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# NATIONAL ASSEMBLY

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SECOND SESSION

THIRTY-NINTH LEGISLATURE

Bill 59

## **An Act respecting the sharing of certain health information**

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### **Introduction**

**Introduced by  
Mr. Yves Bolduc  
Minister of Health and Social Services**

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## EXPLANATORY NOTES

*The purpose of this bill is to establish information assets allowing, among other things, the sharing of health information considered essential to primary care services and the continuum of care, in order to improve the quality and security of health services and social services, and access to those services, and to allow the management and controlled use of health and social information in order to improve the quality, efficiency and performance of the Québec health system.*

*More particularly, six clinical domains are established, namely, the medication domain, the laboratory domain, the medical imaging domain, the immunization domain, the allergy and intolerance domain and the hospitalization domain. A clinical domain is made up of one or more health information banks holding information that may be released in a secure manner through the Québec Health Record.*

*An electronic prescription management system for medication is also established for the purpose of sharing electronic prescriptions for medication in a secure environment. In addition, three common registers are constituted: the register of users, the register of providers and the register of bodies. These registers make it possible, whenever a health and social service information asset is used, to establish the unique identification of the persons receiving health services or social services, the health and social service providers and the bodies and locations providing health and social services.*

*Rules are defined to protect health information held in a health information bank and to govern the release, use and conservation of information. The rights of the persons to whom the information relates are clarified, among other things, the right to refuse to allow the release of information held in a health information bank in a clinical domain and the right to have information corrected.*

*Specific rules on the release, use and conservation of health information, applicable despite any provision to the contrary in certain general laws or special Acts, are introduced. Adjustments are made to the rights, provided for under the Act respecting Access to documents held by public bodies and the Protection of personal information, of a person to whom information relates.*

*The functions of the health and social services network information officer are clearly defined, especially as regards the adoption of specific information management rules, including rules governing security, and their application in the health and social services sector.*

*Amendments are made to the Public Health Act in order to revise the operation of the vaccination registry and set rules governing the release of the information it contains.*

*Lastly, transitional provisions are introduced to ensure the continuity of the Québec Health Record in the regions where it was implemented during the experimental phase.*

#### **LEGISLATION AMENDED BY THIS BILL:**

- Health Insurance Act (R.S.Q., chapter A-29);
- Act respecting the Ministère de la Santé et des Services sociaux (R.S.Q., chapter M-19.2);
- Pharmacy Act (R.S.Q., chapter P-10);
- Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5);
- Public Health Act (R.S.Q., chapter S-2.2);
- Act respecting health services and social services (R.S.Q., chapter S-4.2);
- Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5);
- Act to amend the Act respecting health services and social services and other legislative provisions (2005, chapter 32);
- Act to amend the Act respecting health services and social services and other legislative provisions (2006, chapter 43);
- Act to amend the Act respecting the Régie de l'assurance maladie du Québec, the Health Insurance Act and the Act respecting health services and social services (2007, chapter 31).

**LEGISLATION REPEALED BY THIS BILL:**

- Act to amend the Act respecting health services and social services, the Health Insurance Act and the Act respecting the Régie de l'assurance maladie du Québec (2008, chapter 8).

# **Bill 59**

## **AN ACT RESPECTING THE SHARING OF CERTAIN HEALTH INFORMATION**

THE PARLIAMENT OF QUÉBEC ENACTS AS FOLLOWS:

### **TITLE I**

#### **GENERAL PROVISIONS**

**1.** The purpose of this Act is to establish information assets allowing, among other things, the sharing of health information considered essential to primary care services and the continuum of care, in order to improve the quality and security of health services and social services, and access to those services, and to allow the management and controlled use of health and social information in order to improve the quality, efficiency and performance of the Québec health system.

**2.** In this Act, unless the context indicates otherwise,

(1) “information asset” means any database, information system, telereleases system, technological infrastructure or combination of such, or any computer component of specialized or ultraspecialized medical equipment;

(2) “local record” means a user’s record held by an institution under the Act respecting health services and social services (R.S.Q., chapter S-4.2), a beneficiary’s record held by an institution under the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) or a person’s record held by a health professional in accordance with the Act constituting the professional order governing the health professional or a regulation under that Act, whatever the medium; and

(3) “source system” means an information system used to release or receive information held in a health information bank in a clinical domain, in the electronic prescription management system for medication or in a common register.

**3.** This Act applies to

- (1) the operations manager of a health information bank in a clinical domain;
- (2) the operations manager of a clinical domain register;

(3) the operations manager of the electronic prescription management system for medication;

(4) access authorization managers;

(5) source system managers;

(6) the operations manager of the register of bodies;

(7) health and social service providers entered in the register of providers;

(8) any person who hosts, operates or uses an information asset referred to in this Act;

(9) persons or partnerships who operate a medical biology laboratory, a medical imaging laboratory or a medical diagnostic radiology laboratory within the meaning of the Act respecting medical laboratories, organ and tissue conservation and the disposal of human bodies (R.S.Q., chapter L-0.2) or a regulation under that Act;

(10) the Régie de l'assurance maladie du Québec;

(11) institutions governed by the Act respecting health services and social services;

(12) health and social services agencies governed by the Act respecting health services and social services;

(13) 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;

(14) persons or partnerships operating a private health facility within the meaning of the second paragraph of section 95 of the Act respecting health services and social services or within the meaning of subparagraph 1 of the first paragraph of section 1 of the Act respecting health services and social services for Cree Native persons, where a physician or a pharmacist practises; and

(15) persons or partnerships operating a specialized medical centre defined in section 333.1 of the Act respecting health services and social services.

**4.** The specific information management rules defined by the health and social service network information officer and approved by the Conseil du trésor in accordance with section 10 of the Act respecting the governance and management of the information resources of public bodies and government enterprises (R.S.Q., chapter G-1.03) are binding on the persons listed in section 3 in the performance of any act under this Act.

**5.** The health and social services network information officer or any person that officer designates may, to ensure compliance by the persons listed in section 3 with the specific information management rules that officer defines, carry out verifications or audits and require those persons to produce any information or document, provided the information cannot be associated with persons who have received health services or social services.

**6.** In order to assess the efficiency, performance and benefits resulting from the establishment of the information assets governed by this Act, in particular the Québec Health Record, the Minister may demand from the Régie de l'assurance maladie du Québec any information obtained for the carrying out of the Health Insurance Act (R.S.Q., chapter A-29) or the Act respecting prescription drug insurance (R.S.Q., chapter A-29.01), provided the information cannot be associated with a particular person.

## **TITLE II**

### **CLINICAL DOMAINS**

#### **CHAPTER I**

##### **GENERAL PROVISIONS**

**7.** The Minister establishes and maintains a set of information assets, including the Québec Health Record, that allows the secure sharing of health information governed by this Title.

The Québec Health Record makes it possible to release to authorized providers and bodies, in a timely fashion, health information concerning an insured person within the meaning of the Health Insurance Act that is held in a health information bank in a clinical domain.

Every insured person is presumed to have consented to the release of his or her health information through the Québec Health Record.

**8.** The Minister informs the public of

(1) the aims and operational procedures of the Québec Health Record;

(2) the establishment of clinical domains and of the use, release and conservation of health information held in the information banks that make up those domains;

(3) the right to be informed of and to receive health information concerning oneself that is held in a health information bank in a clinical domain or that can be released through the Québec Health Record, and to request the correction of that information; and

(4) the fact that, despite a refusal under Chapter III of this Title, health information is released to the health information banks in a clinical domain in accordance with this Act when certain health services are provided.

**9.** This Act does not exempt a health professional or an institution from the obligation to establish a local record.

## **CHAPTER II**

### **ESTABLISHMENT OF CLINICAL DOMAINS AND MANAGEMENT OF HEALTH INFORMATION BANKS**

#### **DIVISION I**

##### **GENERAL PROVISIONS**

**10.** For the purposes of this Act, the Minister establishes the following clinical domains:

- (1) the medication domain;
- (2) the laboratory domain;
- (3) the medical imaging domain;
- (4) the immunization domain;
- (5) the allergy and intolerance domain; and
- (6) the hospitalization domain.

Health information concerning a person who receives health services for which information must be released to the health information banks in the domains is released in accordance with this Act and the specific information management rules defined by the health and social services network information officer.

