or for which access authorization has been refused under this Act,

(2) identifies or attempts to identify a natural person, without authorization, using de-identified information or using anonymized information,

(3) contravenes section 44,

(4) holds health or social services information without complying with the obligations provided for in Division IV of Chapter IV,

(5) impedes the progress of an inquiry or inspection of the Commission d'accès à l'information or the hearing of an application by the Commission by providing it with false or inaccurate information, by omitting to provide information it requires or otherwise,

(6) refuses or neglects to comply, within the prescribed time, with a demand sent under section 81, or

(7) fails to comply with an order of the Commission d'accès à l'information

commits an offence and is liable to a fine of \$5,000 to \$100,000 in the case of a natural person and of \$15,000 to \$150,000 in all other cases.

117. Anyone who, by an act or omission, helps or, by encouragement, advice or consent or by an authorization or order, induces a person to commit an offence under this Act or the regulations is considered to have committed the same offence.

118. In any penal proceedings relating to an offence under this Act or a regulation under this Act, proof that the offence was committed by a director, agent or employee of any party is sufficient to establish that it was committed by that party, unless the party establishes that due diligence was exercised and all necessary precautions were taken to prevent the commission of the offence.

119. In determining the penalty, the judge takes into account, in particular, the offender's commercial objective or the increase in revenues the offender obtained, or intended to obtain, by committing the offence or by omitting to take measures to prevent it.

A judge who, despite the presence of the aggravating factor referred to in the first paragraph, decides to impose the minimum fine must give reasons for the decision.

120. The Commission de l'accès à l'information may, in accordance with article 10 of the Code of Penal Procedure (chapter C-25.1), institute penal proceedings for an offence under this chapter.

121. In the case of a subsequent offence, the fines under this chapter are doubled.

122. The prescription period for penal proceedings for an offence under a provision of this Act is five years after the commission of the offence.

CHAPTER IX

AMENDING PROVISIONS

ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION

123. Section 2 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) is amended by adding the following paragraph at the end:

“(5) to health or social services information within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*).”

124. Section 83 of the Act is amended by striking out the third paragraph.

125. Section 84.1 of the Act is amended by replacing “a health services or social services institution referred to in the second paragraph of section 7, the” by “the”.

126. Section 87.1 of the Act is amended by replacing “A health services or social services institution referred to in the second paragraph of section 7, the” by “The”.

127. Section 118 of the Act, amended by section 38 of chapter 25 of the statutes of 2021, is again amended by inserting “, of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)” before “and of Division” in the fourth paragraph.

128. Section 134.2 of the Act is amended by inserting “or the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)” after “this Act”.

129. Section 179 of the Act, amended by section 69 of chapter 25 of the statutes of 2021, is again amended by inserting “, the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)” after “this Act” in the first paragraph.

ACT TO PROMOTE ACCESS TO FAMILY MEDICINE AND SPECIALIZED MEDICINE SERVICES

130. Section 10 of the Act to promote access to family medicine and specialized medicine services (chapter A-2.2) is amended by replacing “in the information system, mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5), which is designed to allow every insured person, within the meaning of the Health Insurance Act (chapter A-29), to find a physician who agrees to provide medical

care to the person. A government regulation determines the requirements for using the system” in the second paragraph by “in the mechanism referred to in subparagraph 6 of the second paragraph of section 521 of the Act respecting health services and social services (chapter S-4.2), which is designed to enable every person to find a physician providing insured services within the meaning of the Health Insurance Act (chapter A-29), or a health and social services professional belonging to a class of professionals designated by the Minister and practising in premises belonging to a class identified by the Minister, who agrees to provide medical care to the person. A government regulation determines the requirements for using that mechanism”.

131. Section 11 of the Act is amended

(1) by replacing “the medical appointment system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5)” in the first paragraph by “the appointment booking mechanism mentioned in subparagraph 7 of the second paragraph of section 521 of the Act respecting health services and social services (chapter S-4.2)”;

(2) by replacing “system” in the second paragraph by “mechanism”.

132. Section 13.1 of the Act, enacted by section 65 of chapter 21 of the statutes of 2017, is amended by replacing “medical appointment system described in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5)” by “appointment booking mechanism referred to in subparagraph 7 of the second paragraph of section 521 of the Act respecting health services and social services (chapter S-4.2)”.

133. Section 72 of the Act is amended by replacing “the medical appointment system mentioned in the sixth paragraph of section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5)” in subparagraph 5 of the first paragraph by “the appointment booking mechanism referred to in subparagraph 7 of the second paragraph of section 521 of the Act respecting health services and social services (chapter S-4.2)”.

WORKERS’ COMPENSATION ACT

134. Section 55 of the Workers’ Compensation Act (chapter A-3) is amended by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), an institution within the meaning of that Act” by “An institution within the meaning of the Act respecting health services and social services (chapter S-4.2)”.

ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES

135. Section 208 of the Act respecting industrial accidents and occupational diseases (chapter A-3.001) is amended by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), the health institution” in the first paragraph by “The health institution”.

