

chapter I-8, r. 9

Code of ethics of nurses

Nurses Act
(chapter I-8, s. 3)

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

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CHAPTER I

DUTIES TOWARD THE PUBLIC, CLIENTS AND THE PROFESSION

DIVISION I

DUTIES INHERENT TO THE PRACTICE OF THE PROFESSION

§ 1. — *General provisions*

1. A nurse shall come to the aid of anyone whose life is in peril, either personally or by calling for aid, by giving necessary and immediate assistance to that person, except in the event of danger to the nurse or a third party, or unless the nurse has another valid reason.

O.C. 1513-2002, s. 1.

2. A nurse may not refuse to provide professional services to a person on the basis of race, colour, sex, pregnancy, sexual orientation, civil status, age, religion, political convictions, language, ethnic or national extraction, social origin or condition, a handicap or the use of any means to palliate a handicap.

However, a nurse may, in the interest of the client, refer the client to another nurse.

In this Code, unless the context indicates otherwise, “client” means any person who receives care, treatment or other professional services.

O.C. 1513-2002, s. 2; O.C. 836-2015, s. 1.

3. A nurse shall not perform any act or behave in any manner that is contrary to what is generally admissible in the practice of the profession or that may tarnish the image of the profession.

O.C. 1513-2002, s. 3; O.C. 836-2015, s. 2.

3.1. A nurse shall take the necessary measures to ensure respect of the client’s dignity, freedom and integrity.

O.C. 836-2015, s. 3.

4. In connection with the care and treatment provided to a client, a nurse may not use or dispense products or methods that could be harmful to health or miracle treatments, nor may a nurse consult, collaborate with or refer a client to a person who uses or dispenses such products, methods or miracle treatments.

O.C. 1513-2002, s. 4.

5. A nurse shall respect the right of the client to consult another nurse, another health professional or any other person of the client’s choice.

O.C. 1513-2002, s. 5.

6. A nurse who is informed of the holding of an inquiry or who has been served with a complaint or who is informed of the holding of a professional inspection concerning her or him shall not harass, intimidate or threaten the person who requested the holding of the inquiry or any other person implicated in the events related to the inquiry, complaint or inspection.

O.C. 1513-2002, s. 6; O.C. 836-2015, s. 4.

7. A nurse shall take into account all of the foreseeable consequences that her or his research and work will have for society and for human life, safety and health.

O.C. 1513-2002, s. 7.

7.1. A nurse may not undertake or collaborate in any project involving research on humans that has not been approved by a research ethics committee formed or designated by the Minister of Health and Social Services or by another research ethics committee that respects recognized standards in matters of research ethics, particularly in regard to the composition of the committee and the methods by which it operates.

O.C. 579-2005, s. 1.

7.2. A nurse who undertakes or collaborates in research must advise the research ethics committee or another appropriate authority where the research or the manner in which it is being conducted appears not to conform to generally recognized scientific principles and ethical standards.

O.C. 579-2005, s. 1.

7.3. A nurse must refuse to collaborate or cease collaborating in any research activity where the risks to the health of subjects appear disproportionate having regard to the advantages that they stand to derive from the research or, if applicable, the advantages that they could derive from the usual care.

O.C. 579-2005, s. 1.

8. A nurse shall, to the extent that she or he is able, exchange knowledge with other nurses, nursing students and other persons engaged in the process of application preceding admission to the profession.

O.C. 1513-2002, s. 8; O.C. 836-2015, s. 5.

9. A nurse may not be released from personal civil liability in the practice of her or his profession.

In particular, a nurse is prohibited from inserting any clause directly or indirectly excluding such liability, in whole or in part, or from being a party to a contract for professional services containing any such clause.

O.C. 1513-2002, s. 9.

§ 2. — *Integrity*

10. A nurse shall fulfill her or his professional duties with integrity.

O.C. 1513-2002, s. 10.

11. A nurse shall not abuse the trust of her or his client.

O.C. 1513-2002, s. 11.