**11.** A clinical domain is made up of one or more health information banks.

The Minister may assume the operations management of a health information bank or entrust it to the Régie de l'assurance maladie du Québec or a public body listed in subparagraph 5 of the first paragraph of section 2 of the Act respecting the governance and management of the information resources of public bodies and government enterprises.

**12.** The Minister enters into a written agreement with each operations manager of a health information bank in a clinical domain.

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



(1) to establish security measures to ensure the protection of health information throughout its life cycle as well as its availability in accordance with the specific information management rules defined by the health and social services network information officer;

(2) to log any release of health information and to monitor the logs for any unauthorized release; and

(3) to communicate to the Minister an annual report assessing conformity with the organizational, procedural and technical rules in order, among other things, to enable the Minister to validate the security measures established and assess the efficiency, performance and benefits resulting from the establishment of the clinical domains and the use of the Québec Health Record.

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, provided that the information cannot be associated with a person who has received health services or social services.

**13.** The agreement also sets out the cases and circumstances in which and the conditions under which the operations manager of a health information bank in a clinical domain may entrust all or some of the services dedicated to hosting, operating and using the health information bank under its management to a third person, by means of a mandate or a service contract or contract of enterprise.

If the operations manager entrusts those services to a third person, that manager must

(1) see that the mandate or contract is in writing;

(2) specify, in the mandate or contract, the provisions of this Act that apply to the information released to the mandatary or the person performing the contract, as well as the measures to be taken by the mandatary or person performing the contract to ensure, among other things, the security and the confidentiality of the information and to ensure that the information is used only for carrying out the mandate or performing the contract and that it is not kept after the expiry of the mandate or contract;

(3) before awarding the mandate or entering into the contract, obtain from the third person a written undertaking that the health information released to that person receives protection equivalent to that afforded under this Act, and make sure that undertaking can be fulfilled; and

(4) before releasing the information, obtain a written confidentiality agreement from every person to whom the information may be released.

A person or body carrying out a mandate or performing a contract referred to in the first paragraph must notify the operations manager and the Minister

without delay of any violation or attempted violation of an obligation concerning the confidentiality of the information released, and must also allow them to verify compliance with confidentiality requirements.

**14.** When a clinical domain is made up of two or more health information banks, the Minister creates a domain register for the purpose of identifying and locating the health information held in the different health information banks concerned. Such a register must not contain any information, other than that listed in section 16, that makes it possible to identify a person.

The Minister may assume the operations management of such a register or entrust it to a body identified in the second paragraph of section 11.

**15.** The Minister enters into a written agreement with the operations manager of a clinical domain register.

Sections 12 and 13 apply to the agreement, with the necessary modifications.

**16.** The operations manager of a health information bank in a clinical domain releases to the operations manager of the clinical domain register

(1) the unique user identification number of the persons concerned by the information held in the bank;

(2) the indexing elements necessary to identify and locate that information; and

(3) any other information prescribed by regulation of the Minister.

**17.** Health information that must be released to a health information bank under this chapter may be released by a health and social services agency to the extent that the agency hosts the information for an institution in accordance with an agreement entered into under section 520.3.1 of the Act respecting health services and social services.

**18.** The operations manager of a health information bank in a clinical domain verifies the access authorizations of the authorized provider or body that releases or receives health information governed by this chapter.

Similarly, before releasing health information in accordance with this chapter through the Québec Health Record, the operations manager verifies in the register of refusals whether such release of information is permitted.

**19.** The operations manager of a health information bank in a clinical domain logs the name and unique provider number of the person who releases or receives health information governed by this chapter and the date and time it is released or received. The operations manager also logs the name and unique identification number of an authorized body that releases or receives health information.

**20.** When health information governed by this chapter is released through a source system or when such information is received through a source system, the operations manager of a health information bank in a clinical domain logs the source system's identifier and the date and time the information is released or received. In such cases, the manager of the source system used to release or receive the information is deemed to be the manager that released or received the information.

## **DIVISION II**

### **MEDICATION DOMAIN**

#### **§1.— *Collection of health information***

**21.** As soon as possible, an institution operating a centre where a pharmacist practises, or a person or partnership operating a community pharmacy, must release to the operations manager of a health information bank in the medication domain the health information listed in section 23 that is related to an act in connection with a prescription for medication.

**22.** For the purposes of this division,

(1) an “act in connection with a prescription” means

(a) filling a prescription, retrieving it to fill it at a later date, acting on an order discontinuing the use of a medication or refusing to fill a prescription, in the case of a pharmacist practising in a community pharmacy; or

(b) administering a new medication or acting on an order discontinuing the use of a medication, in the case of a pharmacist practising in a centre operated by an institution; and

(2) “medication” means

(a) a medication governed by a regulation under section 37.1 of the Pharmacy Act (R.S.Q., chapter P-10), if it is prescribed to a person;

(b) a medication within the meaning of paragraph *h* of section 1 of the Pharmacy Act that is not referred to in subparagraph *a* of this paragraph, if it is prescribed to a person for research purposes;

(c) a product obtained under Health Canada's Special Access Programme for Drugs governed by a regulation made under section 30 of the Food and Drugs Act (Revised Statutes of Canada, 1985, chapter F-27), if it is prescribed to a person;

(d) a natural health product not covered by subparagraph *a* of this paragraph that is authorized or exempted by Health Canada, if it is prescribed to a person; and

(e) any other product prescribed by regulation of the Government.

§2. — *Composition of domain*

**23.** The medication domain is made up of the following health information, if available, for each act in connection with a prescription for medication:

- (1) the unique user identification number of the person concerned;
- (2) the common name and brand name of the medication supplied or administered or, for an extemporaneous mixture, the name of the extemporaneous mixture and each of its ingredients;
- (3) the Drug Identification Number (DIN) of the medication supplied or administered;
- (4) the date the prescription was written;
- (5) the dose, including the form of the medication supplied or administered, the administration route and body site, the perfusion rate, the dosage and the content or concentration of the medication, as well as, for an extemporaneous mixture, the content or concentration of each of its ingredients;
- (6) the quantity supplied or administered;
- (7) the total quantity still to be supplied or administered;
- (8) the scheduled or actual dates on which the period of validity of the prescription began and ended and, where applicable, the actual duration of the treatment, in days;
- (9) the total treatment period in days or the total quantity prescribed;
- (10) the number of renewals authorized and the number of renewals still to be effected;
- (11) the therapeutic instructions, when entered on the prescription;
- (12) a reference to a research protocol;
- (13) the name and unique provider number of the health professional who wrote the prescription or, if the health professional has no such number, the number of the health professional's licence to practise;
- (14) the name, address, telephone number and unique identification number of the location where services were provided and where the prescription was written;

(15) the name and unique provider number of the pharmacist who performed an act in connection with the prescription;

(16) the name, address, telephone number and unique identification number of the location where services were provided and where an act was performed in connection with the prescription;

(17) the date and reason for any act in connection with the prescription; and

(18) any other information prescribed by regulation of the Government.

§3.—*Release of health information*

**24.** At the request of an authorized provider or body, the operations manager of a health information bank in the medication domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

### **DIVISION III**

#### **LABORATORY DOMAIN**

§1.—*Collection of health information*

**25.** As soon as possible, an institution or a person or partnership operating a medical biology laboratory must release to the operations manager of a health information bank in the laboratory domain the health information listed in section 26 concerning the results of medical biology analyses they produce for a person's file or that are produced, at their request, by the laboratory of Héma-Québec, the laboratory of Centre de toxicologie du Québec or the Laboratoire de santé publique du Québec.