136. Section 229 of the Act, amended by section 71 of chapter 27 of the statutes of 2021, is again amended by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), within 10 days after a request by the Commission, an institution within the meaning of the Act respecting health services and social services” by “Within 10 days after a request by the Commission, an institution within the meaning of the Act respecting health services and social services (chapter S-4.2)”.

137. Section 233.4 of the Act, enacted by section 74 of chapter 27 of the statutes of 2021, is amended by replacing “Notwithstanding section 19 of the Act respecting health services (chapter S-4.2), within 10 days after a request by the Commission, an institution within the meaning of that Act” by “Within 10 days after a request by the Commission, an institution within the meaning of the Act respecting health services and social services (chapter S-4.2)”.

ACT RESPECTING CLINICAL AND RESEARCH ACTIVITIES RELATING TO ASSISTED PROCREATION

138. Section 30 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01) is amended by striking out paragraph 6.

139. Section 42 of the Act is amended by striking out “and section 44” in the first paragraph.

140. Section 44 of the Act is repealed.

141. Section 44.1 of the Act is amended by replacing “On the basis of the information obtained under section 44, the” by “The”.

AUTOMOBILE INSURANCE ACT

142. Section 83.15 of the Automobile Insurance Act (chapter A-25) is amended by striking out the fourth paragraph.

HOSPITAL INSURANCE ACT

143. Section 12 of the Hospital Insurance Act (chapter A-28) is repealed.

HEALTH INSURANCE ACT

144. Section 22.6 of the Health Insurance Act (chapter A-29) is amended by replacing “Despite section 63, the” by “The”.

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

“63. The Board may communicate to a person who provided an insured service any information relating to the services he offered and that is necessary for invoicing follow-up purposes.”

146. Section 64 of the Act is amended by replacing the first, second and third paragraphs by the following paragraphs:

“The Board is required to communicate to the Minister of Revenue of Québec or to the Minister of Revenue of Canada, whenever they so request, the following information, to the extent that the information is necessary for the administration of an Act under their responsibility:

- (1) the date on which an insured service was provided;
- (2) the name and address of the person who provided the service; and
- (3) the sums paid by the Board for the service and the name of the persons to whom they were paid.

The Board must also communicate to the Minister of Health of Canada, whenever he so requests, the information the Board has obtained for the carrying out of this Act, to the extent that the information is required for the purposes of the Canada Health Act (Revised Statutes of Canada, 1985, chapter C-6).”

147. Section 65 of the Act is amended

- (1) in the first paragraph,
 - (a) by replacing “Section 63 does not prohibit the disclosure of information obtained for the carrying out of this Act” by “Information obtained for the carrying out of this Act may be communicated”;
 - (b) by replacing “regarding the professionals of an institution, to the council of physicians, dentists and pharmacists of such institution” by “, regarding the professionals of such an institution, the council of physicians, dentists and pharmacists of the institution, as well as to a revisory committee established under section 41”;

(2) by replacing the second paragraph by the following paragraph:

“Such information may also be communicated to the Department of Human Resources and Social Development of Canada, the Department of Citizenship and Immigration of Canada and Héma-Québec as well as to the following departments or bodies of the Gouvernement du Québec: the Ministère de la Santé et des Services sociaux, the Ministère de l’Emploi et de la Solidarité sociale, the Ministère du Travail, the Ministère des Transports, the Ministère de l’Éducation, du Loisir et du Sport, the Ministère de l’Enseignement supérieur, de la Recherche, de la Science et de la Technologie, the Ministère de l’Immigration et des Communautés culturelles, the Ministère des Finances, the Ministère des Ressources naturelles et de la Faune, the Agence du revenu du Québec, Retraite Québec, the Société de l’assurance automobile du Québec, the Commission des normes, de l’équité, de la santé et de la sécurité du travail and the Public Curator, if the information is necessary to prevent, detect or repress an offence under an Act applicable in Québec.”;

(3) by replacing all occurrences of “disclose” and “disclosed” in the third, fourth and fifth paragraphs by “communicate” and “communicated”, respectively;

(4) by replacing the sixth, seventh, eighth, ninth, tenth and eleventh paragraphs by the following paragraph:

“The Board may communicate to the Minister of Employment and Social Solidarity the nature of the services, medications, devices and other equipment that compensate for a physical deficiency, visual or hearing aids or communication devices whose cost is assumed or reimbursed by the Board under any of subparagraphs *b* and *c* of the first paragraph and the second, third, fifth, sixth, seventh and eighth paragraphs of section 3, the date on which those goods and services were provided and their cost with respect to each person and family eligible under a financial assistance program provided for in Chapter I, II, V or VI of Title II of the Individual and Family Assistance Act (chapter A-13.1.1) and who holds a valid claim booklet issued in accordance with section 70 or 71.1.”

148. Section 65.0.0.0.1 of the Act, enacted by section 4 of chapter 23 of the statutes of 2021, is amended by replacing “Despite section 65, it” by “It”.