12. A nurse shall report any incident or accident that results from her or his intervention or omission.

The nurse shall not attempt to conceal such incident or accident.

When such an incident or accident has or could have consequences for the client's health, the nurse shall promptly take the necessary measures to remedy, minimize or offset the consequences of the incident or accident.

O.C. 1513-2002, s. 12.

13. A nurse shall not appropriate medications or other substances, including drugs, narcotic or anesthetic preparations or any other property belonging to a person with whom she or he interacts in the practice of the profession.

O.C. 1513-2002, s. 13.

14. A nurse shall not, in respect of a client's record or any report, file, research record or document related to the profession:

(1) falsify same, in particular by altering any notes already entered therein or by inserting any notes under a false signature;

(2) fabricate any records, reports, files or documents;

(3) enter therein any false information;

(4) fail to enter therein any necessary information.

O.C. 1513-2002, s. 14; O.C. 579-2005, s. 2.

14.0.1. A nurse shall not issue to any person, or for any reason whatsoever, a false certificate or any written or oral information that she or he knows to be erroneous.

O.C. 836-2015, s. 6.

14.1. A nurse must not knowingly conceal from the persons or authorities concerned the negative findings of any research in which she or he has collaborated.

O.C. 579-2005, s. 3.

15. A nurse shall refrain from expressing or giving incomplete or groundless opinions or advice. To that end, the nurse shall attempt to acquire thorough knowledge of the facts before giving an opinion or advice.

O.C. 1513-2002, s. 15; O.C. 836-2015, s. 7.

15.1. When informing the public of a new method of care or a treatment which has not been sufficiently tested, a nurse must mention that fact and express the appropriate caution.

O.C. 579-2005, s. 4.

§ 3. — *Condition liable to impair the quality of care and services*

16. In addition to the circumstances contemplated by section 54 of the Professional Code (chapter C-26), a nurse shall refrain from practising her or his profession when she or he is in a state that is liable to impair the quality of care and services.

In particular, a nurse is in a state that is liable to impair the quality of care and services if she or he is under the influence of alcoholic beverages, drugs, hallucinogens, narcotic or anesthetic preparations or any other substance which may cause intoxication, a diminution or disruption of the faculties or unconsciousness.

O.C. 1513-2002, s. 16.

§ 4. — *Competence*

17. A nurse shall act competently in fulfilling her or his professional duties. To that end, the nurse shall take into consideration the limits of her or his knowledge and skills.

O.C. 1513-2002, s. 17.

18. A nurse shall practise her or his profession in accordance with generally accepted standards of practice and scientific principles. To that end, she or he shall update and develop her or his professional knowledge and skills.

O.C. 1513-2002, s. 18; O.C. 836-2015, s. 8.

19. If the client's condition so requires, a nurse shall consult another nurse, another health professional or another competent person or refer the client to one of such persons.

O.C. 1513-2002, s. 19.

§ 5. — *Professional independence and conflict of interest*

20. A nurse shall subordinate her or his personal interest to that of her or his client.

O.C. 1513-2002, s. 20.

21. A nurse shall safeguard her or his professional independence at all times. In particular, a nurse shall practise her or his profession with objectivity and disregard any intervention by a third party that could affect the performance of her or his professional duties to the detriment of the client.

O.C. 1513-2002, s. 21.

21.1. A nurse who organizes a training or information activity or who acts as a resource person as part of such an activity shall declare any direct or indirect interest in any commercial firm involved in holding the activity, to the participants and, if applicable, to any other person organizing such an activity.

O.C. 836-2015, s. 9.

21.2. A nurse who is authorized to issue prescriptions must, except in emergencies or in cases which are manifestly not serious, refrain from issuing a prescription to any person with whom she or he has a relationship likely to harm the quality of her or his practice, in particular her or his spouse or children.

O.C. 836-2015, s. 9.

22. A nurse shall not induce any person in insistent terms to make use of her or his professional services or to collaborate in any research.