§2.—*Composition of domain*

**26.** The laboratory domain is made up of the following health information, if available, for each medical biology analysis:

(1) the unique user identification number of the person concerned;

(2) the sex and body weight of the person concerned;

(3) the date on which the prescription was written or an analysis was requested;

(4) the nature of the analysis;

(5) the category of the analysis;

(6) the measuring method used;

- (7) the type of specimen or the anatomical site;
- (8) the priority code for the analysis;
- (9) the identification code for the analysis;
- (10) the clinical information accompanying the prescription or the request for an analysis;
- (11) the name and unique provider number of the health professional who wrote the prescription or requested the analysis or, if the health professional has no such number, the number of the health professional's licence to practise;
- (12) the name and unique identification number of the location where services are provided and where the health professional who wrote the prescription or requested the analysis practises;
- (13) the name, address, telephone number and unique identification number of the location where services are provided and where the biological specimen was collected;
- (14) the name, address, telephone number and unique identification number of the location where services are provided and where the biological specimen was analyzed;
- (15) the dates and times when the biological specimen was collected and analyzed;
- (16) the date and time when the biological specimen was received at the location where services are provided and where the biological specimen was analyzed;
- (17) the clinical information accompanying the biological specimen;
- (18) the registration number of the request for an analysis;
- (19) the date, time and processing status of the request for an analysis;
- (20) the date, time and status of the results of the analysis;
- (21) the results of the analysis;
- (22) the clinical information accompanying the results;
- (23) the categorization of analysis and laboratory examination results for a given prescription or request for analysis;
- (24) the clinical information accompanying the categorization of results;
- (25) the digitized report;

- (26) the clinical information accompanying the report;
- (27) the abnormality indicator;
- (28) the reference values; and
- (29) any other information prescribed by regulation of the Government.

§3.— *Release of health information*

**27.** At the request of an authorized provider or body, the operations manager of a health information bank in the laboratory domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

## **DIVISION IV**

### **MEDICAL IMAGING DOMAIN**

§1.— *Collection of health information*

**28.** As soon as possible, an institution operating a centre in which a clinical radiology department is set up, or a person or partnership operating a medical imaging laboratory or a medical diagnostic radiology laboratory, must release to the operations manager of a health information bank in the medical imaging domain the health information listed in section 30 concerning the results of medical imaging examinations they produce for a person's file.

**29.** The information concerning a user of an institution, released to the operations manager of a health information bank in the medical imaging domain by the institution, is deemed to form part of the user's local record.

A copy of the information listed in paragraphs 4 to 19 of section 30 that an institution releases to the operations manager may only be stored locally for the length of time determined by the Minister.

§2.— *Composition of domain*

**30.** The medical imaging domain is made up of the following health information, if available, for each medical imaging examination:

- (1) the unique user identification number of the person concerned;
- (2) the health insurance number of the person concerned, if applicable;
- (3) the name, date of birth, sex and local record number of the person concerned;

- (4) the date on which the prescription for an examination was written or an examination was requested;
- (5) the examination prescription number;
- (6) the identification code for and description of the examination;
- (7) the examination request number;
- (8) the date, time and processing status of the examination request;
- (9) the date and time of the examination;
- (10) the code for the anatomical region examined;
- (11) additional information on the conduct of the examination;
- (12) the clinical information necessary to carry out the examination;
- (13) the name and unique provider number of the health professional who wrote the prescription or requested the examination or, if the health professional has no such number, the number of the health professional's licence to practise;
- (14) the date, time and status of the examination results and images;
- (15) the preliminary report accompanied by the images and a digitized dictation;
- (16) the final examination result and the accompanying images;
- (17) the name, address, telephone number and unique identification number of the location where services are provided and where the examination request was processed;
- (18) the name, medical specialty and unique provider number of the physician who interpreted the medical imaging examination or, if the physician has no such number, the number of the physician's licence to practise; and
- (19) any other information prescribed by regulation of the Government.

§3.—*Release of health information*

**31.** At the request of a medical imaging specialist who is an authorized provider, who interprets a medical imaging examination and who considers it necessary that he or she receive the information concerning a person's medical imaging examinations, the operations manager of a health information bank in the medical imaging domain releases that information to the specialist.



**32.** At the request of an institution, the operations manager of a health information bank in the medical imaging domain releases to it the information the institution released to the operations manager regarding one of its users.

**33.** At the request of an authorized provider or body, the operations manager of a health information bank in the medical imaging domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

## **DIVISION V**

### **IMMUNIZATION DOMAIN**

#### *§1.— Collection of health information*

**34.** As soon as possible, the manager of the vaccination registry must retrieve from the vaccination registry established under section 61 of the Public Health Act (R.S.Q., chapter S-2.2) the health information listed in section 35 concerning each vaccine administered to a person and release it to the operations manager of a health information bank in the immunization domain.

#### *§2.— Composition of domain*

**35.** The immunization domain is made up of the following health information, if available, for each vaccine administered to a person or to be administered to the person at a later time:

- (1) the person's unique user identification number;
- (2) the brand name of the vaccine, including the name of the manufacturer;
- (3) the date and time of administration;
- (4) the quantity administered and the dosage unit;
- (5) the lot number and the expiry date of the lot at the time of administration;
- (6) the name of the immunizing agent;
- (7) the administration route;
- (8) the injection site;
- (9) the reason for the vaccination;
- (10) any temporary contraindication for vaccination;
- (11) any permanent contraindication for vaccination;

(12) any unusual clinical post-immunization response;

(13) the person's vaccination profile, including the dose of the same vaccine to be administered at a later date, the expected date of administration, the date of clinical eligibility and the administration status of the vaccine; and

(14) any other information prescribed by regulation of the Government.

§3.—*Release of health information*

**36.** At the request of an authorized provider or body, the operations manager of a health information bank in the immunization domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

## **DIVISION VI**

### **ALLERGY AND INTOLERANCE DOMAIN**

§1.—*Collection of health information*

**37.** As soon as possible, a health professional who documents an allergy or an intolerance for a person's file must release to the operations manager of a health information bank in the allergy and intolerance domain the health information listed in section 38 concerning the allergies and intolerances that may have an impact on the person's health.

§2.—*Composition of domain*

**38.** The allergy and intolerance domain is made up of the following health information, if available, for each documented allergy or intolerance that may have an impact on a person's health:

(1) the person's unique user identification number;

(2) the person's age at the time the allergy or intolerance was documented;

(3) the person's sex;

(4) the nature of the allergy or intolerance;

(5) the symptoms of the allergy or intolerance;

(6) the anatomical region where the symptoms of the allergy or intolerance appeared;

(7) the name and unique provider number of the person who documented the allergy or intolerance; and

(8) any other information prescribed by regulation of the Government.

§3. — *Release of health information*

**39.** At the request of an authorized provider or body, the operations manager of a health information bank in the allergy and intolerance domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

## **DIVISION VII**

### **HOSPITALIZATION DOMAIN**

§1. — *Collection of health information*

**40.** As soon as possible, an institution operating a hospital centre must release to the operations manager of a health information bank in the hospitalization domain the health information listed in section 41 on any person who has been discharged from the institution or transferred to another institution or who dies while hospitalized.

§2. — *Composition of domain*

**41.** The hospitalization domain is made up of the following health information for every hospitalization:

- (1) the unique user identification number of the person concerned;
- (2) the unique identification number of the location where services are provided and where the person was hospitalized;
- (3) the information on the hospitalization summary sheet whose content is prescribed by a regulation of the Government made under paragraph 24 of section 505 of the Act respecting health services and social services; and
- (4) any other information prescribed by regulation of the Government.

§3. — *Release of health information*

**42.** At the request of an authorized provider or body, the operations manager of a health information bank in the hospitalization domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

## **CHAPTER III**

### **REFUSAL**

#### **DIVISION I**

##### **EXPRESSION OF REFUSAL**

**43.** An insured person within the meaning of the Health Insurance Act may at any time refuse to allow the release through the Québec Health Record of his or her health information that is held in a health information bank in a clinical domain. Such a refusal is recorded in the register of refusals.

If the person to whom the health information relates is under the age of 14 or is incapable, refusal is expressed by the holder of parental authority or the tutor, curator or mandatary of the person.

**44.** Refusal is expressed by telephone, mail, Internet or any other means the Minister prescribes by regulation, in accordance with the procedure set by the Minister.

A confirmation of the recording of the refusal is given to the person who requested it.

**45.** A person who has expressed refusal may, at any time, consent to the release through the Québec Health Record of his or her health information, except the information collected during the period for which he or she had expressed refusal, that is held in a health information bank in a clinical domain. However, the person may also consent to the release through the Québec Health Record of his or her health information in one or more domains that was collected during the period for which an earlier refusal had been expressed.

Consent may be expressed in person, by telephone, mail, Internet or any other means the Minister prescribes by regulation, in accordance with the procedure set by the Minister.

**46.** If a person does not consent to the release through the Québec Health Record of health information held in a health information bank in one or more clinical domains that was collected during the period for which refusal had been expressed, the authorized provider or body is informed of the refusal upon receiving the person's health information.

