

chapter P-9.0001

ACT RESPECTING THE SHARING OF CERTAIN HEALTH INFORMATION

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TITLE I

GENERAL PROVISIONS

1. The purpose of this Act is to establish information assets allowing 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.

A further purpose of the Act is to improve the quality, efficiency and performance of the Québec health system by allowing the management and controlled use of health and social information.

2012, c. 23, s. 1.

2. The provisions of this Act must be applied in a manner consistent with

(1) respect for a person's right to privacy and for professional secrecy;

(2) transparency, in that persons must be informed of the purposes of the information assets established by this Act, particularly the Québec Health Record, and of the rules governing their operation;

(3) a person's right at any time to refuse to allow the release through the Québec Health Record of his or her health information;

(4) non-discrimination, in that a person's decision to refuse to allow the sharing of his or her health information must in no way imperil the person's right to have access to and receive the health services required by the person's state of health;

(5) the right to information, in that a person has the right to be informed of the nature of the health information concerning him or her that is collected, used, conserved and released under this Act;

(6) the protection of health information, in that the information conserved must only be used for the purposes provided for and may only be released in accordance with this Act;

(7) the right of access and correction, in that a person has a right of access to his or her health information contained in the information assets established by this Act, and is entitled to request that inaccurate, incomplete or equivocal information or information whose collection, conservation or release is not authorized by this Act be corrected;

(8) a right of redress with the Commission d'accès à l'information;

(9) responsibility and accountability, in that the Minister and the Régie de l'assurance maladie du Québec must make sure the information assets they establish operate properly in order to ensure the security, confidentiality, availability, integrity, accessibility and irrevocability of the information governed by this Act.

2012, c. 23, s. 2.

3. In this Act, unless the context indicates otherwise,

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

(2) "private physician's office" means a consulting room or office, situated elsewhere than in a facility maintained by an institution, in which one or more physicians, individually or as a group, regularly practise their profession, privately and solely on their own account, without directly or indirectly providing their patients with lodging;

(3) “local record” means a user’s record held by an institution under the Act respecting the governance of the health and social services system (chapter G-1.021) or the Act respecting health services and social services for the Inuit and Naskapi (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 (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;

(4) “Québec Health Record” means an information asset that makes it possible to release to authorized providers and bodies, in a timely fashion, health information concerning a person receiving health services or social services that is held in the health information banks in the clinical domains; and

(5) “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.

2012, c. 23, s. 3; 2023, c. 34, s. 1150.

4. The specific information management rules defined and approved in accordance with section 10.1 of the Act respecting the governance and management of the information resources of public bodies and government enterprises (chapter G-1.03) apply, in the performance of any act under this Act, 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 register of refusals;
- (4) the operations manager of the electronic prescription management system for medication;
- (5) access authorization managers;
- (6) source system managers;
- (7) the operations manager of the register of bodies;
- (8) health and social service providers entered in the register of providers;
- (9) persons or partnerships who host, operate or use an information asset referred to in this Act;
- (10) 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 and organ and tissue conservation (chapter L-0.2) or a regulation under that Act;
- (11) the Régie de l’assurance maladie du Québec;
- (12) institutions governed by the Act respecting the governance of the health and social services system (chapter G-1.021) or by the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2);
- (13) the Nunavik Regional Board of Health and Social Services established under the Act respecting health services and social services for the Inuit and Naskapi;
- (14) 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 (chapter S-5);
- (14.1) Santé Québec;
- (15) persons or partnerships operating a private physician’s office;

- (16) persons or partnerships operating a community pharmacy;
- (17) persons or partnerships operating a specialized medical centre defined in section 555 of the Act respecting the governance of the health and social services system or section 333.1 of the Act respecting health services and social services for the Inuit and Naskapi;
- (18) the Collège des médecins du Québec;
- (19) the Ordre des pharmaciens du Québec; and
- (20) any other persons or partnerships determined by regulation of the Government.

2012, c. 23, s. 4; 2017, c. 21, s. 84; 2017, c. 28, s. 23; 2016, c. 1, s. 145; 2021, c. 33, s. 38; 2023, c. 34, s. 1151.

5. The health and social services network information officer or any person that officer designates may, to ensure compliance by the persons and partnerships listed in section 4 with the specific information management rules that officer defines, carry out verifications or audits and require those persons and partnerships to produce any information or document, provided the information cannot be associated with persons who have received health services or social services.

2012, c. 23, s. 5.

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 (chapter A-29) or the Act respecting prescription drug insurance (chapter A-29.01), provided the information cannot be associated with a particular person.

2012, c. 23, s. 6.

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.

2012, c. 23, s. 7.

8. Every person receiving health services or social services is presumed to have consented to the release of his or her health information through the Québec Health Record, unless the person has expressed refusal under section 46.

2012, c. 23, s. 8.

9. 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;

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(3) the right to be informed of and to receive health information concerning oneself that is held in the health information banks in the clinical domains 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 the clinical domains in accordance with this Act when certain health services are provided.

2012, c. 23, s. 9.