O.C. 1513-2002, s. 22; O.C. 579-2005, s. 5.

23. A nurse shall avoid any situation in which she or he would be in conflict of interest. In particular, a nurse is in a conflict of interest situation:

(1) when the interests concerned are such that the nurse may be influenced to favour certain of them over those of her or his client or the nurse's judgment and loyalty toward her or his client may be unfavourably affected;

(2) when the nurse receives, in addition to the remuneration to which she or he is entitled, any rebate, commission or benefit related to her or his professional activities or her or his research activities;

(3) when the nurse pays, offers to pay or undertakes to pay any rebate, commission or benefit related to her or his professional activities or her or his research activities.

O.C. 1513-2002, s. 23; O.C. 579-2005, s. 6.

24. In the event of a conflict of interest or the appearance of a conflict of interest, a nurse shall take reasonable measures to ensure that care, treatment or other professional services are provided by another nurse or another health professional or another person authorized by regulation to provide them, as applicable,

unless the situation requires that the nurse administer or continue to administer them. In such circumstances, the client shall be advised of the situation, to the extent permitted by the circumstances.

O.C. 1513-2002, s. 24; O.C. 836-2015, s. 10.

24.1. A nurse who undertakes or collaborates in research must declare her or his interest and disclose any apparent or potential conflict of interest to the research ethics committee.

O.C. 579-2005, s. 7.

§ 6. — *Availability and diligence*

25. In the practice of her or his profession, a nurse shall display due diligence and availability.

O.C. 1513-2002, s. 25.

26. Where her or his specific knowledge and skills in a given area are needed in order to provide safe care, treatment or other professional services to a client, a nurse who is consulted by another nurse or another health professional shall provide the latter with her or his opinion and recommendations within a reasonable time.

O.C. 1513-2002, s. 26; O.C. 836-2015, s. 11.

26.1. A nurse may not terminate the professional services provided to a client unless she or he has sound and reasonable grounds, in particular:

- (1) when she or he is solicited by the client to commit an unlawful act or one contrary to this Code;
- (2) when the client fails to respect the conditions agreed upon in the contract for professional services, including fees, and it is impossible to negotiate a reasonable agreement with the client to have them respected;
- (3) when the nurse decides to reduce or terminate her or his practice.

O.C. 836-2015, s. 12.

27. Before ceasing to provide a client with professional services, a nurse shall:

- (1) give the client reasonable notice;
- (2) take necessary measures to ensure that such termination of services is not detrimental to the client.

O.C. 1513-2002, s. 27; O.C. 836-2015, s. 13.

DIVISION II

RELATIONSHIP BETWEEN THE NURSE AND THE CLIENT

§ 1. — *Relationship of trust*

28. A nurse shall seek to establish and maintain a relationship of trust with her or his client.

O.C. 1513-2002, s. 28.

29. A nurse shall act respectfully toward the client and the client's spouse, family and significant others.

O.C. 1513-2002, s. 29.

30. A nurse shall respect, within the limits of what is generally admissible in the practice of the profession, the client's values and personal convictions.

O.C. 1513-2002, s. 30.

§ 2. — *Provisions to preserve the secrecy of confidential information*

31. A nurse shall abide by the rules set forth in the Professional Code (chapter C-26) in regard to the obligation to preserve the secrecy of confidential information that becomes known to her or him in the practice of her or his profession and the cases where she or he may be released from the obligation of secrecy.

O.C. 1513-2002, s. 31.

31.1. A nurse who, in accordance with the third paragraph of section 60.4 of the Professional Code (chapter C-26), communicates information that is protected by professional secrecy, shall enter the following in the client's record:

(1) the reasons supporting the decision to communicate the information, including the identity of the person who caused the nurse to communicate the information and the identity of the person or group of persons exposed to the danger;

(2) the elements of the communication including the date and time of the communication, the content of the communication, the mode of communication used and the identity of the person to whom the communication was made.

O.C. 579-2005, s. 8.