**47.** The rights described in section 45 may also be exercised by a person referred to in the second paragraph of section 43.

## **DIVISION II**

### **EFFECTS OF REFUSAL**

**48.** Following a person's refusal, his or her health information that is held in a health information bank in a clinical domain may not be released to an authorized provider or body, but the health information continues to be collected in the health information banks.

Despite the first paragraph, health information held in a health information bank in a clinical domain is released in the cases described in sections 31 and 32.

**49.** Health information held in a health information bank in a clinical domain must also be released to an authorized provider if there is imminent danger to the life or health of the person concerned.

The operations manager of the register of refusals must inform the person concerned in writing of the request for release as soon as possible.

**50.** No one may refuse care to a person on the ground that the person refused to allow the release of his or her health information through the Québec Health Record.

## **DIVISION III**

### **REGISTER OF REFUSALS**

**51.** The Minister establishes and maintains a register of refusals. By means of the register, the operations manager of a health information bank in a clinical domain can verify, before health information is released through the Québec Health Record, whether such release of information is permitted.

The Minister may assume the operations management of the register or entrust it to a body identified in the second paragraph of section 11.

**52.** The Minister enters into a written agreement with the operations manager of the register of refusals.

Sections 12 and 13 apply, with the necessary modifications, to such an agreement.

**53.** The register of refusals includes the unique identification number of the person concerned, the date the person's refusal was recorded, the means by which the person expressed his or her refusal and the identifier of the computer system used to register refusals.

The register also includes the date of a consent under section 45, the means by which the person expressed consent, the scope of the consent, the identifier

of the computer system used to register consent and, if applicable, the unique identification number of the person authorized to record the consent in the register.

In the case of health information released under the first paragraph of section 49, the register includes the unique provider number of the person who receives the information.

### **TITLE III**

#### **ELECTRONIC PRESCRIPTION MANAGEMENT SYSTEM FOR MEDICATION**

**54.** The Minister establishes and maintains an electronic prescription management system for medication for the purpose of sharing electronic prescriptions for medication in a secure environment.

The Minister may assume the operations management of the system or entrust it to a body identified in the second paragraph of section 11.

**55.** The Minister enters into a written agreement with the operations manager of the electronic prescription management system for medication.

Sections 12 and 13 apply, with the necessary modifications, to such an agreement.

**56.** The operations manager of the electronic prescription management system for medication verifies the access authorizations of the authorized provider or body that releases or receives an electronic prescription for medication.

**57.** An authorized provider with the legal authority to prescribe medications must release any prescription for medication written in the form of a technology-based document to the operations manager of the electronic prescription management system for medication. Such a prescription or the document cancelling it is signed by the authorized provider who releases it.

**58.** The operations manager of the electronic prescription management system for medication releases the prescriptions in the system

(1) to an authorized provider referred to in section 57; and

(2) to a pharmacist practising in a centre operated by an institution or in a community pharmacy and to a person who provides the pharmacist with technical support services, to the extent that those persons are authorized providers.

**59.** A prescription remains available for consultation until a provider identified in paragraph 2 of section 58 retrieves it at the request of the person

concerned, or until the expiry of two years after the operations manager of the electronic prescription management system for medication receives it.

## **TITLE IV**

### **ACCESS AUTHORIZATIONS**

#### **CHAPTER I**

##### **ACCESS AUTHORIZATION MANAGER**

**60.** The role of the access authorization manager is to request, in accordance with the specific information management rules defined by the health and social services network information officer, the necessary access authorizations to enable a provider listed in section 66 to act as an authorized provider.

**61.** The access authorization manager determines, among the providers listed in section 66 who are employed by that manager or act under that manager's direction, those to whom access authorizations may be granted to enable them to release information to health information banks in a clinical domain or receive such information, or to give them access to the electronic prescription management system for medication.

A provider who is a member of a professional order and has the status of self-employed worker may request access authorizations for himself or herself or entrust that responsibility to an access authorization manager.

**62.** The following persons may be access authorization managers:

- (1) a provider listed in paragraph 1 or 3 of section 66;
- (2) a person designated by the executive director of an institution where a provider listed in paragraph 2 or in any of paragraphs 4 to 11 of section 66 practises;
- (3) the holder of a specialized medical centre permit for a centre where a provider listed in paragraph 5 or 6 of section 66 practises;
- (4) the holder of a medical biology laboratory permit for a laboratory where a provider listed in paragraph 8 of section 66 practises;
- (5) a person designated by the operations manager of a health information bank in a clinical domain or of a register to manage the operations of the bank or the register;
- (6) a person designated by the competent authorities within an enterprise to whom the operations manager of a health information bank in a clinical domain entrusts a mandate or a service contract or contract of enterprise in accordance with section 13, and who requires access to the bank to carry out the mandate or perform the contract; and

(7) any other person determined by regulation of the Minister.

**63.** An access authorization manager requests the authorizations the manager requires to act as access authorization manager and, if applicable, the authorizations enabling the manager to act as an authorized provider listed in section 66.

**64.** The access authorizations granted to a provider must correspond to those to which the provider is entitled under the regulation of the Minister made under section 67.

## **CHAPTER II**

### **AUTHORIZED PROVIDERS**

**65.** A health and social service provider entered in the register established under section 83 whose identity has been confirmed and who has been assigned access authorizations for a health information bank in a clinical domain or an electronic prescription management system for medication in accordance with the specific information management rules defined by the health and social services network information officer is an authorized provider.

**66.** An access authorization for a health information bank in a clinical domain or an electronic prescription management system for medication may be assigned to

(1) a physician practising in a private health facility or a specialized medical centre;

(2) a physician practising in a centre operated by an institution;

(3) a pharmacist subject to the application of an agreement described in section 19 of the Health Insurance Act;

(4) a pharmacist practising in a centre operated by an institution or for a pharmacist identified in paragraph 3;

(5) a nurse practising in a centre operated by an institution, a private health facility operated by a provider identified in paragraph 1 or a specialized medical centre;

(6) a nursing assistant practising in a centre operated by an institution, a private health facility operated by a provider identified in paragraph 1 or a specialized medical centre;

(7) a midwife practising for an institution;

(8) a cytologist, geneticist, biochemist or microbiologist practising or working in a centre operated by an institution or in a medical biology laboratory;



(9) a medical resident holding a registration certificate issued by the secretary of the Collège des médecins du Québec and practising in a centre operated by an institution;

(10) a person providing technical support services to a pharmacist identified in paragraph 3 or 4;

(11) a medical archivist holding a college medical archivist diploma or equivalent and performing his or her duties in a centre operated by an institution; and

(12) any other health and social service provider determined by regulation of the Government.

**67.** The Minister determines by regulation the access authorizations that may be assigned to a provider listed in section 66, according to the professional order to which the provider belongs, the provider's specialty or duties, or the information asset to which the provider is entitled to have access.

### **CHAPTER III**

#### **AUTHORIZED BODIES**

**68.** A person or partnership listed in section 3 and entered in the register established under section 93 whose identification has been confirmed and which has been assigned access authorizations for a health information bank in a clinical domain in accordance with the specific information management rules defined by the health and social services network information officer is an authorized body.

**69.** The Minister determines by regulation the access authorizations that may be assigned to a body identified in section 68, according to the services the body provides or the information asset to which the body is entitled to have access.

### **TITLE V**

#### **COMMON REGISTERS**

### **CHAPTER I**

#### **GENERAL PROVISIONS**

**70.** The following common registers are created for the purpose of establishing and ascertaining, whenever a health and social service information asset is used, the unique identification of the persons receiving health or social services, of the health and social service providers and of the bodies and locations providing health and social services:

- (1) the register of users;
- (2) the register of providers; and
- (3) the register of bodies.

## **CHAPTER II**

### **REGISTER OF USERS**

**71.** The Régie de l'assurance maladie du Québec establishes and maintains the register of users, which makes possible, among other things, the unique identification of a person receiving health services or social services, in accordance with the specific information management rules defined by the health and social services network information officer.

**72.** The Régie de l'assurance maladie du Québec enters in the register of users a person registered under the health insurance plan in accordance with the Health Insurance Act and any other person for whom an entry is requested.

**73.** The Régie de l'assurance maladie du Québec assigns a unique identification number to a person on entering the person in the register of users.