10. This Act does not exempt a health professional, an institution or Santé Québec from the obligation to establish a local record.

2012, c. 23, s. 10; 2023, c. 34, s. 1152.

CHAPTER II

ESTABLISHMENT OF CLINICAL DOMAINS AND MANAGEMENT OF HEALTH INFORMATION BANKS

DIVISION I

GENERAL PROVISIONS

11. 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;

Not in force

- (4) the immunization domain;

Not in force

- (5) the allergy and intolerance domain; and

- (6) the hospitalization domain.

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

2012, c. 23, s. 11.

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

2012, c. 23, s. 12.

13. Health information that must be released to a health information bank in a clinical domain under this chapter may be released by the Minister or by any institution, any other body or any other person in the health and social services network delegated by the Minister to the extent that the Minister or the delegatee hosts the

information for an institution in accordance with section 520.3.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2).

2012, c. 23, s. 13; 2023, c. 34, s. 1153.

14. The Minister may assume the operations management of a health information bank in a clinical domain or entrust it to the Régie de l'assurance maladie du Québec or another 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 (chapter G-1.03).

2012, c. 23, s. 14; 2017, c. 28, s. 24.

15. When the Minister entrusts the operations management of a health information bank in a clinical domain to an operations manager, the Minister enters into a written agreement with that manager.

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;

(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; and

(4) to notify the Minister without delay of any violation or attempted violation of an obligation concerning the confidentiality of the information released.

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.

2012, c. 23, s. 15.

16. 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

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

A third person 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.

2012, c. 23, s. 16.

17. 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 19, 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 section 14.

2012, c. 23, s. 17.

18. When the Minister entrusts the operations management of a clinical domain register to an operations manager, the Minister enters into a written agreement with that manager.

Sections 15 and 16 apply to the agreement, with the necessary modifications.

2012, c. 23, s. 18.

19. The operations manager of a health information bank in a clinical domain releases to the operations manager of the clinical domain register, if applicable,

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

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

2012, c. 23, s. 19.

20. 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.

2012, c. 23, s. 20.

21. 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 a body that releases or receives health information and the date and time it is released or received.

2012, c. 23, s. 21.

Not in force

22. 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, in addition to the elements listed in section 21, 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.

2012, c. 23, s. 22.

DIVISION II

MEDICATION DOMAIN

§ 1.—*Collection of health information*

23. As soon as possible, 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 26 concerning any medication.

2012, c. 23, s. 23.

24. As soon as possible, an institution operating a centre where a pharmacist practises must release to the operations manager of a health information bank in the medication domain, in the cases determined by regulation of the Government, the health information listed in section 26 concerning any medication.

2012, c. 23, s. 24.

25. For the purposes of this division, “medication” means

(1) a medication governed by a regulation under section 37.1 of the Pharmacy Act (chapter P-10), if it is prescribed or sold under pharmaceutical control to a person;

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

(3) 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 (R.S.C. 1985, c. F-27), if it is prescribed to a person;

(4) a natural health product not covered by paragraph 1 that is authorized or exempted by Health Canada, if it is prescribed to a person; and

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

2012, c. 23, s. 25.

§ 2.—*Composition of domain*

26. The medication domain is made up of the following health information, if available:

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

(2) the common name and brand name of the medication dispensed or to be dispensed 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 dispensed or to be dispensed;

(4) the date the prescription was written and, in the case of a collective prescription, the date it was filled;

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- (5) the dose, including the form of the medication dispensed or to be dispensed, 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 dispensed;
- (7) the total quantity still to be dispensed;
- (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 and, in the case of a collective prescription, of the health professional who filled it 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 and, in the case of a collective prescription, where it was filled;
- (15) the name and unique provider number of the pharmacist who provided the service to the person concerned;
- (16) the name, address, telephone number and unique identification number of the location where services were provided;
- (17) the date and reason the service was provided by the pharmacist; and
- (18) any other information prescribed by regulation of the Government.

2012, c. 23, s. 26.



The following provisions are not in force:

the words "and, in the case of a collective prescription, the date it was filled" in paragraph 4;

the words "and, in the case of a collective prescription, of the health professional who filled it" in paragraph 13; and

the words "and, in the case of a collective prescription, where it was filled" in paragraph 14.

The above provisions will come into force on the date or dates to be set by the Government (2012, c. 23, s. 180).

§ 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 medication domain releases to them, in accordance with their access authorizations, the information that can be released through the Québec Health Record.

2012, c. 23, s. 27.

DIVISION III

LABORATORY DOMAIN

§ 1.— *Collection of health information*

28. 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 29 concerning any results of a medical biology analysis 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.

2012, c. 23, s. 28.

§ 2.— *Composition of domain*

29. The laboratory domain is made up of the following health information, if available:

- (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;

SHARING OF CERTAIN HEALTH INFORMATION

- (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 information shown in the 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.

2012, c. 23, s. 29.

§ 3.—Release of health information

30. 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.

2012, c. 23, s. 30.