149. Sections 65.0.1 to 65.0.4.1, 65.1 and 66 of the Act are repealed.

150. Section 67 of the Act is replaced by the following section:

“**67.** Despite section 68 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), the health and social services information access authorization manager referred to in section 49 of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*) may, in accordance with section 36 of that Act, authorize a health

and social services body to access information, other than health or social services information within the meaning of that Act, obtained by the Board for the purposes of the Acts it administers where such access is necessary for fulfilling its mission or its purpose, exercising its functions or activities or implementing a program under its management.”

151. Section 75 of the Act is repealed.

ACT TO AUTHORIZE THE COMMUNICATION OF PERSONAL INFORMATION TO THE FAMILIES OF INDIGENOUS CHILDREN WHO WENT MISSING OR DIED AFTER BEING ADMITTED TO AN INSTITUTION

152. Section 10 of the Act to authorize the communication of personal information to the families of Indigenous children who went missing or died after being admitted to an institution (chapter C-37.4) is amended

(1) by striking out the first paragraph;

(2) by striking out “section 63 of the Health Insurance Act (chapter A-29) and” in the second paragraph.

PUBLIC CURATOR ACT

153. Section 28 of the Public Curator Act (chapter C-81), amended by section 143 of chapter 11 of the statutes of 2020, is again amended, in the first paragraph,

(1) by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2) and section 7 of the Act respecting health services and social services for Cree Native persons (chapter S-5), the” by “The”;

(2) by replacing “either of those Acts” by “the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5)”.

ACT RESPECTING THE INSTITUT DE LA STATISTIQUE DU QUÉBEC

154. Section 13.6 of the Act respecting the Institut de la statistique du Québec (chapter I-13.011) is amended by inserting the following paragraph after paragraph 2:

“(2.1) where the information is held by a public body that is also a health and social services body referred to in the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*) and the researcher is referred to in section 31 of that Act; or”.

ACT RESPECTING INSTITUT NATIONAL DE SANTÉ PUBLIQUE
DU QUÉBEC

155. Section 34 of the Act respecting Institut national de santé publique du Québec (chapter I-13.1.1) is repealed.

ACT RESPECTING ADMINISTRATIVE JUSTICE

156. Section 25 of the Act respecting administrative justice (chapter J-3) is amended by striking out “, 9” in the second paragraph.

157. Section 3 of Schedule I to the Act is amended by striking out paragraph 9.

ACT RESPECTING THE MINISTÈRE DE LA SANTÉ ET
DES SERVICES SOCIAUX

158. Sections 5.2 to 5.4 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2) are repealed.

159. The Act is amended by inserting the following sections after section 10.3:

“**10.3.1.** A person may express in writing, using the form prescribed by the Minister, the person’s wish to authorize the post-mortem removal of organs or tissues for transplant, as permitted under article 43 of the Civil Code.

Consent may be revoked at any time, in writing, using the form prescribed by the Minister for that purpose.

“**10.3.2.** The consent form authorizing the removal of organs or tissues, or the accompanying notice, must inform the person concerned

(1) that consent to the removal of organs or tissues is collected for the purposes of a transplant;

(2) that the information appearing on the consent form may be released, on request, to an organization that coordinates organ or tissue donations and is designated on the list drawn up by the Minister and published on his department’s website;

(3) that consent may be revoked at any time, in writing, using the form prescribed by the Minister for that purpose; and

(4) that the Minister will not solicit the person’s consent again if the person has already given it.

“10.3.3. The Minister shall use the consent form to collect the following information:

(1) the wish of the person concerned to consent to the post-mortem removal of organs or tissues;

(2) the signature of the person concerned and, if the person is under 14 years of age, the signature of the person having parental authority authorizing the person concerned to give consent;

(3) the date of each signature; and

(4) any other identification information necessary for the exercise of the Minister’s functions relating to the consent register for the post-mortem removal of organs and tissues.

The Minister shall enter the information appearing on the consent form into the national information filing system referred to in section 521 of the Act respecting health services and social services (chapter S-4.2).

“10.3.4. The Minister shall draw up a list of organizations that coordinate organ or tissue donations to which he may release the information appearing on a consent form. The list is published on his department’s website.”

The Minister must, on request, release the information appearing on a consent form to such organizations.”

ACT TO MODIFY THE ORGANIZATION AND GOVERNANCE OF THE HEALTH AND SOCIAL SERVICES NETWORK, IN PARTICULAR BY ABOLISHING THE REGIONAL AGENCIES

160. Sections 115 and 128 of the Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies (chapter O-7.2) are repealed.

ACT RESPECTING THE SHARING OF CERTAIN HEALTH INFORMATION

161. The Act respecting the sharing of certain health information (chapter P-9.0001) is repealed.

ACT TO ASSIST PERSONS WHO ARE VICTIMS OF CRIMINAL OFFENCES AND TO FACILITATE THEIR RECOVERY

162. Section 77 of the Act to assist persons who are victims of criminal offences and to facilitate their recovery (chapter P-9.2.1) is amended by striking out the fourth paragraph.

ACT RESPECTING THE HEALTH AND SOCIAL SERVICES
OMBUDSMAN

163. Section 14 of the Act respecting the Health and Social Services Ombudsman (chapter P-31.1) is amended by striking out “, notwithstanding section 19 of that Act.”.