The unique user identification number is created in such a way as to avoid disclosing any of the person's personal information. The number is confidential and may not be displayed or entered on a card or medium intended to be carried by the person. The number may, however, be entered on such a card or medium by a technological means that ensures its confidentiality.

**74.** A person entered in the register of users is not entitled to obtain his or her unique user identification number.

This section applies despite section 83 of the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., chapter A-2.1).

**75.** The register of users may only be used for purposes relating to the organization, planning, or provision of services or the supply of goods or resources in the field of health or social services, as well as for the purposes provided for by this Act.

**76.** The register of users contains the following information on every person registered:

- (1) the person's unique user identification number,
- (2) name,
- (3) date of birth,

- (4) sex,
- (5) address,
- (6) health insurance number, if applicable,
- (7) parents' names,
- (8) the name of the person's legal representative or the fact that he or she is under public curatorship and the dates of the institution and termination of curatorship, if applicable,
- (9) the person's date of death, if applicable,
- (10) if the person is not eligible for the health insurance plan established by the Health Insurance Act, the number and title of an official document issued by a state authority establishing his or her identity, and
- (11) any other information prescribed by regulation of the Government.

**77.** The information the Régie de l'assurance maladie du Québec obtains to carry out the Health Insurance Act is used to establish the register of users and keep it up to date.

**78.** The Régie de l'assurance maladie du Québec releases the information contained in the register of users to any person who, in accordance with the specific information management rules defined by the health and social services network information officer, is required to ascertain the identity of a person receiving health services or social services.

**79.** The Régie de l'assurance maladie du Québec may release the information contained in the register of users to a person listed in section 3 to ensure that the information contained in that person's local files or index is up to date, accurate and complete.

**80.** Any person who, in accordance with the specific information management rules defined by the health and social services network information officer, is required to ascertain the identity of a person receiving health services or social services must release to the Régie de l'assurance maladie du Québec the information stipulated in those rules.

If the person receiving such services is not entered in the register of users, the Régie must be requested to register the person in accordance with the policy statement adopted under section 82.

**81.** A person listed in section 3 may send the Régie de l'assurance maladie du Québec the information listed in section 76 to ensure that the information contained in the person's local files or index is up to date, accurate and complete.

**82.** The Régie de l'assurance maladie du Québec adopts a policy statement on the use of the services it offers under this chapter.

### **CHAPTER III**

#### **REGISTER OF PROVIDERS**

**83.** The Régie de l'assurance maladie du Québec establishes and maintains the register of providers, which makes possible, among other things, the unique identification of a health and social service provider, in accordance with the specific information management rules defined by the health and social services network information officer.

**84.** The Régie de l'assurance maladie du Québec registers every health and social service provider for whom identity verification is a prerequisite to having access to a health and social service information asset in accordance with the specific information management rules defined by the health and social services network information officer.

**85.** The Régie de l'assurance maladie du Québec assigns a unique provider number to every health and social service provider it registers.

**86.** The register of providers may only be used for purposes relating to the organization, planning or provision of services or the supply of goods or resources in the field of health or social services, as well as for the purposes provided for by this Act.

**87.** The register of providers contains the following information on every person registered:

- (1) the person's unique provider number,
- (2) name,
- (3) date of birth,
- (4) sex,
- (5) professional order membership number, if applicable,
- (6) social insurance number, if the person is not a member of a professional order,
- (7) registration number with the Régie de l'assurance maladie du Québec, if applicable,
- (8) professional title, if applicable,
- (9) specialty, if applicable, in the case of a member of a professional order,

- (10) main business address,
- (11) organization name and place of work,
- (12) telephone number and fax number, as well as business email address, if applicable,
- (13) duties, if applicable,
- (14) the fact that the person has been struck off the roll of a professional order, that the person's right to engage in professional activities has been limited or suspended, or that the provider no longer practises, if applicable,
- (15) the person's date of death, if applicable,
- (16) the person's relationship to the person requesting his or her registration, if applicable, and
- (17) any other information prescribed by regulation of the Government.

**88.** The Régie de l'assurance maladie du Québec may collect the information required under section 87 from

- (1) the person concerned, in the cases determined by regulation of the Minister;
- (2) the professional order concerned, in the case of a health and social service provider whose profession is governed by the Professional Code (R.S.Q., chapter C-26);
- (3) a person designated by a competent authority within the organization for which a health and social service provider works or in which he or she practises;
- (4) an access authorization manager; or
- (5) any other person or body or category of persons or bodies designated by the Minister.

The persons and bodies listed in the first paragraph must release to the Régie the information required under section 87 and, after doing so, inform the Régie as soon as possible of any change to the information released.

**89.** At the request of any person or body who, in accordance with the specific information management rules defined by the health and social services network information officer, is required to ascertain the identity of a health and social service provider, the Régie de l'assurance maladie du Québec releases to that person or body the information required under section 87, except the items in paragraphs 3 and 6 of that section.

**90.** The Régie de l'assurance maladie du Québec may release the information provided for in this chapter to the persons and bodies mentioned in section 66.1 of the Health Insurance Act, for the purposes and subject to the conditions it specifies.

**91.** On request, the Régie de l'assurance maladie du Québec lets the Minister know whether a health and social service provider is registered and informs the Minister of any changes made to the register concerning that provider.

**92.** The Régie de l'assurance maladie du Québec adopts a policy statement on the use of the services it offers under this chapter.

## **CHAPTER IV**

### **REGISTER OF BODIES**

**93.** The Minister establishes and maintains the register of bodies, which makes possible, among other things, the unique identification of the bodies and locations providing health and social services.

The Minister may assume the operations management of the register or entrust it to a body identified in the second paragraph of section 11.

**94.** The Minister enters into a written agreement with the operations manager of the register of bodies.

**95.** The operations manager of the register of bodies assigns a unique identification number to each body and location concerned, in accordance with the specific information management rules defined by the health and social services network information officer.

## **TITLE VI**

### **INFORMATION MANAGEMENT**

#### **CHAPTER I**

##### **USE AND RELEASE OF INFORMATION**

**96.** The information contained in a health information bank in a clinical domain, the register of refusals, the electronic prescription management system for medication, the register of users and the register of providers is confidential and may only be used or released in accordance with this Act.

Any person who receives such information must take appropriate security measures to protect it.

**97.** A person authorized under Title II to receive health information held in a health information bank in a clinical domain may only enter in the local

record of a person receiving health services or social services the information the authorized person considers necessary to the provision of those services.

That information may only be released to a third person with the written consent of the person concerned. In such a case, only the information needed to fulfill the third person's request may be released.

**98.** Despite the second paragraph of section 97, health information held in a health information bank in a clinical domain and recorded in a person's local record may be released without the written consent of the person in the cases described in section 60.4 of the Professional Code, section 18.1 of the Act respecting the protection of personal information in the private sector (R.S.Q., chapter P-39.1), section 19.0.1 of the Act respecting health services and social services or section 7 of the Act respecting health services and social services for Cree Native persons, as the case may be.

**99.** The Minister may, without the consent of the person concerned, release his or her information that is held in a health information bank in a clinical domain or in the register of users in order to prevent an act of violence, including a suicide, where there is reason to believe there is an imminent danger of death or serious bodily injury to a person or an identifiable group of persons.

The information may be released to a person exposed to the danger or that person's representative, and to any persons who can come to that person's aid.

The directive issued under the third paragraph of section 59.1 of the Act respecting Access to documents held by public bodies and the Protection of personal information, with the necessary modifications, applies to the information released.

**100.** A person who does verifications or acts as an expert may not request, demand or receive an extract or copy of health information held in a health information bank in a clinical domain for the purposes of a verification or an expert report.

Moreover, no one may request or demand, for the purposes of a contract, among other reasons, that a person give them an extract or copy of his or her health information that is held in a health information bank in a clinical domain, except information entered in the local record in accordance with section 97.

**101.** Health information held in a health information bank in a clinical domain may be used

(1) by the Minister for the purpose of performing the Minister's duties under section 431 of the Act respecting health services and social services; and

(2) by the Minister and the national public health director when necessary for the exercise of their functions under the Public Health Act.

The Minister may, by written agreement, release health information held in a health information bank in a clinical domain to a public health director when necessary for the exercise of functions under the Public Health Act.