DIVISION IV

MEDICAL IMAGING DOMAIN

§ 1.—Collection of health information

31. As soon as possible, an institution operating a centre in which a clinical department of medical imaging 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 33 concerning any medical imaging examination result they produce for a person's file.

2012, c. 23, s. 31; 2017, c. 21, s. 85.

31.1. In addition to the radiology examination results produced by an institution or laboratory referred to in section 31, the Government determines, by regulation, the types of medical imaging examinations for which health information must be released to the operations manager of a health information bank in the medical imaging domain, and the date from which the information must be released.

2017, c. 21, s. 86.

32. 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 2 to 18 of section 33 that an institution releases to the operations manager may only be stored locally for the length of time determined by the Minister.

2012, c. 23, s. 32.

§ 2.—Composition of domain

33. The medical imaging domain is made up of the following health information, if available:

- (1) the unique user identification number of the person concerned;
- (2) the date on which the prescription for an examination was written or an examination was requested;
- (3) the examination prescription number;
- (4) the identification code for and description of the examination;
- (5) the examination request number;
- (6) the date, time and processing status of the examination request;
- (7) the date and time of the examination;
- (8) the code for the anatomical region examined;
- (9) additional relevant information on the conduct of the examination;
- (10) the clinical information necessary to carry out the examination;
- (11) 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;
- (12) the date, time and status of the examination results and images;
- (13) the images and the information shown on them;
- (14) the preliminary report accompanied by a digitized dictation;
- (15) the final examination result;
- (16) the name, address, telephone number and unique identification number of the location where services are provided and where the examination request was processed;
- (17) 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
- (18) any other information prescribed by regulation of the Government.

2012, c. 23, s. 33.

§ 3.—Release of health information

34. 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.

2012, c. 23, s. 34.

35. 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.

2012, c. 23, s. 35.

36. 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.

2012, c. 23, s. 36.

DIVISION V

IMMUNIZATION DOMAIN

§ 1.—Collection of health information

37. As soon as possible, the operations manager of the vaccination registry must retrieve from the vaccination registry established under section 61 of the Public Health Act (chapter S-2.2) the health information listed in section 38 concerning any vaccine administered to a person or to be administered to the person at a later time and release it to the operations manager of a health information bank in the immunization domain.

2012, c. 23, s. 37.

§ 2.—Composition of domain

38. The immunization domain is made up of the following health information, if available:

- (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.

2012, c. 23, s. 38.

Not in force

§ 3.—Release of health information

Not in force

39. 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.

2012, c. 23, s. 39.

Not in force

DIVISION VI

ALLERGY AND INTOLERANCE DOMAIN

Not in force

§ 1.—Collection of health information

Not in force

40. As soon as possible, an institution operating a centre where a health professional who documents an allergy or an intolerance for a person's file practises, a person or partnership operating a private physician's office, or a specialized medical centre in which such a health professional practises must release to the operations manager of a health information bank in the allergy and intolerance domain the health information listed in section 41 concerning any documented allergy or intolerance that may have an impact on the person's health.

2012, c. 23, s. 40.

Not in force

§ 2.—Composition of domain

Not in force

41. The allergy and intolerance domain is made up of the following health information, if available:

- (1) the person's unique user identification number;
- (2) the person's age at the time the allergy or intolerance was documented;

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- (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.

2012, c. 23, s. 41.

Not in force

§ 3. — Release of health information

Not in force

42. 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.

2012, c. 23, s. 42.

DIVISION VII

HOSPITALIZATION DOMAIN

§ 1. — Collection of health information

43. 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 44 concerning the hospitalization of any person who has been discharged from the institution or transferred to another institution or who dies while hospitalized.

2012, c. 23, s. 43.

§ 2. — Composition of domain

44. The hospitalization domain is made up of the following health information:

- (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 subparagraph 24 of the first paragraph of section 505 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or subparagraph *b* of the first paragraph of section 173 of the Act respecting health services and social services for Cree Native persons (chapter S-5); and
- (4) any other information prescribed by regulation of the Government.

2012, c. 23, s. 44; 2023, c. 34, s. 1154.

§ 3.—*Release of health information*

45. 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.

2012, c. 23, s. 45.

CHAPTER III

REFUSAL

DIVISION I

EXPRESSION OF REFUSAL

46. A person may at any time

(1) refuse to allow the release through the Québec Health Record of all of his or her health information that is held in health information banks in the clinical domains; or

(2) refuse to allow the release through the Québec Health Record of all of his or her health information that was collected before the date he or she determines and that is held in health information banks in the clinical domains.

A person who has expressed refusal may, at any time, withdraw it or change its scope in accordance with the first paragraph.

2012, c. 23, s. 46.

47. 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 or mandatary of the person.

2012, c. 23, s. 47; 2020, c. 11, s. 254.

48. Refusal is expressed by telephone, mail, Internet or any other means the Minister prescribes by regulation.

A refusal is recorded in the register of refusals. A confirmation of the recording is given to the person who requested the refusal.

2012, c. 23, s. 48.