164. Section 37 of the Act is replaced by the following section:

“**37.** Section 76.9 of the Act respecting health services and social services (chapter S-4.2) applies, with the necessary modifications, to any user’s complaint record kept by the Health Services Ombudsman in the exercise of his functions under this Act.”

YOUTH PROTECTION ACT

165. Section 26 of the Youth Protection Act (chapter P-34.1) is amended by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2) and section 7 of the Act respecting health services and social services for Cree Native persons (chapter S-5), a” in the first paragraph by “A”.

166. Section 35.4 of the Act is amended by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), at” in the first paragraph by “At”.

167. Section 36 of the Act is amended by replacing “Notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2), if” in the first paragraph by “If”.

168. Section 37.4.2 of the Act is amended

(1) by replacing “with the Act respecting health services and social services (chapter S-4.2)” by “with the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)”;

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

“This section applies despite section 12, subdivisions III and IV of Division I and Divisions II to IV of Chapter III of the Act respecting health and social services information and amending various legislative provisions.”

169. Section 37.4.3 of the Act is amended by replacing “with the Act respecting health services and social services (chapter S-4.2)” in the second paragraph by “with the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)”.

170. Section 72.5 of the Act is amended by replacing “Notwithstanding subparagraph 1 of the first paragraph of section 53 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), no” in the first paragraph by “No”.

171. Section 72.8 of the Act is amended by inserting “and notwithstanding section 37 of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)” at the end of the fourth paragraph.

172. Section 72.11 of the Act is amended by replacing “Despite section 19 of the Act respecting health services and social services (chapter S-4.2), an” in the first paragraph by “An”.

ACT RESPECTING THE PROTECTION OF PERSONS WHOSE MENTAL STATE PRESENTS A DANGER TO THEMSELVES OR TO OTHERS

173. Section 5 of the Act respecting the protection of persons whose mental state presents a danger to themselves or to others (chapter P-38.001) is amended by replacing “relating to access to the person’s record contained in the legislation respecting health services and social services” by “of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*)”.

ACT RESPECTING THE PROTECTION OF PERSONAL INFORMATION IN THE PRIVATE SECTOR

174. Section 3 of the Act respecting the protection of personal information in the private sector (chapter P-39.1) is amended by adding the following paragraph at the end:

“(3) to health or social services information within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*).”

ACT RESPECTING THE RÉGIE DE L’ASSURANCE MALADIE DU QUÉBEC

175. Section 2 of the Act respecting the Régie de l’assurance maladie du Québec (chapter R-5) is amended

(1) in the second paragraph,

(a) by striking out “, subject to Division VII of the Health Insurance Act,” in subparagraph e;

(b) by striking out “subject to sections 63 and 64 of the Health Insurance Act,” in subparagraph g;

(c) by striking out “, subject to section 63 of the Health Insurance Act,” in subparagraph *h*;

(d) by striking out “, subject to the ninth paragraph of section 67 of the Health Insurance Act,” in subparagraph *i*;

(2) by striking out “the Act respecting the sharing of certain health information (chapter P-9.0001) and” in the fifth paragraph;

(3) by striking out the sixth and seventh paragraphs.

176. Sections 2.0.8 to 2.0.12 of the Act are repealed.

PUBLIC HEALTH ACT

177. Section 38 of the Public Health Act (chapter S-2.2) is replaced by the following sections:

“38. The Minister and the public health directors may require any physician, any government department or any body, including any health and social services body within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*), to provide them with the information necessary for carrying out a surveillance plan.

“38.1. Where the Minister or a public health director obtains personal or non-personal information necessary for carrying out a surveillance plan from a government department or a body that is not a health and social services body within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*), the Minister or public health director may enter into an agreement to limit, from among the accesses provided for by that Act, those that will be applicable to that information.”

178. Section 64 of the Act is amended

(1) by replacing subparagraphs *j* and *k* of paragraph 2 by the following subparagraphs:

“(j) the name of the vaccinator and the vaccinator’s unique provider number in the register of providers established under the Act respecting health services and social services (chapter S-4.2) or, if the vaccinator has no such number, the vaccinator’s title and the number of the vaccinator’s licence to practise, and

“(k) the name, address, telephone number and unique identification number in the register of bodies established under the Act respecting health services and social services of the location where the health services and social services are provided and to which the vaccinator is attached as well as, if applicable, the physical location where the vaccine was administered;”;

(2) by replacing subparagraph *g* of paragraph 3 by the following subparagraph:

“(g) in the case of a prescription, the name and the unique identification number in the register of providers established under the Act respecting health services and social services of the person who wrote the prescription or who initiated a therapeutic measure under a prescription or, if the person has no such number, the person’s title and the number of the person’s licence to practise.”.

179. Section 66 of the Act is repealed.

180. Section 132 of the Act is amended

(1) by striking out the first paragraph;

(2) by replacing “They may, however, communicate any information necessary” in the introductory clause of the second paragraph by “A public health director and the persons exercising their functions for a public health department may communicate the information referred to in section 131 where that information is necessary”;

(3) by striking out the third paragraph.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

181. Chapter II of Title II of Part I of the Act respecting health services and social services (chapter S-4.2), comprising sections 17 to 28, is repealed.