31.2. When a nurse provides professional services for a couple or a family, she or he shall preserve the professional secrecy of each member of the couple or family.

O.C. 836-2015, s. 14.

32. A nurse shall not disclose the fact that a person had recourse to her or his services, except if such disclosure is necessary in the interest of the client.

O.C. 1513-2002, s. 32.

32.1. Before making an audio or video recording of an interview or activity or taking photographs of a client, a nurse shall obtain written authorization from the client or the client's legal representative. This authorization must specify the intended use of the recording or photograph and the measures required for revoking the authorization.

O.C. 836-2015, s. 15.

32.2. When a nurse provides professional services to a group, she or he shall inform the members of the group of the possibility that aspects of a member's or a third party's private life may be disclosed.

In this context, the nurse shall give the group members instructions to enable them to respect the confidential nature of the information about other members' or third parties' private lives.

O.C. 836-2015, s. 15.

33. A nurse shall take reasonable measures to ensure that persons under her or his authority, in her or his employ or who are practising under her or his supervision do not disclose any confidential information concerning the client.

O.C. 1513-2002, s. 33; O.C. 836-2015, s. 16.

34. A nurse shall not make use of confidential information to the detriment of a client or with a view to obtaining, directly or indirectly, a benefit for herself or himself or for another person.

O.C. 1513-2002, s. 34.

35. Whenever a nurse asks a client to disclose confidential information or whenever she or he permits such information to be disclosed to her or him, she or he shall ensure that the client knows the reasons therefor and the purpose for which the information will be used.

O.C. 1513-2002, s. 35.

36. A nurse shall not hold or participate in indiscreet conversations, including on social networks, concerning a client and the services rendered to such client.

O.C. 1513-2002, s. 36; O.C. 836-2015, s. 17.

§ 3. — *Prohibited behaviour*

37. A nurse shall not use physical, verbal or psychological abuse against the client.

O.C. 1513-2002, s. 37.

38. For the duration of the professional relationship, a nurse may not establish a personal friendship or an intimate, amorous or sexual relationship with the client.

For the purpose of determining the duration of the professional relationship, the nurse shall take into consideration, in particular, the client's vulnerability, the nature of the client's health problem, the duration of the course of treatment and the likelihood of the nurse having to provide care to the client again.

O.C. 1513-2002, s. 38.

39. A nurse shall refrain from intervening in the personal affairs of her or his client on subjects not falling within her or his areas of professional expertise.

O.C. 1513-2002, s. 39.

DIVISION III

QUALITY OF CARE AND SERVICES

§ 1. — *Information and consent*

40. A nurse shall provide her or his client with all the explanations necessary for the client's comprehension of the care, treatment or other professional services being provided to him or her by the nurse.

O.C. 1513-2002, s. 40; O.C. 836-2015, s. 18.

41. When a nurse is obliged to obtain a free and enlightened consent, she or he shall:

- (1) provide the client with all the information required for that purpose;
- (2) ensure that the client's consent remains free and informed for the duration of the period during which she or he provides care, treatment or other professional services;
- (3) respect the client's right to revoke his or her consent at any time.

O.C. 1513-2002, s. 41; O.C. 836-2015, s. 19.

41.1. In connection with any research, a nurse must, in regard to each of the research subjects or their legal representative, ensure:

(1) that the subject is informed of the research project's objectives and the manner in which it will be conducted, the advantages, risks or disadvantages for the subject, and the advantages provided by the usual care, if applicable;

(2) that free and enlightened consent is obtained in writing from the subject before he or she begins participating in the research or when there is any significant change in the research protocol;

(3) that the research subject is informed that his or her consent is revocable at any time.

O.C. 579-2005, s. 9.

§ 2. — *The therapeutic process*

42. In the course of performing her or his duties, a nurse shall take reasonable measures to ensure the safety of clients, in particular by notifying the appropriate authorities.

O.C. 1513-2002, s. 42.