49. Despite a refusal, health information held in health information banks in the medical imaging domain may be released in the cases described in sections 34 and 35.

2012, c. 23, s. 49.

Not in force

50. A refusal does not prevent the release of health information held in health information banks in the clinical domains 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 of the release, in writing, as soon as possible.

2012, c. 23, s. 50.

51. A refusal does not prevent the collection of health information in the health information banks in the clinical domains.

2012, c. 23, s. 51.

52. 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.

2012, c. 23, s. 52.

DIVISION II

REGISTER OF REFUSALS

53. 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 section 14.

2012, c. 23, s. 53.

54. When the Minister entrusts the operations management of the register of refusals to an operations manager, the Minister enters into a written agreement with that manager.

Sections 15 and 16 apply, with the necessary modifications, to such an agreement.

2012, c. 23, s. 54.

55. 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, the scope of the refusal and the identifier of the computer system used to register refusals.

Not in force

In the case of health information released under the first paragraph of section 50, the register includes the unique provider number of the person who receives the information.

2012, c. 23, s. 55.

TITLE III

ELECTRONIC PRESCRIPTION MANAGEMENT SYSTEM FOR MEDICATION

56. 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 section 14.

2012, c. 23, s. 56.

57. When the Minister entrusts the operations management of the electronic prescription management system for medication to an operations manager, the Minister enters into a written agreement with that manager.

Sections 15 and 16 apply, with the necessary modifications, to such an agreement.

2012, c. 23, s. 57.

58. 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.

2012, c. 23, s. 58.

59. An authorized provider with the legal authority to prescribe medications or fill a collective prescription for medication must release any electronic prescription for medication written by that provider to the operations manager of the electronic prescription management system for medication.

2012, c. 23, s. 59.

Note *The words “or fill a collective prescription for medication” will come into force on the date or dates to be set by the Government (2012, c. 23, s. 180).*

60. A pharmacist, pharmacy resident or pharmacy intern practising in a centre operated by an institution or in a community pharmacy or a person who provides the pharmacist with technical support services, to the extent that those persons are authorized providers, must retrieve electronic prescriptions for medication in the electronic prescription management system for medication.

2012, c. 23, s. 60.

61. The operations manager of the electronic prescription management system for medication releases the prescriptions in the system to an authorized provider referred to in section 59 or 60.

2012, c. 23, s. 61.

62. A prescription remains available for consultation until a provider identified in section 60 retrieves it, or until the expiry of two years after the operations manager of the electronic prescription management system for medication receives it.

2012, c. 23, s. 62.

TITLE IV

ACCESS AUTHORIZATIONS

CHAPTER I

ACCESS AUTHORIZATION MANAGER

63. 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 69 to act as an authorized provider.

2012, c. 23, s. 63.

64. The access authorization manager determines, among the providers listed in section 69 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 the clinical domains or receive such information, or to give them access to the electronic prescription management system for medication.

SHARING OF CERTAIN HEALTH INFORMATION

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.

2012, c. 23, s. 64.

65. The following persons may be access authorization managers:

- (1) a provider listed in paragraph 1 or 3 of section 69;
- (2) a person designated by the executive director or the president and executive director, as applicable, of an institution where a provider listed in paragraph 2 or in any of paragraphs 4 to 15 of section 69 practises;
- (3) the holder of a specialized medical centre permit for a centre where a provider listed in paragraph 5, 6, 9 or 10 of section 69 practises;
- (4) the holder of a medical biology laboratory permit for a laboratory where a provider listed in paragraph 8 of section 69 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 16, 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.

2012, c. 23, s. 65; 2023, c. 34, s. 1155.

66. 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 69.

2012, c. 23, s. 66.

67. 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 70.

2012, c. 23, s. 67.

CHAPTER II

AUTHORIZED PROVIDERS

68. A health and social service provider entered in the register of providers whose identity has been confirmed and who has been assigned access authorizations for the health information banks in a clinical domain or for 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.

2012, c. 23, s. 68.

69. 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 physician's office 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 (chapter A-29);
- (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 physician's office or a specialized medical centre;
- (6) a nursing assistant practising in a centre operated by an institution, a private physician's office or a specialized medical centre;
- (7) a midwife practising for an institution;
- (8) a biochemist or microbiologist practising or working in a centre operated by an institution or in a medical biology laboratory;
- (9) the holder of a training card issued by the secretary of the Collège des médecins du Québec, practising in a centre operated by an institution, a private physician's office or a specialized medical centre;
- (10) the holder of an authorization issued by the Collège des médecins du Québec under section 42.4 of the Professional Code (chapter C-26), practising in a centre operated by an institution, a private physician's office or a specialized medical centre;
- (11) a pharmacy resident practising in a centre operated by an institution or in a community pharmacy;
- (12) a pharmacy intern practising in a centre operated by an institution or in a community pharmacy;
- (13) a person providing technical support services to a physician described in paragraph 1 or 2;
- (14) a person providing technical support services to a pharmacist identified in paragraph 3 or 4;
- (15) 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
- (16) any other health and social service provider determined by regulation of the Government.