182. Section 76.9 of the Act is replaced by the following section:

“**76.9.** A user’s complaint record kept for the exercise of functions provided for in Divisions I, II and III is confidential and, subject to the special provisions of this Act, only the following may access it:

(1) the person concerned and certain persons related to that person, in accordance with the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*);

(2) the local service quality and complaints commissioner, a medical examiner, a review committee, the council of physicians, dentists and pharmacists or an expert from outside the institution that the council calls on under the second paragraph of section 214, as the case may be, in the exercise of their functions.

This section applies despite the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) and despite section 12 and Divisions II to IV of Chapter III of the Act respecting health and social services information and amending various legislative provisions.”

183. Section 107.1 of the Act is amended by replacing “Sections 27.1 and 27.2 apply” in the fourth paragraph by “Section 39 of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*) applies”.

184. Section 108 of the Act is amended by striking out the fifth paragraph.

185. Section 204.1 of the Act is amended by replacing the first paragraph by the following paragraphs:

“When informed of the imminent or recent death of a potential organ or tissue donor, the director of professional services of an institution operating a general and specialized hospital shall diligently notify one of the organizations that coordinate organ or tissue donations and are designated by the Minister in accordance with section 10.3.4 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2), and shall verify with one of them whether the potential donor’s consent for the post-mortem removal of organs or tissues is recorded in the consent register established by the Ordre professionnel des notaires du Québec and in the national information filing system established under section 521, in order to determine the donor’s last wishes expressed in that regard in accordance with the Civil Code.

Where consent has been given for organ or tissue donation, the director of professional services shall send to such an organization any information concerning that potential donor that is necessary for verifying his eligibility for organ or tissue donation and, where applicable, for coordinating such a donation.”

186. Section 233 of the Act is amended by replacing “in sections 27.3 and” in the second paragraph by “in section”.

187. The Act is amended by inserting the following subdivision after section 259.11:

“§12.— *Communication of information to the Minister*

“**259.12.** An institution must communicate to the Minister, at the Minister’s request and in the form and within the time he determines, any statement, statistics, report and other information that he prescribes with regard to its human resources, including the professionals practising their profession within the institution, students and trainees, and that is necessary for the exercise of his functions, excluding all health or social services information within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*).

Where the information requested by the Minister in accordance with the first paragraph makes it possible to identify a personnel member of the institution or another person referred to in that paragraph, the information may not be

communicated unless the health and social services information access authorization manager referred to in section 49 of the Act respecting health and social services information and amending various legislative provisions authorizes its release in accordance with section 36 of that Act.

This section applies to a private institution not under agreement only if the institution is accredited for the purposes of subsidies in accordance with the provisions of Chapter III of Title II of Part III and only to the extent that the information is necessary for the purposes of those provisions.

This section applies despite section 68 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1).”

188. Section 349.3 of the Act is amended by striking out the fourth paragraph.

189. Section 431.2 of the Act is amended by striking out the second paragraph.

190. Section 433 of the Act is repealed.

191. Section 505 of the Act is amended by striking out subparagraph 26 of the first paragraph.

192. Section 520.1 of the Act is amended by replacing “an information asset within the meaning of the Act respecting the sharing of certain health information (chapter P-9.0001)” by “any database, information system, telecommunications system or technological infrastructure, or combination of those elements, as well as any computer component of medical equipment”.

193. Section 520.3.0.1 of the Act is amended

(1) by striking out “, extracting the information to be supplied to the Minister under section 431.2, and processing and managing that data for statistical purposes so the Minister may assess whether the waiting time for a specialized medical service is unreasonable or about to become so. The agreement may authorize the provider to communicate the statistics to the agencies” in the first paragraph;

(2) by replacing the second paragraph by the following paragraph:

“The agreement must stipulate that the provider has the obligations set out in section 39 of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*) toward the Minister and the institutions concerned. It must also stipulate that the Minister may access health or social services information in cases where he is authorized to do so in accordance with that Act.”

194. Section 520.3.1 of the Act is amended by striking out the second paragraph.

195. The Act is amended by inserting the following Title after section 520.3.1:

“TITLE II

“NATIONAL INFORMATION FILING SYSTEM

“521. The Minister shall establish a national information filing system.

The system must make it possible to, among other things,

(1) keep the records of users of institutions and of beneficiaries of the Cree Board of Health and Social Services of James Bay;

(2) index the records of persons who receive health services and social services from other health and social services bodies within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*);

(3) share prescriptions between health and social services bodies within the meaning of that Act and with the persons concerned;

(4) keep a consent register for the post-mortem removal of organs and tissues;

(5) keep a register of advance medical directives governed by the Act respecting end-of-life care (chapter S-32.0001);

(6) put in place a mechanism enabling a person to find a physician providing insured services within the meaning of the Health Insurance Act (chapter A-29), or a health and social services professional belonging to a class of professionals designated by the Minister and practising in premises belonging to a class identified by the Minister, who agrees to provide medical care to the person;

(7) put in place a mechanism for booking appointments with a physician or another health and social services professional referred to in subparagraph 6;

(8) simplify access to information, in accordance with the information protection regimes applicable to it, in particular the one provided for by the Act respecting health and social services information and amending various legislative provisions; and

(9) implement any other functionality determined by regulation of the Minister.