43. A nurse who is providing care and treatment to a client may not abandon him or her without a serious reason.

O.C. 1513-2002, s. 43.

44. A nurse shall not be negligent in the care and treatment provided to the client or to the research subject. In particular, a nurse shall:

(1) perform the assessment required by the client's state of health;

(2) intervene promptly when the client's state of health so requires;

(3) ensure the clinical monitoring and follow-up required by the client's state of health;

(4) take reasonable action to ensure continuity of care and treatment.

O.C. 1513-2002, s. 44; O.C. 579-2005, s. 10; O.C. 836-2015, s. 20.

44.1. A nurse who is authorized to issue prescriptions:

(1) shall not issue a prescription unless it is necessary for clinical purposes;

(2) when issuing a prescription, shall respect the client's right to have it filled where and by whom the client wishes;

(3) shall, when prescribing an examination or laboratory analysis, ensure the follow-up required by the client's condition, unless she or he has ensured that another nurse, another professional or another authorized person can do so in her or his place.

O.C. 836-2015, s. 21.

45. A nurse shall not be negligent when administering or adjusting medication or other substances. In particular, when administering medication, a nurse shall have sufficient knowledge of the medication or other substances and abide by the principles and methods applicable to its administration.

O.C. 1513-2002, s. 45; O.C. 836-2015, s. 22.

45.1. A nurse who uses assessment tools, in particular measurement tools, shall respect the standards of practice and scientific principles generally recognized in that field for their use, administration and interpretation.

O.C. 836-2015, s. 23.

46. A nurse may not refuse to collaborate with health professionals engaged in providing care, treatment or services necessary for the client's welfare.

O.C. 1513-2002, s. 46.

DIVISION IV

RELATIONS WITH PERSONS WITH WHOM THE NURSE INTERACTS IN THE PRACTICE OF THE PROFESSION

47. A nurse shall not intentionally mislead, betray the good faith of or engage in unfair practices toward a person with whom she or he interacts in the practice of the profession.

O.C. 1513-2002, s. 47.

48. A nurse shall not intimidate or threaten or engage in any such behaviour toward a person with whom she or he interacts in the practice of the profession that is liable to compromise the quality of care or the client's or public's trust in the profession.

O.C. 1513-2002, s. 48; O.C. 836-2015, s. 24.

DIVISION V

RELATIONS WITH THE ORDER

49. Unless she or he has serious grounds for refusing, a nurse shall participate or permit participation in a disciplinary council, a review committee, a professional inspection committee, an arbitration of accounts or any other committee provided for by law, upon request of the Ordre des infirmières et infirmiers du Québec.

O.C. 1513-2002, s. 49.

50. A nurse shall cooperate and respond as soon as possible to any request received from the secretary of the Order, a syndic of the Order, an expert or other person assisting the syndic, the professional inspection committee or a member, inspector or an expert of the committee.

O.C. 1513-2002, s. 50; O.C. 836-2015, s. 25.

50.1. A nurse shall respect any commitment she or he has made to the board of directors, the executive committee or the secretary of the Order, a syndic or the professional inspection committee.

O.C. 836-2015, s. 26.

51. Subject to any law or regulation to the contrary, a nurse may not authorize, assist or encourage any person who is not entered on the roll of the Order to perform an activity reserved to nurses.

Moreover, a nurse may not authorize, assist or encourage any person who is not entered on the roll of the Order to use the title of nurse or to allow others to believe she or he is a nurse.

O.C. 1513-2002, s. 51; O.C. 836-2015, s. 27.

DIVISION VI

DETERMINATION AND PAYMENT OF FEES

52. A nurse shall require and accept fair and reasonable fees.

Fees are considered fair and reasonable if they are justified by the circumstances, in proportion to the professional services rendered and take into account, in particular,

- (1) the nurse's experience and specific expertise;
- (2) the time spent in performing the professional service;
- (3) the complexity of the service; and
- (4) the performance of unusual services or services requiring exceptional competence or speed.