2012, c. 23, s. 69.

70. The Minister determines by regulation the access authorizations that may be assigned to a provider listed in section 69, 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.

2012, c. 23, s. 70.

CHAPTER III

AUTHORIZED BODIES

71. A person or partnership listed in section 4 and entered in the register of bodies whose identification has been confirmed and which has been assigned access authorizations for the health information banks 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.

2012, c. 23, s. 71.

72. The Minister determines by regulation the access authorizations that may be assigned to a body identified in section 96, according to the services the body provides or the information asset to which the body is entitled to have access.

2012, c. 23, s. 72.

TITLE V

COMMON REGISTERS

CHAPTER I

GENERAL PROVISIONS

73. 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.

2012, c. 23, s. 73.

CHAPTER II

REGISTER OF USERS

74. 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.

2012, c. 23, s. 74.

75. The Régie de l'assurance maladie du Québec enters in the register of users a person registered with the Régie in accordance with the Health Insurance Act (chapter A-29) and any other person for whom an entry is requested.

2012, c. 23, s. 75.

76. 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 entered on a card or medium intended to be carried by the person, or be displayed. The number may, however, be entered on such a card or medium by a technological means that ensures its confidentiality.

2012, c. 23, s. 76.

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

SHARING OF CERTAIN HEALTH INFORMATION

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

2012, c. 23, s. 77.

78. 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.

2012, c. 23, s. 78.

79. 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 and the dates on which representation by the latter begins and ends, if applicable,
- (9) the person's date of death, if applicable, and
- (10) if the person is not registered with the Régie de l'assurance maladie du Québec, the number and title of an official document issued by a state authority establishing his or her identity.

2012, c. 23, s. 79; 2020, c. 11, s. 201.

80. The information the Régie de l'assurance maladie du Québec obtains to carry out the Health Insurance Act (chapter A-29) is used to establish the register of users and keep it up to date.

2012, c. 23, s. 80.

81. At the request of any person or partnership 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, the Régie de l'assurance maladie du Québec releases to them the information contained in the register of users.

2012, c. 23, s. 81.

82. The Régie de l'assurance maladie du Québec may release the information contained in the register of users to a person or partnership listed in section 4 to ensure that the information contained in that person's or partnership's local files or index is up to date, accurate and complete.

Such a person or partnership may release the information listed in section 79 to the Régie de l'assurance maladie du Québec to ensure that the information contained in their local files or index is up to date, accurate and complete.

2012, c. 23, s. 82.

83. Any person or partnership 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 84.

2012, c. 23, s. 83.

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

The Minister sends the policy statement to the competent committee of the National Assembly within 30 days after its adoption.

2012, c. 23, s. 84.

CHAPTER III

REGISTER OF PROVIDERS

85. 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.

2012, c. 23, s. 85.

86. 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.

2012, c. 23, s. 86.

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

2012, c. 23, s. 87.

88. 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.

2012, c. 23, s. 88.

89. 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, and
- (16) the person's relationship to the person or body requesting his or her registration, if applicable.

2012, c. 23, s. 89.

90. The Régie de l'assurance maladie du Québec may collect the information required under section 89, if available, 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 (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 89 and, after doing so, inform the Régie as soon as possible of any change to the information released.

2012, c. 23, s. 90.

91. 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 contained in the register of providers, except the items in paragraphs 3 and 6 of section 89.

2012, c. 23, s. 91.

92. 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 (chapter A-29), for the purposes and subject to the conditions it specifies.

2012, c. 23, s. 92.

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

The Minister sends the policy statement to the competent committee of the National Assembly within 30 days after its adoption.

2012, c. 23, s. 93.

CHAPTER IV

REGISTER OF BODIES

94. 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 section 14.

2012, c. 23, s. 94.

95. When the Minister entrusts the operations management of the register of bodies to an operations manager, the Minister enters into a written agreement with that manager.

2012, c. 23, s. 95.

96. The operations manager of the register of bodies registers any body or location providing health and social services for which registration is necessary, in accordance with the specific information management rules defined by the health and social services network information officer.

2012, c. 23, s. 96.

97. The operations manager of the register of bodies assigns a unique body identification number or location identification number to every body and location providing health and social services that it registers.

2012, c. 23, s. 97.

98. At the request of any person or body that, in accordance with the specific information management rules defined by the health and social services network information officer, is required to ascertain the identification of a body or location providing health and social services, the operations manager of the register of bodies releases to them the information entered in the register.

2012, c. 23, s. 98.

TITLE VI

INFORMATION MANAGEMENT

CHAPTER I

CONFIDENTIALITY OF INFORMATION

99. 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.

That information may be used or released only in accordance with this Act.

Any person, partnership or body who receives such information must take appropriate security measures to protect it.

2012, c. 23, s. 99.

100. An authorized provider may only include 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.

2012, c. 23, s. 100.