It must also enable logging of every access to the system by a person, whether the purpose of the access is to file information in the system or to access such information.

“522. The terms and conditions for using the national information filing system are determined by regulation of the Minister.

The regulation may also prescribe

(1) the obligation for all or part of the institutions or for the Cree Board of Health and Social Services of James Bay to use the national information filing system for keeping the records concerning, as the case may be, their users or their beneficiaries; and

(2) the obligation for all or part of the other health and social services bodies within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*) to allow the indexing of information concerning the persons to whom they offer health services or social services as well as access to that information by means of the national information filing system.

“523. The Minister establishes the following registers for, among other things, the operation of the national information filing system:

(1) a register of users enabling the unique identification of every person to whom health services or social services are provided;

(2) a register of providers enabling the unique identification of every health and social service provider within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*); and

(3) a register of bodies enabling the unique identification of all health and social services bodies referred to in that Act.

The above registers may also be used for any other purpose relating to the organization, planning or provision of services or supply of goods or services in the field of health and social services.

The registration terms for those registers and the information the registers must contain is determined by regulation of the Minister.

“524. Where the Minister has cause to believe that a confidentiality incident involving information held in the national information filing system or a register referred to in section 523 has occurred or that there is a risk of such an incident occurring, the Minister must take reasonable measures to reduce the risk of injury and to prevent new incidents of the same nature.

If the incident presents a risk of serious injury, the Minister must promptly notify the Commission d'accès à l'information. The Minister must also notify the body holding the information concerned by the incident, as well as any person whose information is concerned by the incident, failing which the Commission may order it to do so. The Minister may also notify any person, partnership or body that could reduce the risk and send the person, partnership or body, without the consent of the person concerned, any information necessary for that purpose.

Despite the second paragraph, a person whose information is concerned by the incident need not be notified so long as doing so could hamper an investigation conducted by a person or body responsible by law for the prevention, detection or repression of crime or statutory offences.

A government regulation may determine the content and terms of the notices provided for in this section.

For the purposes of this Title, "confidentiality incident" means access not authorized by law to information, use not authorized by law of information, loss of information or any other breach of its protection.

"525. In assessing the risk of injury to a person whose information is concerned by a confidentiality incident, the Minister must consider, in particular, the sensitivity of the information concerned, the anticipated consequences of its use and the likelihood that such information will be used for injurious purposes.

"526. The Minister must keep a register of confidentiality incidents. A government regulation may determine the content of the register.

A copy of the register must be sent to the Commission d'accès à l'information at its request.

"527. The Minister may assume the operations management of the national information filing system and of the registers referred to in section 523, or entrust some or all of that management to an operations manager.

When the Minister entrusts some or all of the operations management of the national information filing system or of a register to an operations manager, the Minister enters into a written agreement with the operations manager.

The agreement sets out, among other things, the operations manager's obligation

(1) to put in place security measures for ensuring the protection of information throughout its life cycle as well as its availability in a manner consistent with, as concerns health and social services information within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number*

of that Act), the health and social services information governance rules referred to in sections 41 and 42 of that Act and the special rules defined by the health and social services network information officer under section 47 of that Act;

(2) to proactively monitor the system access logs to detect, among other things, any unauthorized access;

(3) to send to the Minister an annual assessment report to enable the Minister to, among other things, validate the security measures put in place and assess the efficiency and performance of the national information filing system as well as the benefits resulting from it; and

(4) to notify the Minister without delay of any confidentiality incident.

The agreement also sets out the cases and circumstances in which and conditions on which the operations manager may, after notifying the Minister, entrust to a third person, by mandate or by contract of enterprise or for services, all or part of the services dedicated to hosting, operating or using the national information filing system or a register under its management. In such a case, the manager must comply with sections 39 and 74 of the Act respecting health and social services information and amending various legislative provisions, with the necessary modifications.

The Minister may demand from an operations manager any information or document considered necessary to ensure compliance with the obligations set out in the agreement.

“528. The Minister or an operations manager to whom the Minister has entrusted the management of any of the registers referred to in section 523 may require from the following persons or bodies any information necessary for keeping those registers or identifying a person, including from a health and social service provider or from a health and social services body within the meaning of the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*):

(1) the person concerned;

(2) the professional order concerned, where applicable;

(3) a health and social services body; or

(4) any other person or body or category of persons or bodies designated by a regulation of the Minister.

The above persons and bodies must send to the Minister or, where applicable, the operations manager designated by the Minister, the information required and, after doing so, inform them as soon as possible of any change made to the information.”

196. The Act is amended by inserting the following section after section 531.0.1:

“531.0.2. Every person who contravenes a regulatory provision enacted under subparagraph 2 of the second paragraph of section 522 commits an offence and is liable to a fine of \$2,500 to \$25,000 in the case of a natural person or to a fine of \$7,500 to \$75,000 in the case of a legal person.”