The provisions set out in this division apply to the sale, by a nurse, of a vaccine that she or he administers as part of a vaccination operation under the Public Health Act (chapter S-2.2) and that she or he has acquired in accordance with the Regulation respecting the terms and conditions for the sale of medications (chapter P-10, r. 12).

O.C. 1513-2002, s. 52; O.C. 497-2008, s. 1; O.C. 836-2015, s. 28.

53. A nurse may not claim fees that are unwarranted, in particular for performing services that she or he knew or should have known were unnecessary or disproportionate to the client's needs.

O.C. 1513-2002, s. 53.

54. A nurse may not share her or his fees except with another nurse and then only to the extent that such division corresponds to a division of responsibilities and services.

O.C. 1513-2002, s. 54.

55. A nurse shall provide her or his client with all the explanations required for the comprehension of the nurse's statement of fees and of the terms and conditions of payment. In particular, she or he must indicate, in the statement of fees, the selling price of a vaccine covered under the third paragraph of section 52.

O.C. 1513-2002, s. 55; O.C. 497-2008, s. 2.

56. A nurse may require payment only for services rendered or products delivered, and shall inform her or his client in advance of the approximate and foreseeable cost of her or his professional services and inform the client promptly of any change in this respect.

After informing the client in advance, however, a nurse may charge reasonable cancellation fees for a missed appointment.

O.C. 1513-2002, s. 56; O.C. 836-2015, s. 29.

57. A nurse may collect interest on outstanding accounts only after having duly notified her or his client. The interest so charged shall be at a reasonable rate.

O.C. 1513-2002, s. 57.

57.1. Before taking legal action, a nurse shall exhaust the other means at her or his disposal to obtain payment of her or his fees and other charges.

O.C. 836-2015, s. 30.

58. A nurse shall refrain from selling her or his accounts, except to another nurse or unless the client consents thereto.

O.C. 1513-2002, s. 58.

DIVISION VII

CONDITIONS AND PROCEDURES FOR THE EXERCISE OF THE CLIENT'S RIGHTS OF ACCESS AND CORRECTION OF INFORMATION CONTAINED IN RECORDS ESTABLISHED IN RESPECT OF HIM OR HER

§ 1. — Provision applicable to nurses practising in the public sector

59. A nurse who practises her or his profession in a public body covered by the Act respecting Access to documents held by public bodies and the Protection of personal information (chapter A-2.1) or in a centre operated by an institution to which the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5) applies shall abide by the rules relating to accessibility and correction of records set out in those Acts and facilitate their application.

A nurse who practises her or his profession in a public body covered by the Act respecting Access to documents held by public bodies and the Protection of personal information shall abide by the rules relating to accessibility and correction of records set out in these Acts and facilitate their application.

O.C. 1513-2002, s. 59; O.C. 836-2015, s. 31.

§ 2. — Provisions applicable to nurses practising in a sector other than the public sector in regard to the conditions and procedures for the exercise of the client's right of access to information contained in records established in respect of him or her

59.1. A nurse who practises her or his profession in a sector other than the public sector referred to in section 59 shall abide by the rules relating to accessibility and correction of records set out in the Act respecting the Protection of personal information in the private sector (chapter P-39.1) and facilitate their application.

O.C. 836-2015, s. 32.

60. A request covered by sections 61, 64 or 67 shall be delivered to the nurse's professional domicile during regular working hours.

O.C. 1513-2002, s. 60; O.C. 836-2015, s. 33.

61. A nurse shall respond, with diligence and not later than 30 days following receipt thereof, to any written request made by her or his client to examine or obtain a copy of the information concerning the client in any record established in respect of the client.

O.C. 1513-2002, s. 61; O.C. 836-2015, s. 34.

62. Access to the information contained in a record shall be free of charge. However, a nurse may charge her or his client a reasonable fee for the reproduction, transcription or transmission of such information.

A nurse who intends to charge such fee shall, prior to reproducing, transcribing or transmitting the information, inform the client of the approximate amount that the client will be called upon to pay.