101. Despite the second paragraph of section 100, health information held in the health information banks in the clinical domains and included 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 (chapter C-26), section 18.1 of the Act respecting the protection of personal information in the private sector (chapter P-39.1), section 19.0.1 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2) or section 7 of the Act respecting health services and social services for Cree Native persons (chapter S-5), as the case may be.

2012, c. 23, s. 101; 2023, c. 34, s. 1156.

102. The Minister may, without the consent of the person concerned, release his or her information that is held in the health information banks in the clinical domains 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 a serious risk of death or serious bodily injury threatening a person or an identifiable group of persons and where the nature of the threat generates a sense of urgency.

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 (chapter A-2.1), with the necessary modifications, applies to the information released.

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

2012, c. 23, s. 102; 2017, c. 10, s. 30.

103. A person or partnership who does verifications or acts as an expert may not request, demand or receive an extract or copy of health information held in the health information banks in the clinical domains 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 the health information banks in the clinical domains, except information included in the local record in accordance with section 100.

2012, c. 23, s. 103.

104. Health information held in the health information banks in the clinical domains may be used

(1) by the Minister for the purpose of performing the Minister's duties under section 22 of the Act respecting the governance of the health and social services system (chapter G-1.021) or section 431 of the Act respecting health services and social services for the Inuit and Naskapi (chapter S-4.2); and

(2) by the Minister and the national public health director when necessary for the exercise of their functions under the Public Health Act (chapter S-2.2).

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

2012, c. 23, s. 104; 2023, c. 34, s. 1157.

105. The Minister, the national public health director or a public health director may release the information obtained under section 104 to a public body within the meaning of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), when necessary for carrying out a mandate the Minister, the national public health director or a public health director entrusts to the public body.

In that case, the Minister, the national public health director or the public health director must see that the mandate is in writing and specify in the mandate the provisions of this Act that apply to the information released to the mandatary, as well as the measures to be taken by the mandatary to ensure, among other things, the security and the confidentiality of the information and to make sure that the information is used only for carrying out the mandate and that it is not kept after the expiry of the mandate.

Section 67.3 of the Act respecting Access to documents held by public bodies and the Protection of personal information, with the necessary modifications, applies to such a release of information.

2012, c. 23, s. 105.

105.1. The Minister may, by written agreement, release health information held in the health information banks in the clinical domains or in the electronic prescription management system for medication to the Collège des médecins du Québec and the Ordre des pharmaciens du Québec when necessary for the exercise of the functions entrusted to them by the Professional Code (chapter C-26), the Medical Act (chapter M-9) or the Pharmacy Act (chapter P-10).

The Minister may also, at the request of the president of the Collège des médecins du Québec or of the Ordre des pharmaciens du Québec, assign access authorizations for a health information bank in a clinical domain or for the electronic prescription management system for medication to an inspector, investigator or syndic referred to in section 192 of the Professional Code acting on behalf of the Collège des médecins du Québec or the Ordre des pharmaciens du Québec. The provisions of this Act that apply to the access authorization manager apply, with the necessary modifications, to the president of the Collège des médecins du Québec and to the president of the Ordre des pharmaciens du Québec, and the provisions applicable to an authorized provider apply to an inspector, investigator or syndic referred to in this section.

This section applies despite section 103.

2017, c. 21, s. 87.

Not in force

106. Provided the information cannot be associated with a particular person, the Minister may release health information held in the health information banks in the clinical domains, 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 or body that may, in accordance with sections 67.2.1 to 67.2.3 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1), use the information for study or research purposes or for the production of statistics in the health and social services field.

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

2012, c. 23, s. 106; 2021, c. 25, s. 97.

107. *(Repealed)*.

2012, c. 23, s. 107; 2017, c. 21, s. 88; 2021, c. 25, s. 98.

Not in force

108. The persons and bodies who receive health information under sections 105 and 106 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.

2012, c. 23, s. 108; 2017, c. 21, s. 89.

109. 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.

2012, c. 23, s. 109.

CHAPTER II

CONSERVATION OF HEALTH INFORMATION

110. 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.

2012, c. 23, s. 110.

111. 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 110 ends.

2012, c. 23, s. 111.

CHAPTER III

RIGHTS OF THE PERSON TO WHOM HEALTH INFORMATION RELATES

112. 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 the health information banks in the clinical domains, 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 (chapter A-2.1).

2012, c. 23, s. 112.

113. The person having parental authority over a minor child 14 years of age or over is not entitled to be informed of or to receive the health information concerning the child that is referred to in the first paragraph of section 112, unless the child has consented to it.

The person having parental authority over a minor child under the age of 14 is entitled to be informed of and to receive the health information concerning the child that is referred to in the first paragraph of section 112. However, the person's right is denied in cases where a director of youth protection determines, on the basis of the information contained in the record he keeps on the child, that the release of any or all of that health information causes or could cause harm to the child's health in any of the following situations:

- (1) the assessment of the child's situation and living conditions under section 49 of the Youth Protection Act (chapter P-34.1) is ongoing; or
- (2) the situation of the child is or has previously been taken in charge by a director of youth protection under section 51 of that Act.

This section applies despite the first paragraph of section 94 of the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1).