**102.** Provided the information cannot be associated with a particular person, the Minister may release health information held in a health information bank in a clinical domain, except unique identification numbers, to

- (1) the Institut de la statistique du Québec;
- (2) the Institut national de santé publique du Québec;
- (3) the Institut national d'excellence en santé et en services sociaux; and
- (4) a person authorized by the Commission d'accès à l'information to use the information for the purposes of study, research or statistics in the health and social services field, in accordance with the criteria listed in section 125 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

Any release of information under this section must be the subject of a written agreement.

**103.** In the cases provided for in subparagraphs 1 to 3 of the first paragraph of section 102, the agreement is subject to section 70 of the Act respecting Access to documents held by public bodies and the Protection of personal information, with the necessary modifications.

In the case provided for in subparagraph 4 of the first paragraph of section 102, before the information is released, the Minister must obtain a written undertaking by the person requesting the information to comply with all the conditions imposed by the Commission d'accès à l'information and specified in the authorization.

**104.** The persons and bodies who receive health information under section 102 may only use it for the specific purposes for which it was released, and may only release it to a third person if that is provided for in the written agreement and if the information is needed to carry out a mandate or perform a service contract or a contract of enterprise.

The information must be destroyed as soon as possible after the purposes for which it was released are fulfilled.

**105.** This Act does not limit the release of documents or information required by the Public Protector or by the summons, warrant or order of any person or body empowered to enjoin their release.



## **CHAPTER II**

### **CONSERVATION OF HEALTH INFORMATION**

**106.** Health information held in a health information bank in a clinical domain is used throughout the period specified in a regulation of the Minister, which may vary according to the case, conditions and circumstances, the information identified in the regulation, and the clinical domain concerned.

**107.** Health information held in a health information bank in a clinical domain must be destroyed five years after the period of use determined under section 106 ends.

## **CHAPTER III**

### **RIGHTS OF THE PERSON TO WHOM HEALTH INFORMATION RELATES**

**108.** Every person is entitled to be informed of the existence of and to receive their health information, except their unique user identification number, that is held in a health information bank in a clinical domain, in the register of refusals or in the electronic prescription management system for medication, or that can be released through the Québec Health Record.

However, a minor under the age of 14 is not entitled to be informed of the existence of or to receive such information.

This section applies despite section 83 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

**109.** Every person is entitled to be given the name of the provider and, if applicable, of the body that released their health information to a health information bank in a clinical domain and the date on which the information was released.

**110.** Every person is entitled to be given the name of the provider and, if applicable, of the body to whom their health information held in a health information bank in a clinical domain is released through the Québec Health Record.

Every person is also entitled, in the cases described in sections 31 and 32, to be given the name of the persons who receive their health information held in a health information bank in the medical imaging domain.

**111.** The person in charge of access to documents or the protection of personal information who has been appointed under the Act respecting Access to documents held by public bodies and the Protection of personal information for the purposes of this chapter must take the necessary measures to enable the person making the request to receive the information that person is entitled to.

The Minister develops a policy setting out the access procedures enabling the person requesting information to receive the information he or she is entitled to.

This section applies despite the first paragraph of section 84 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

**112.** The person in charge of access to documents or the protection of personal information responds promptly to a request for information under section 110 and no later than 45 days after the date of receipt.

If it does not appear possible to process the request within the time prescribed in the first paragraph, the person in charge may, before the expiry of that time, extend it by a period not exceeding 15 days. In such a case, the person in charge must notify the person making the request, by mail, within the time initially granted.

This section applies despite section 98 of the Act respecting Access to documents held by public bodies and the Protection of personal information.

**113.** Health information held in a health information bank in a clinical domain is corrected, if required, by the person who originally provided the inaccurate, incomplete or equivocal information and released to the operations manager of the appropriate health information bank in a clinical domain.

The information may be corrected by another person practising in the same organization if the person who originally provided the inaccurate, incomplete or equivocal information is unable to act.

**114.** The operations manager of a health information bank in a clinical domain informs any persons or bodies that received the inaccurate, incomplete or equivocal health information that it has been corrected.

**115.** If health information held in a health information bank in a clinical domain is corrected, a note to the effect that it has been corrected is entered in the bank along with the date of the correction.

**116.** The operations manager of a health information bank in a clinical domain collaborates with the person in charge of access to documents or the protection of personal information with respect to the enforcement of the rights provided for in this chapter.

The manager processes the requests received from the person in charge promptly in order to comply with the prescribed times.

## **TITLE VII**

### **REGULATIONS**

#### **117.** The Government may make regulations to

- (1) prescribe the health information, in addition to that listed in sections 23, 26, 30, 35, 38 and 41, that makes up a clinical domain;
- (2) prescribe the products, in addition to those listed in paragraph 2 of section 22, that constitute a medication and for which health information must be entered in a health information bank in the medication domain;
- (3) determine the providers, in addition to those listed in section 66, who may act as authorized providers;
- (4) prescribe the information, in addition to that listed in section 76, that may be entered in the register of users kept by the Régie de l'assurance maladie du Québec; and
- (5) prescribe the information, in addition to that listed in section 87, that may be entered in the register of providers kept by the Régie de l'assurance maladie du Québec.

#### **118.** The Minister may make regulations to

- (1) determine the information the operations manager of a health information bank in a clinical domain must release to the operations manager of the clinical domain register to make it possible to identify and locate the information held in the different health information banks;
- (2) prescribe the other means by which a person may refuse to allow his or her health information held in a health information bank in a clinical domain to be released through the Québec Health Record, or by which the person may consent to the release of such information after previously refusing to allow it;
- (3) determine the access authorizations that may be assigned to a provider listed in section 66, according to the professional order to which the provider belongs, the provider's specialty or duties, or the information asset to which the provider is entitled to have access;
- (4) determine the access authorizations that may be assigned to a body described in section 68, depending on the services provided or the information asset to which the body is entitled to have access;
- (5) determine the cases in which a provider personally releases to the Régie de l'assurance maladie du Québec the information listed in section 87; and
- (6) prescribe how long the health information that is held in a health information bank in a clinical domain is kept, which may vary depending on

the case, conditions and circumstances, the clinical domain concerned, the information identified or the purpose specified in the regulation.

## **TITLE VIII**

### **PENAL PROVISIONS**

**119.** Anyone who contravenes the second paragraph of section 88 is guilty of an offence and liable to a fine of \$1,000 to \$10,000 in the case of a natural person and \$3,000 to \$30,000 in the case of a legal person.

**120.** Anyone who contravenes section 21, 25, 28, 37, 40, the second paragraph of section 49 or section 50 or 57 is guilty of an offence and liable to a fine of \$2,500 to \$25,000 in the case of a natural person and \$7,500 to \$75,000 in the case of a legal person.

**121.** Anyone who contravenes or attempts to contravene section 96, 97, 100 or 104 is guilty of an offence and liable to a fine of \$5,000 to \$50,000 in the case of a natural person and \$15,000 to \$150,000 in the case of a legal person.

**122.** Anyone who, by an act or omission, helps another person to commit an offence under this Act or who, by encouragement, advice or consent or by an authorization or order, induces another person to commit such an offence is guilty of the same offence.

**123.** If an offence is committed by a director or officer of a legal person or partnership, the minimum and maximum fines that would apply in the case of a natural person are doubled.

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

**125.** The minimum and maximum fines prescribed in this Act are doubled for a subsequent offence.

**126.** The fines prescribed in sections 121, 123 and 125 apply despite those prescribed in the Act respecting Access to documents held by public bodies and the Protection of personal information.

## TITLE IX

### MISCELLANEOUS PROVISIONS

#### CHAPTER I

##### APPLICATION

**127.** The provisions of this Act concerning the release, use and conservation of information and documents apply despite any provision to the contrary in a general law or special Act.

**128.** Information and prescriptions referred to in sections 21, 25, 28, 37, 57 and 80 and the second paragraph of section 88 are released despite the Act respecting the protection of personal information in the private sector.

**129.** The role of the Commission d'accès à l'information is to see to it that health information governed by this Act is protected.

**130.** The Commission d'accès à l'information may, on its own initiative or following a complaint from an interested person, investigate whether health information governed by this Act has been protected.

**131.** On completion of an investigation concerning the matter referred to in section 130 and after giving the body or the person concerned an opportunity to submit written observations, the Commission d'accès à l'information may recommend or order that the body or person take any measure required to protect the health information governed by this Act.