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES FOR CREE NATIVE PERSONS

197. Sections 7 to 8.1 of the Act respecting health services and social services for Cree Native persons (chapter S-5) are repealed.

ACT RESPECTING PRE-HOSPITAL EMERGENCY SERVICES

198. Section 17 of the Act respecting pre-hospital emergency services (chapter S-6.2) is amended by striking out “, notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2),” in the fourth paragraph.

199. Section 118 of the Act is amended by striking out “, notwithstanding section 19 of the Act respecting health services and social services (chapter S-4.2),” in the first paragraph.

ACT RESPECTING END-OF-LIFE CARE

200. Section 46 of the Act respecting end-of-life care (chapter S-32.0001) is amended by inserting “, despite the Act respecting health and social services information and amending various legislative provisions (*insert the year and chapter number of that Act*),” after “confidential and” in the first paragraph.

201. Section 52 of the Act is amended by replacing “established under section 63” in the second paragraph by “kept by means of the national information filing system established under section 521 of the Act respecting health services and social services (chapter S-4.2)”.

202. Chapter II of Title III of the Act, comprising sections 63 and 64, is repealed.

CHAPTER X

TRANSITIONAL AND FINAL PROVISIONS

203. Until the coming into force of section 2 of the Act to amend the Civil Code, the Code of Civil Procedure, the Public Curator Act and various provisions as regards the protection of persons (2020, chapter 11), section 21 of this Act is to be read as follows:

“**21.** Any person who attests under oath that he or she intends to apply, for another person, for the institution or review of protective supervision or the homologation of a protection mandate is entitled to access any information contained in the medical and psychosocial assessment regarding that other person, to the extent that the assessment determines that the person is unable to care for himself or herself and administer his or her property.”

In addition, until the coming into force of section 46 of that Act, section 22 of this Act also refers to the curator of an incapable person of full age.

204. An agreement regarding the release of health or social services information entered into in accordance with section 68 or 68.1 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) or setting out rules regarding the release of such information under section 67 of that Act that is still in force on the date of coming into force of section 35 of this Act continues until its expiry date or until the date that is two years after the date of coming into force of section 35 of this Act, whichever date is earlier, and any release of information provided for in that agreement may be made until that date.

Likewise, a mandate or contract involving the release of health or social services information entrusted in accordance with section 67.2 of the Act respecting Access to documents held by public bodies and the Protection of personal information or section 27.1 of the Act respecting health services and social services (chapter S-4.2) that is still in force on the date of coming into force of section 39 of this Act continues until its expiry date or until the date that is two years after the date of coming into force of section 39 of this Act, whichever date is earlier, and any release of information provided for in that mandate or contract may be made until that date.

A mandate or contract that continues in accordance with the second paragraph is deemed to allow the health and social services body to require that any information collected or produced in carrying out the mandate or performing the contract to be sent to it, free of charge and whenever it so requests.

205. A technological product or service that, on the date of coming into force of section 44, is certified or homologated by the Minister in accordance with the special rules of the health and social services network information officer is considered certified in accordance with the regulation enacted under section 43.

206. A health and social services body must adopt the governance policy referred to in section 54 not later than the date that is six months after the date of coming into force of that section.

207. As of the date of coming into force of the third paragraph of section 14 and until the date of coming into force of section 53, a health and social services body must record in a register every access under Divisions II to IV of Chapter III to health or social services information it holds. Until that date, the right of access provided for in the third paragraph of section 14 is exercised by examining the register.

The register must include

- (1) the nature or type of information concerned;
- (2) the person, partnership or body that accessed it; and
- (3) the purposes of and justification for the access.

208. A regulation made under paragraph 6 of section 30 of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01) continues to apply until the date that is two years after the date of coming into force of section 138.

In addition, a regulation made under section 44 of that Act continues to apply until the date that is two years after the date of coming into force of section 140.

209. Despite section 5, the information contained in the health information banks in the clinical domains or in the electronic prescription management system for medications referred to in the Act respecting the sharing of certain health information (chapter P-9.0001) remains, until the date of coming into force of section 161, accessible in accordance with that Act and the regulations.

210. Information that, on the date of coming into force of section 161 of this Act, is contained in the health information banks in the clinical domains referred to in the Act respecting the sharing of certain health information is kept by the Minister in the national information filing system established under section 521 of the Act respecting health services and social services, enacted by section 195, for a period of 12 years after its release to the operations manager of those banks.

211. Proceedings brought before the date of coming into force of section 181 of this Act before the Superior Court, the Court of Québec or the Administrative Tribunal of Québec under section 27 of the Act respecting health services and social services are continued before them in accordance with the former provisions and the decisions rendered may, to the extent that such a right is provided for in those provisions or in the Code of Civil Procedure (chapter C-25.01), be the subject of an appeal.

212. A regulation made under subparagraph 26 of the first paragraph of section 505 of the Act respecting health services and social services continues to apply until the date that is two years after the date of coming into force of section 191 of this Act.