2012, c. 23, s. 113; 2017, c. 18, s. 97.

114. Every person is entitled to be given the name of the provider and, if applicable, of the body that released their health information to the health information banks in the clinical domains and the date and time the information was released.

2012, c. 23, s. 114.

115. 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 the health information banks in the clinical domains is released through the Québec Health Record, and the date and time the information was released.

SHARING OF CERTAIN HEALTH INFORMATION

Every person is also entitled, in the cases described in sections 34 and 35, to be given the name of the persons and partnerships who receive their health information held in a health information bank in the medical imaging domain, and the date and time the information was released.

2012, c. 23, s. 115.

116. 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 (chapter A-2.1) 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.

2012, c. 23, s. 116.

117. The person in charge of access to documents or the protection of personal information responds promptly to a request for information under section 115 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 (chapter A-2.1).

2012, c. 23, s. 117.

118. 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.

2012, c. 23, s. 118.

119. 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, and releases to that person the information necessary for that purpose.

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

2012, c. 23, s. 119.

TITLE VII

REGULATIONS

120. The Government may make regulations to

(1) prescribe the health information, in addition to that listed in sections 26, 29, 33, 38, 41 and 44, that makes up a clinical domain;

(2) determine the cases in which an institution or Santé Québec, as applicable, must release the health information listed in section 26;

(3) prescribe the products, in addition to those listed in paragraph 2 of section 25, that constitute a medication and for which health information must be entered in a health information bank in the medication domain; and

(4) determine the providers, in addition to those listed in section 69, who may act as authorized providers.

2012, c. 23, s. 120; 2023, c. 34, s. 1158.

121. The Minister may make regulations to

(1) prescribe the means by which a person may express refusal, in addition to those specified or provided for in the first paragraph of section 48;

(2) determine the access authorizations that may be assigned to a provider listed in section 69, 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;

(3) determine the access authorizations that may be assigned to a body described in section 96, depending on the services provided or the information asset to which the body is entitled to have access;

(4) determine the cases in which the Régie de l'assurance maladie du Québec collects the information listed in section 89 from the person concerned; and

(5) 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.

2012, c. 23, s. 121.

TITLE VIII

PENAL PROVISIONS

122. Anyone who contravenes the second paragraph of section 90 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.

2012, c. 23, s. 122.

123. Anyone who contravenes section 23, 28, 31, 40 or 43, the second paragraph of section 50 or section 52, 59 or 60 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.

2012, c. 23, s. 123.

Note *The figures and words “40, the second paragraph of section 50” will come into force on the date or dates to be set by the Government (2012, c. 23, s. 180).*

124. Anyone who contravenes or attempts to contravene section 99, 100, 103 or 108 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.

2012, c. 23, s. 124.

Note *The word and figure “or 108” will come into force on the date to be set by the Government (2012, c. 23, s. 180).*

125. Anyone who actively 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.

2012, c. 23, s. 125.

126. 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.

2012, c. 23, s. 126.

127. In any penal proceedings relating to an offence under this Act, proof that the offence was committed by a director, agent, employee or mandatory 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.

2012, c. 23, s. 127.

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

2012, c. 23, s. 128.

129. The fines prescribed in sections 124, 126 and 128 apply despite those prescribed in the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1).

2012, c. 23, s. 129.

TITLE IX

MISCELLANEOUS PROVISIONS

CHAPTER I

APPLICATION

130. 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.

2012, c. 23, s. 130.

131. Information and prescriptions referred to in sections 23, 28, 31, 40, 59 and 83 and the second paragraph of section 90 are released despite the Act respecting the protection of personal information in the private sector (chapter P-39.1).

2012, c. 23, s. 131.

 *The figure “40,” will come into force on the date to be set by the Government (2012, c. 23, s. 180).*

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

2012, c. 23, s. 132.

133. 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.

2012, c. 23, s. 133.

134. On completion of an investigation concerning the matter referred to in section 133 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.

2012, c. 23, s. 134.

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

2012, c. 23, s. 135.

CHAPTER II

TRANSITIONAL PROVISIONS

136. 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).

2012, c. 23, s. 136.

137. 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.

2012, c. 23, s. 137.

138. The immunization domain and the medical imaging domain may contain historical data, and that information may be released through the Québec Health Record.

2012, c. 23, s. 138.

139. 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 15.

2012, c. 23, s. 139.

140. 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.

2012, c. 23, s. 140.

141. 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.

2012, c. 23, s. 141.

CHAPTER III

AMENDING PROVISIONS

HEALTH INSURANCE ACT

142. *(Amendment integrated into c. A-29, s. 9).*

2012, c. 23, s. 142.

143. *(Amendment integrated into c. A-29, s. 9.0.1).*

2012, c. 23, s. 143.

144. *(Omitted).*

2012, c. 23, s. 144.

145. *(Amendment integrated into c. A-29, s. 63).*

2012, c. 23, s. 145.

146. *(Amendment integrated into c. A-29, s. 65).*

2012, c. 23, s. 146.