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

#### CHAPTER II

##### TRANSITIONAL PROVISIONS

**133.** Not later than (*insert the date that is one year after the date of coming into force of this section*), the Minister may make a regulation under paragraph 1, 3 or 4 of section 118, even if the regulation has not been published as required under section 8 of the Regulations Act (R.S.Q., chapter R-18.1).

Such a regulation comes into force, despite section 17 of that Act, on the date of its publication in the *Gazette officielle du Québec* or any later date set in the regulation. Such a regulation may, if it so provides, apply according to the case, conditions and circumstances and from a date not prior to (*insert the date of coming into force of this section*).

**134.** For the purposes of this Title, “experimental project” means the experimental Québec Health Record project, the conditions governing the

implementation of which are set out in Order in Council 404-2008 (2008, G.O. 2, 1979, in French only) and Order in Council 757-2009 (2009, G.O. 2, 3162, in French only), amended by Order in Council 566-2010 (2010, G.O. 2, 3111, in French only), and in ministerial order 2009-010 (2009, G.O. 2, 3287), ministerial order 2009-012 (2009, G.O. 2, 4129), ministerial order 2011-013 (2011, G.O. 2, 2560) and ministerial order 2011-015 (2011, G.O. 2, 3725).

**135.** The information collected during the experimental project forms part of the health information banks in the clinical domains and the registers established under this Act.

However, health information held in a health information bank in the medication domain that was collected before 1 January 2010 may not be released through the Québec Health Record. The same applies to health information held in a health information bank in the laboratory domain if it was collected before 1 January 2009.

**136.** The immunization domain may contain historical data, and that information may be released through the Québec Health Record.

**137.** The manager of a clinical domain information system appointed by the Minister for the purposes of the experimental project continues to exercise the functions required under the project, insofar as they are consistent with those provided for in this Act, until the Minister assumes the operations management of a health information bank in the same clinical domain or an agreement is entered into in accordance with section 12.

**138.** Access authorizations granted during the experimental project remain valid, in the manner and for the time specified in the specific information management rules defined by the health and social services network information officer, to the extent that Title IV allows it.

**139.** The file of refusals, the register of users, the register of health service providers and the register of organizations and locations where services are dispensed, established for the purposes of the experimental project, become the register of refusals, the register of users, the register of providers and the register of bodies, respectively, established under this Act.

## **CHAPTER III**

### **AMENDING PROVISIONS**

#### **HEALTH INSURANCE ACT**

**140.** Section 9 of the Health Insurance Act (R.S.Q., chapter A-29) is amended by striking out “assign a unique identification number and” in the third paragraph.

**141.** Section 9.0.1 of the Act is amended by striking out “assign a unique identification number and” in the third paragraph.

**142.** Sections 9.0.1.1 and 9.0.1.2 of the Act are repealed.

**143.** Section 63 of the Act is amended by striking out the third, fourth, fifth, sixth and seventh paragraphs.

**144.** Section 65 of the Act is amended

(1) by striking out “, unique identification number” in the fifth paragraph;

(2) by replacing “d’en vérifier la validité ou de faciliter le transfert des autres renseignements” at the end of the fifth paragraph in the French text by “de vérifier la validité des autres renseignements ou d’en faciliter le transfert”;

(3) by striking out “, except the unique identification number,” in the sixth paragraph;

(4) by striking out the eleventh paragraph.

**145.** The Act is amended by inserting the following section after section 65.0.2:

**“65.0.3.** The Board shall release information as provided by the Act respecting the sharing of certain health information (*insert the year and chapter number of this Act*).”

#### ACT RESPECTING THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

**146.** Section 3 of the Act respecting the Ministère de la Santé et des Services sociaux (R.S.Q., chapter M-19.2) is amended by adding the following paragraphs after paragraph *m*:

“(n) ensure controlled information management; and

“(o) encourage the use of information and releases technologies so as to improve efficiency and productivity in the health and social services field.”

**147.** The Act is amended by inserting the following sections after section 5.1:

**“5.2.** In exercising the functions of office under section 10 of the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03), the health and social services network information officer shall define, in respect of the public bodies identified in subparagraph 5 of the first paragraph of section 2 of that Act, specific rules applicable to health and social information management that pertain, among other things, to

- (1) the governance framework for health and social information security management, and security guidelines;
- (2) the protection of confidential or personal information contained in information assets, and the confidentiality of the unique user identification number;
- (3) user and provider identity management and access authorization management with respect to information assets;
- (4) the physical and logical security of infrastructures, releases security and integrated security risk management and incident management;
- (5) the certification of supplier applications that allow access to health information governed by the Act respecting the sharing of certain health information (*insert the year and chapter number of this Act*);
- (6) the categorization of information and the means of authenticating a person's identity, in accordance with defined degrees of trust; and
- (7) reporting by the persons in charge of information assets.

The specific rules come into force after being approved by the Conseil du trésor.

**“5.3.** The health and social services network information officer shall ensure compliance with the specific rules that officer defines.

**“5.4.** The health and social services network information officer or any person that officer designates may, to ensure compliance with the specific rules they define, carry out verifications or audits and require the production of any information or document, provided the information cannot be associated with persons who have received health services or social services.”

## PHARMACY ACT

**148.** Section 21 of the Pharmacy Act (R.S.Q., chapter P-10) is amended by replacing “indication to the contrary is made in writing” in the second paragraph by “otherwise indicated”.

## ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

**149.** Section 2 of the Act respecting the Régie de l'assurance maladie du Québec (R.S.Q., chapter R-5) is amended

- (1) by striking out subparagraphs *h.0.1* and *j* of the second paragraph;
- (2) by inserting the following paragraph after the third paragraph:



“The Board shall exercise any function that is or may be entrusted to it under the Act respecting the sharing of certain health information (*insert the year and chapter number of this Act*).”

**150.** Sections 2.0.0.1 to 2.0.7 of the Act are repealed.

## PUBLIC HEALTH ACT

**151.** Section 61 of the Public Health Act (R.S.Q., chapter S-2.2) is amended

(1) by replacing “cause a registry to be kept” by “establish and maintain a registry”;

(2) by adding the following paragraph:

“The Minister may, by regulation, prescribe that, in a given region or area, an agency or a health and social services institution must, in its name or the name of the manager of the registry, collect, record, release or give access to data in the vaccination registry.”

**152.** Section 62 of the Act is amended by striking out “, provided the person consents thereto in the manner set out in sections 63 to 65”.

**153.** Sections 63 to 68 of the Act are replaced by the following sections:

**“63.** The Minister shall inform the public of the purpose of the vaccination registry and of how it works.

**“64.** The following information on each vaccination is released to the manager of the vaccination registry for registration, under the conditions and in the manner prescribed by regulation of the Minister:

(1) information on the person vaccinated:

(a) the person’s name, date of birth and sex,

(b) health insurance number, if applicable,

(c) residential address, telephone number and email address, if applicable,

(d) if the person vaccinated is under the age of 14 or is incapable, the holder of parental authority or the tutor, curator or mandatary of the person as well as their residential address, telephone number and email address, if applicable,

(e) the name of the childcare centre or day care centre attended or of the home childcare provider, if applicable,

(f) the permanent student code assigned by the Ministère de l’Éducation, du Loisir et du Sport, if applicable, and

(g) the name of the educational institution attended, educational level, and, if applicable, the class number, the building and the name of the school board concerned;

(2) information on the vaccine administered:

(a) the brand name, including the name of the manufacturer,

(b) the date and time of administration,

(c) the quantity administered and unit of measurement,

(d) the lot number and expiry date,

(e) the name of the immunizing agent,

(f) the dose number,

(g) the administration route,

(h) the injection site,

(i) an indicator of any cold chain failure associated with the vaccine,

(j) the name of the vaccinator and the vaccinator's unique provider number assigned by the Régie de l'assurance maladie du Québec under the Act respecting the sharing of certain health information (*insert the year and chapter number of this Act*), 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, assigned by the operations manager of the register of bodies under the Act respecting the sharing of certain health information, of the location providing health services and social services to which the vaccinator is attached and, if applicable, the physical location where the vaccine was administered; and

(3) the following additional information:

(a) a history of any illness contracted that would have been preventable by vaccination,