O.C. 1513-2002, s. 62.

63. A nurse who temporarily refuses a client access to information contained in a record established in respect of the client because the disclosure of such information would be likely to cause serious harm to the

client's health shall notify the client accordingly in writing, with her or his grounds for refusing, and inform the client of his or her recourse.

The nurse shall determine when consultation of the record is possible and so inform the client.

O.C. 1513-2002, s. 63; O.C. 836-2015, s. 35.

63.1. A nurse who refuses to allow the client access to personal information concerning the client because its disclosure would be likely to reveal personal information about a third party or the existence of such information, and the disclosure would be likely to cause serious harm to the third party, unless the third party agrees to its communication, or in an emergency in which the life, health or safety of the person concerned is endangered, shall notify the client accordingly in writing, with her or his grounds for refusing, and inform the client of his or her recourse.

O.C. 836-2015, s. 36.

§ 3. — Provisions applicable to nurses practising in a sector other than the public sector in regard to the conditions and procedures for the exercise of the client's right of correction of information contained in records established in respect of him or her

64. A nurse shall respond, with diligence and not later than 30 days following receipt thereof, to any written request made by her or his client to:

(1) cause to be corrected any information that is inaccurate, incomplete or ambiguous having regard for the purpose for which it was collected, contained in a document concerning the client included in any record established in respect of the client;

(2) cause to be deleted any information that is outdated or not justified by the object of the record established in respect of the client;

(3) file in the record established in respect of the client the written comments prepared by the client.

O.C. 1513-2002, s. 64; O.C. 836-2015, s. 37.

65. A nurse who grants a request covered by section 64 shall issue to the client, free of charge, as the case may be:

(1) a copy of the document or portion thereof allowing the client to determine that the information has been corrected;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

A nurse who refuses a request pursuant to section 64 shall, if the client so requests in writing, inform him or her of the reasons for this refusal, enter them in the record and inform the client of his or her recourses.

O.C. 1513-2002, s. 65; O.C. 836-2015, s. 38.

66. With the client's consent, a nurse shall transmit, free of charge, to any person who had transmitted to the nurse the information contemplated by section 64 as well as any person to whom such information was communicated within the 6 months preceding the correction, as the case may be:

(1) a copy of the corrected information;

(2) an attestation that information has been deleted;

(3) an attestation that written comments have been filed in the record.

O.C. 1513-2002, s. 66; O.C. 836-2015, s. 39.

§ 4. — *Obligation of a nurse practising in a sector other than the public sector to release documents to the client*

67. A nurse shall, with diligence, release to a client who so requests any document entrusted by the client to the nurse and shall indicate in the client's file, as appropriate, the reasons for the written request.

O.C. 1513-2002, s. 67; O.C. 836-2015, s. 40.

DIVISION VIII

CONDITIONS, OBLIGATIONS AND PROHIBITIONS RELATING TO ADVERTISING

68. A nurse shall avoid all advertising likely to tarnish the image of the profession.

O.C. 1513-2002, s. 68.

69. A nurse may not associate or permit the association of her or his name with her or his professional title in an advertisement directed at the public for the purpose of promoting the sale of any medication, medical product, product or method that could be harmful to health, or miracle treatment.

O.C. 1513-2002, s. 69.

70. In addition to the obligations set forth in section 60.2 of the Professional Code (chapter C-26), a nurse who, in her or his advertising, claims to possess specific qualities or skills must be able to demonstrate them.

O.C. 1513-2002, s. 70.

71. In her or his advertising, a nurse may not compare the quality of her or his services with the quality of the services provided or that may be provided by other nurses, and may not discredit or denigrate such services.

O.C. 1513-2002, s. 71.

72. In her or his advertising, a nurse may not use or permit the use of an endorsement or statement of gratitude concerning her or him.

The preceding paragraph does not prevent a nurse from mentioning in her or his advertising an award for excellence or any other prize in recognition of a specific contribution or achievement related to the profession.