213. On the date of coming into force of subparagraph 4 of the second paragraph of section 521 of the Act respecting health services and social services, enacted by section 195, the information contained in the consent registry for the post-mortem removal of organs and tissues kept by the Régie de l'assurance maladie du Québec under the seventh paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) is transferred to the Minister and entered in the consent register for the post-mortem removal of organs and tissues that the Minister keeps by means of the national information filing system. Likewise, the information assets related to the register are transferred to the Minister with all the related rights and obligations.

214. On the date of coming into force of subparagraph 6 of the second paragraph of section 521 of the Act respecting health services and social services, enacted by section 195, the information contained in the system designed to allow every insured person, within the meaning of the Health Insurance Act (chapter A-29), to find a physician who agrees to provide medical care to the person in collaboration, if applicable, with other health and social services professionals kept by the Régie de l'assurance maladie du Québec under the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec is transferred to the Minister for the purposes of the mechanism enabling a person to find a physician providing insured services within the meaning of the Health Insurance Act or a health and social services professional who agrees to provide medical care to the person that the Minister puts in place by means of the national information filing system. Likewise, the information assets related to the system are transferred to the Minister with all the related rights and obligations.

215. On the date of coming into force of subparagraph 7 of the second paragraph of section 521 of the Act respecting health services and social services, enacted by section 195, the information contained in the system designed to allow every insured person to make an appointment with a general practitioner who is subject to an agreement entered into under section 19 of the Health Insurance Act kept by the Régie de l'assurance maladie du Québec under the sixth paragraph of section 2 of the Act respecting the Régie de l'assurance maladie du Québec is transferred to the Minister for the purposes of the mechanism for booking appointments with a physician or another health and social services professional that the Minister puts in place by means of the national information filing system. Likewise, the information assets related to the system are transferred to the Minister with all the related rights and obligations.

216. On the date of coming into force of subparagraph 1 of the first paragraph of section 523 of the Act respecting health services and social services, enacted by section 195, the information contained in the register of users kept by the Régie de l'assurance maladie du Québec under section 74 of the Act respecting the sharing of certain health information is transferred to the Minister and entered in the register of users that the Minister keeps for, among other things, the operation of the national information filing system. Likewise, the information assets related to the register are transferred to the Minister with all the related rights and obligations.

217. On the date of coming into force of subparagraph 2 of the first paragraph of section 523 of the Act respecting health services and social services, enacted by section 195, the information contained in the register of providers kept by the Régie de l'assurance maladie du Québec under section 85 of the Act respecting the sharing of certain health information is transferred to the Minister and entered in the register of providers that the Minister keeps for, among other things, the operation of the national information filing system. Likewise, the information assets related to the register are transferred to the Minister with all the related rights and obligations.

218. The Government may, by regulation, enact any other transitional provision that is not inconsistent with those contained in this Act to ensure the carrying out of the Act.

Such a regulation must be made not later than one year after the date of coming into force of section 161.

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

220. The Minister must report to the Government, not later than five years after the date of coming into force of section 1 on the implementation of this Act, and subsequently every five years on the carrying out of this Act. The report is tabled in the National Assembly within 30 days after the Government receives it or, if the Assembly is not sitting, within 30 days of resumption.

221. The provisions of this Act come into force on the date or dates to be set by the Government.

SCHEDULE I
(Section 4)

- (1) Health and Welfare Commissioner;
- (2) Commission sur les soins de fin de vie;
- (3) Corporation d'urgences-santé;
- (4) Héma-Québec;
- (5) Institut national d'excellence en santé et en services sociaux;
- (6) Institut national de santé publique du Québec;
- (7) Régie de l'assurance maladie du Québec;
- (8) an organization that coordinates organ or tissue donations, designated by the Minister in accordance with section 10.3.4 of the Act respecting the Ministère de la Santé et des Services sociaux (chapter M-19.2).

SCHEDULE II
(Section 4)

- (1) a person or a partnership operating a private health facility within the meaning of the Act respecting health services and social services (chapter S-4.2);
- (2) a person or a partnership operating a specialized medical centre within the meaning of the Act respecting health services and social services;
- (3) a health communication centre governed by the Act respecting pre-hospital emergency services (chapter S-6.2);
- (4) a person or a partnership operating a centre for assisted procreation within the meaning of the Act respecting clinical and research activities relating to assisted procreation (chapter A-5.01);
- (5) a person or a partnership operating a laboratory within the meaning of the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2);
- (6) a private seniors' residence referred to in section 346.0.1 of the Act respecting health services and social services;
- (7) an intermediate or family-type resource within the meaning of the Act respecting health services and social services;
- (8) a resource offering lodging referred to in section 346.0.21 of the Act respecting health services and social services;
- (9) a holder of a funeral services business licence issued in accordance with the Funeral Operations Act (chapter A-5.02);
- (10) a holder of an ambulance service permit issued in accordance with the Act respecting pre-hospital emergency services;
- (11) a palliative care hospice within the meaning of the Act respecting end-of-life care (chapter S-32.0001).