(b) any temporary contraindication for vaccination,

(c) any permanent contraindication for vaccination,

(d) any precautions taken at the time of vaccination,

(e) clinical notes concerning the vaccination,

(f) the reason for the vaccination,

(g) in the case of a prescription, the name and the unique provider number, assigned by the Régie de l'assurance maladie du Québec under the Act respecting the sharing of certain health information, of the person who wrote the prescription or initiated a therapeutic measure under a prescription, or, if the person has no such number, the number of the person's licence to practise,

(h) a note that the person refuses to receive a vaccine or a vaccination series, if applicable,

(i) a note that the person has requested that his or her information not be released for the purposes of re-launching or promoting vaccination or administering booster shots, as applicable,

(j) any unusual post-immunization clinical manifestations,

(k) the vaccination profile of the person vaccinated, including the dose of the same vaccine to be administered at a later date, the expected date of administration, the date of clinical eligibility and the administration status of the vaccine,

(l) the source of the information and a note that the vaccination history has been validated by a health professional, if applicable, and

(m) a note that the person vaccinated or the holder of parental authority or the tutor, curator or mandatary of the person, if applicable, has been given a fact sheet on the vaccination registry and how it works; and

(4) any other information prescribed by regulation of the Minister.

**“65.** The personal information contained in the vaccination registry may be released to the following persons for the purposes specified:

(1) to a vaccinator, for verification of the vaccination history of a person before administering a vaccine;

(2) to the national public health director, if the director has been informed that a particular vaccine lot provides inadequate protection and the director considers that the persons who have received the vaccine must be traced;

(3) to a public health director having received an unusual clinical manifestation report under section 69, for the epidemiological investigation of that case in the region and of any similar case that may occur in respect of that type of vaccine;

(4) to a public health director who, within the scope of an epidemiological investigation, wishes to assess the vaccination status of persons who may have been in contact with a communicable infectious agent;

(5) to an institution operating a local community service centre, in order to re-launch or promote vaccination in its territory or to administer booster shots; and

(6) to a public health director to whom an institution has entrusted activities mentioned in subparagraph 5 pursuant to an agreement.

However, a person may at any time demand of the manager of the vaccination registry that his or her information contained in the registry not be used for the purposes of subparagraphs 5 and 6 of the first paragraph.

**“66.** Any other release of personal information contained in the vaccination registry is subject to sections 17 to 28 of the Act respecting health services and social services (chapter S-4.2), with the necessary modifications.”

**154.** Section 69 of the Act is amended

(1) by replacing “or nurse” in the first paragraph by “, nurse or vaccinator”;

(2) by replacing “or nurse” in the second paragraph by “, nurse or vaccinator”;

(3) by replacing the third paragraph by the following paragraph:

“If it is the vaccinated person who presents the unusual clinical manifestation, the physician, nurse or vaccinator must release the information to the manager of the vaccination registry, under the conditions and in the manner prescribed by regulation of the Minister.”

**155.** Section 138 of the Act is amended by replacing “or nurse” in paragraph 1 by “, nurse or vaccinator”.

**156.** Section 174 of the Act is replaced by the following section:

**“174.** The information listed in section 64 on any vaccination received by a person before (*insert the date of coming into force of this section*) is released to the manager of the vaccination registry for registration, under the conditions and in the manner prescribed by the Minister, if available and if

(1) held by an institution, a public health director, the Institut national de santé publique du Québec or the Minister; or

(2) brought to the attention of a health professional and validated by the latter or by another health professional.”

#### ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

**157.** Section 19 of the Act respecting health services and social services (R.S.Q., chapter S-4.2) is amended

(1) by replacing “, in sections 520.3.0.1 and 520.3.1 and in the first paragraph of section 520.3.2” in paragraph 7 by “and in sections 520.3.0.1 and 520.3.1”;

(2) by adding the following paragraph after paragraph 12:

“(13) for the purposes of the Act respecting the sharing of certain health information (*insert the year and chapter number of this Act*).”

**158.** Section 19.0.2 of the Act is amended

(1) by inserting “expiration date of the health insurance card,” after “health insurance number,” in the first paragraph;

(2) by striking out “unique identification number,” in the first paragraph;

(3) by replacing “its validity or facilitating the transfer of the other information” at the end of the first paragraph by “the validity or facilitating the transfer of the other information”;

(4) by inserting the following paragraph after the first paragraph:

“In the case of a newborn, the institution shall release to the Régie de l’assurance maladie du Québec the number of the registrar of civil status form on which the accoucheur draws up an attestation of birth as required under article 111 of the Civil Code of Québec.”

**159.** Section 505 of the Act is amended by striking out “and, subject to section 520.3.2” in paragraph 24.

**160.** The heading of Part III.1 of the Act is amended by replacing “EDP ASSETS” by “INFORMATION ASSETS”.

**161.** Section 520.1 of the Act is replaced by the following section:

**“520.1.** In this Act, “information asset” means an information asset within the meaning of the Act respecting the sharing of certain health information (*insert the year and chapter number of this Act*).”

**162.** Section 520.2 of the Act is replaced by the following section:

**“520.2.** If necessary the Minister may, in keeping with the orientations and standards determined by the Conseil du trésor under the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03) and after consulting the chair of the Conseil du trésor, define additional orientations and standards regarding information assets used to support health and social services network management.

The agencies are responsible for implementing those orientations and standards in the network.”

**163.** Section 520.3.1 of the Act is amended by inserting “, or in the areas of jurisdiction of other agencies,” after “jurisdiction” in the first paragraph.

**164.** Sections 520.3.2 to 520.4 of the Act are repealed.

#### ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES FOR CREE NATIVE PERSONS

**165.** Section 173.3 of the Act respecting health services and social services for Cree Native persons (R.S.Q., chapter S-5) is repealed.

#### ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES AND OTHER LEGISLATIVE PROVISIONS

**166.** Section 25 of the Act to amend the Act respecting health services and social services and other legislative provisions (2005, chapter 32) is amended by striking out paragraph 4.

**167.** Section 184 of the Act is amended by striking out paragraph 3.

**168.** Sections 189, 221, 228 and 229 of the Act are repealed.

**169.** Section 287 of the Act is amended by striking out paragraph 1.

**170.** Sections 295 and 322 of the Act are repealed.

#### ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES AND OTHER LEGISLATIVE PROVISIONS

**171.** Sections 33 to 37 of the Act to amend the Act respecting health services and social services and other legislative provisions (2006, chapter 43) are repealed.

#### ACT TO AMEND THE ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC, THE HEALTH INSURANCE ACT AND THE ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

**172.** Section 6 of the Act to amend the Act respecting the Régie de l'assurance maladie du Québec, the Health Insurance Act and the Act respecting health services and social services (2007, chapter 31) is repealed.

ACT TO AMEND THE ACT RESPECTING HEALTH SERVICES AND  
SOCIAL SERVICES, THE HEALTH INSURANCE ACT AND THE ACT  
RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

**173.** The Act to amend the Act respecting health services and social services, the Health Insurance Act and the Act respecting the Régie de l'assurance maladie du Québec (2008, chapter 8) is repealed.

**CHAPTER IV**

**FINAL PROVISIONS**

**174.** Order in Council 404-2008 (2008, G.O. 2, 1979, in French only), Order in Council 757-2009 (2009, G.O. 2, 3162, in French only), Order in Council 566-2010 (2010, G.O. 2, 3111, in French only), ministerial order 2009-010 (2009, G.O. 2, 3287), ministerial order 2009-012 (2009, G.O. 2, 4129), ministerial order 2011-013 (2011, G.O. 2, 2560) and ministerial order 2011-015 (2011, G.O. 2, 3725) are repealed.

**175.** No health information concerning a person that is held in a health information bank in a clinical domain may be released through the Québec Health Record before the expiry of 21 days after this Act takes effect in the area of jurisdiction of a health and social services agency in which the person resides, except information concerning a person who did not refuse to have a Québec Health Record during the experimental project implemented in the area of jurisdiction of an agency.

**176.** The Government may specify the dates on which the provisions of this Act take effect according to the areas of jurisdiction of health and social services agencies, and the dates from which the obligation to release health information to the manager of a health information bank in a clinical domain applies, according to the types of bodies providing health and social services or the clinical domains it specifies.

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