O.C. 1513-2002, s. 72.

73. A nurse may not engage in or permit advertising that is likely to unduly influence persons who may be physically or emotionally vulnerable because of their age or state of health or the occurrence of a specific event.

O.C. 1513-2002, s. 73.

74. A nurse who advertises prices or fees for her or his professional services shall:

- (1) establish fixed amounts;
- (2) specify the services covered by these amounts;
- (3) indicate whether or not disbursements are included in the amounts;

(4) indicate whether additional services may be required and specify the cost thereof.

The fixed amounts shall remain in effect for a minimum period of 90 days after the last broadcast or publication of the advertisement.

A nurse may nevertheless agree with a client on a price lower than the one broadcast or published.

O.C. 1513-2002, s. 74.

75. Any advertisement by a nurse must be of such a nature as to adequately inform persons who have no particular knowledge of the area of expertise referred to in the advertisement.

O.C. 1513-2002, s. 75.

76. A nurse shall keep a copy of every advertisement put out by her or him for a period of at least 5 years following the date on which the advertisement was last published or broadcast. The copy shall be given to a syndic of the Order or any investigator, inspector or member of the professional inspection committee who requests it.

O.C. 1513-2002, s. 76.

77. A nurse who practises in partnership is solidarily responsible with the other nurses for complying with the rules respecting advertising, unless the advertisement clearly indicates the names of those responsible therefor or unless the nurse demonstrates that the advertisement was published or broadcast without her or his knowledge or consent or in spite of the measures taken to ensure compliance with those rules.

O.C. 1513-2002, s. 77.

DIVISION IX

PROFESSIONS, TRADES, INDUSTRIES, BUSINESSES, OFFICES OR DUTIES INCOMPATIBLE WITH THE DIGNITY OR PRACTICE OF THE PROFESSION

78. A nurse may not sell, engage or participate for profit in any distribution of medications, equipment or products related to her or his professional activities, except in the following cases:

(1) where a sale of products or equipment is made in response to an immediate need of the client and is required for the care and treatment to be provided. In such case, the client shall be notified of any profit realized by the nurse upon the sale;

(2) where the nurse clearly distinguishes the place where care is provided from the place where the sale of products or equipment takes place and where her or his professional title is not associated with the commercial activities;

(3) where it concerns a vaccine covered under the third paragraph of section 52.

O.C. 1513-2002, s. 78; O.C. 497-2008, s. 3.

79. A nurse may not trade in products or methods that could be harmful to health, or miracle treatments.

O.C. 1513-2002, s. 79.

DIVISION X

GRAPHIC SYMBOL OF THE ORDER

80. Where a nurse reproduces the graphic symbol of the Order for advertising purposes, she or he shall ensure that such reproduction is in conformity with the original held by the secretary of the Order.

O.C. 1513-2002, s. 80.

81. Where a nurse uses the graphic symbol of the Order for advertising purposes elsewhere than on a business card, she or he shall include the following warning in the advertisement:

“This advertisement does not originate with the Ordre des infirmières et infirmiers du Québec and is binding on the author only.”.

Where a nurse uses the graphic symbol of the Order for advertising purposes, including on a business card, she or he may not juxtapose thereto or otherwise use the name of the Order, except to indicate that she or he is a member thereof.

O.C. 1513-2002, s. 81.

CHAPTER II

FINAL PROVISIONS

82. This code replaces the Code of ethics of nurses (R.R.Q., 1981, c. I-8, r. 4).

O.C. 1513-2002, s. 82.

83. *(Omitted).*

O.C. 1513-2002, s. 83.

UPDATES

O.C. 1513-2002, 2003 G.O. 2, 64

O.C. 579-2005, 2005 G.O. 2, 2056

O.C. 497-2008, 2008 G.O. 2, 2046

S.Q. 2008, c. 11, s. 212

O.C. 836-2015, 2015 G.O. 2, 2744