147. *(Amendment integrated into c. A-29, s. 65.0.3).*

2012, c. 23, s. 147.

ACT RESPECTING THE MINISTÈRE DE LA SANTÉ ET DES SERVICES SOCIAUX

148. *(Amendment integrated into c. M-19.2, s. 3).*

2012, c. 23, s. 148.

149. *(Amendment integrated into c. M-19.2, ss. 5.2-5.4).*

2012, c. 23, s. 149.

PHARMACY ACT

150. *(Amendment integrated into c. P-10, s. 21).*

2012, c. 23, s. 150.

ACT RESPECTING THE RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC

151. *(Amendment integrated into c. R-5, s. 2).*

2012, c. 23, s. 151.

152. *(Omitted).*

2012, c. 23, s. 152.

SHARING OF CERTAIN HEALTH INFORMATION

PUBLIC HEALTH ACT

153. (*Amendment integrated into c. S-2.2, ss. 52-52.1*).

2012, c. 23, s. 153.

154. (*Amendment integrated into c. S-2.2, ss. 61-61.3*).

2012, c. 23, s. 154.

155. (*Omitted*).

2012, c. 23, s. 155.

156. (*Amendment integrated into c. S-2.2, ss. 63-66*).

2012, c. 23, s. 156.

157. (*Amendment integrated into c. S-2.2, s. 69*).

2012, c. 23, s. 157.

158. (*Amendment integrated into c. S-2.2, s. 138*).

2012, c. 23, s. 158.

159. (*Amendment integrated into c. S-2.2, s. 174*).

2012, c. 23, s. 159.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES

160. (*Amendment integrated into c. S-4.2, s. 19*).

2012, c. 23, s. 160.

161. Section 19.0.2 of the Act respecting health services and social services (chapter S-4.2) is amended

(1) (*amendment integrated into c. S-4.2, s. 19.0.2*);

(2) (*amendment integrated into c. S-4.2, s. 19.0.2*);

(3) (*amendment integrated into c. S-4.2, s. 19.0.2*);

(4) (*not in force*).

2012, c. 23, s. 161.

162. (*Amendment integrated into c. S-4.2, s. 505*).

2012, c. 23, s. 162.

163. (*Amendment integrated into c. S-4.2, heading of Part III.1*).

2012, c. 23, s. 163.

164. (*Amendment integrated into c. S-4.2, s. 520.1*).

2012, c. 23, s. 164.

SHARING OF CERTAIN HEALTH INFORMATION

165. *(Amendment integrated into c. S-4.2, s. 520.2).*

2012, c. 23, s. 165.

166. *(Amendment integrated into c. S-4.2, s. 520.3.1).*

2012, c. 23, s. 166.

167. *(Omitted).*

2012, c. 23, s. 167.

ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES FOR CREE NATIVE PERSONS

168. *(Omitted).*

2012, c. 23, s. 168.

169. *(Omitted).*

2012, c. 23, s. 169.

170. *(Omitted).*

2012, c. 23, s. 170.

171. *(Omitted).*

2012, c. 23, s. 171.

172. *(Omitted).*

2012, c. 23, s. 172.

173. *(Omitted).*

2012, c. 23, s. 173.

174. *(Omitted).*

2012, c. 23, s. 174.

175. *(Omitted).*

2012, c. 23, s. 175.

CHAPTER IV

FINAL PROVISIONS

176. A health and social services institution may not transfer to an information technology-based medium any information recorded between 1 January 1935 and 31 December 1964 in the file it holds on a person who was under the age of 21 at the time the person was admitted to a psychiatric hospital, formerly known as an insane asylum or a hospital for the treatment of mental illness, referred to in the Programme national de réconciliation avec les orphelins et orphelinées de Duplessis established by Order in Council 1153-2001 dated 26 September 2001 (2001, G.O. 2, 7359, in French only) and Order in Council 675-2003 dated 18 June 2003 (2003, G.O. 2, 3182, in French only).

SHARING OF CERTAIN HEALTH INFORMATION

A user referred to in the first paragraph or, if that user is incapable, the tutor or mandatary of the user is entitled to demand that the institution destroy his or her information described in the first paragraph. In such a case, the information concerned must be completely destroyed.

An institution that contravenes this section is guilty of an offence and is liable to a fine of \$7,500 to \$75,000.

2012, c. 23, s. 176; 2020, c. 11, s. 254.

177. *(Omitted)*

2012, c. 23, s. 177.

178. 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 30 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 the agency concerned.

2012, c. 23, s. 178.

179. 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 operations 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.

The Minister must inform the people in the area of jurisdiction of the agency concerned of the aims and operational procedures of the Québec Health Record, including the right of a person to refuse to allow his or her health information that is held in the health information banks in the clinical domains to be released through the Québec Health Record, as well as the means that may be used to express refusal and the right of a person to have access to his or her health information and to request that it be corrected within 30 days prior to the effective date of this Act.

2012, c. 23, s. 179.

180. *(Omitted)*

2012, c. 23, s. 180.

