HOSPITALS ACT

Revised Statutes of Alberta 2000
Chapter H-12

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Office Consolidation

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Note

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Regulations

The following is a list of the regulations made under the Hospitals Act that are filed as Alberta Regulations under the Regulations Act

<table>
<thead>
<tr>
<th>Alta. Reg.</th>
<th>Amendments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals Act</td>
<td></td>
</tr>
<tr>
<td>Application in Respect of Regional Health Authorities</td>
<td>161/95</td>
</tr>
<tr>
<td>Hospitals Foundation</td>
<td>27/2007</td>
</tr>
</tbody>
</table>
HOSPITALS ACT
Chapter H-12

Table of Contents

1 Definitions
2 Jurisdiction of regional health authority

Part 1
Non-regional Hospitals
3 Order rescinding hospital district - transitional
4 Plan for hospital facilities
5 Board of management
6 Regulations
7 Minister acting instead of municipality
8 Dismissal of board members

Part 2
Operation of Approved Hospitals
9 Definitions
10 Governing board
11 Bylaws
12 Board is final authority
13 Access to facilities
14 Responsibility of medical staff
15 Hospital services utilization committee
16 Protection to hospital staff review committee
17 Medical staff bylaws
18 Hospital Privileges Appeal Board
19 Rules re hearings
20 Deemed decision not to re-appoint
21 Appeal to Appeal Board
22 Model bylaws
23 Administrator
24 Records of treatment
25 Information to Minister
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Inquiry re management</td>
</tr>
<tr>
<td>27</td>
<td>Investigation or mediation committee</td>
</tr>
<tr>
<td>28</td>
<td>Regulations</td>
</tr>
<tr>
<td>29</td>
<td>Committee of inquiry</td>
</tr>
<tr>
<td>30</td>
<td>Liability for hospital charges</td>
</tr>
<tr>
<td>31</td>
<td>Discharge or transfer of patients</td>
</tr>
<tr>
<td>32</td>
<td>Removal of discharged patients</td>
</tr>
<tr>
<td>33</td>
<td>Registration of births, stillbirths and deaths</td>
</tr>
<tr>
<td>34</td>
<td>Notice of board appointments</td>
</tr>
<tr>
<td>35</td>
<td>Withholding of grants</td>
</tr>
</tbody>
</table>

**Part 3**

**Hospitalization Benefits Plan**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Definitions</td>
</tr>
<tr>
<td>37</td>
<td>Insured services</td>
</tr>
<tr>
<td>38</td>
<td>Entitlement to insured services</td>
</tr>
<tr>
<td>39</td>
<td>Recovery of cost of services</td>
</tr>
<tr>
<td>40</td>
<td>Payment for insured services</td>
</tr>
<tr>
<td>41</td>
<td>Operating costs</td>
</tr>
<tr>
<td>42</td>
<td>Debentures</td>
</tr>
<tr>
<td>43</td>
<td>Regulations</td>
</tr>
<tr>
<td>44</td>
<td>Group contracts</td>
</tr>
<tr>
<td>45</td>
<td>Agreements</td>
</tr>
<tr>
<td>46</td>
<td>Penalty</td>
</tr>
<tr>
<td>47</td>
<td>Use of word “hospital”</td>
</tr>
</tbody>
</table>

**Part 4**

**Hospital Foundations**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Definitions</td>
</tr>
<tr>
<td>49</td>
<td>Establishment, status and composition</td>
</tr>
<tr>
<td>50</td>
<td>Chair</td>
</tr>
<tr>
<td>51</td>
<td>Bylaws and frequency of meetings</td>
</tr>
<tr>
<td>52</td>
<td>Objects</td>
</tr>
<tr>
<td>53</td>
<td>Transfer of property to board</td>
</tr>
<tr>
<td>54</td>
<td>Transfer of board property</td>
</tr>
<tr>
<td>55</td>
<td>Payments to trustees</td>
</tr>
<tr>
<td>56</td>
<td>Fiscal year and annual report</td>
</tr>
<tr>
<td>57</td>
<td>Non-application of Loan and Trust Corporations Act</td>
</tr>
<tr>
<td>58</td>
<td>Prohibitions against establishing and operating hospital foundations</td>
</tr>
<tr>
<td>59</td>
<td>Winding-up</td>
</tr>
<tr>
<td>60</td>
<td>Regulations</td>
</tr>
</tbody>
</table>
HER MAJESTY, by and with the advice and consent of the Legislative Assembly of Alberta, enacts as follows:

Definitions

1 In this Act,

(a) “Appeal Board” means the Hospital Privileges Appeal Board established under section 18;

(b) “approved hospital” means a hospital designated by the Minister as an approved hospital pursuant to Part 2;

(c) “auxiliary hospital” means a hospital for the treatment of long-term or chronic illnesses, diseases or infirmities;

(d) “board of management” means a board of management referred to in section 5;

(e) “council” means

(i) in the case of a city, town, village or municipal district, its council,

(ii) in the case of an improvement district, the Minister responsible for the Municipal Government Act,

(iii) in the case of a special area, the Minister responsible for the Special Areas Act, and

(iv) in the case of a national park, its superintendent;

(f) “general hospital” means a hospital providing diagnostic services and facilities for medical or surgical treatment in the acute phase for adults and children and obstetrical care, or any of them;

(g) “health region” means a health region established under the Regional Health Authorities Act;

(h) “hospital” means an institution operated for the care of diseased, injured, sick or mentally disordered people;

(i) “included municipality” means a municipality the whole or a part of which is included in a health region;
(j) “Minister” means the Minister determined under section 16 of the *Government Organization Act* as the Minister responsible for this Act;

(k) “municipality” means a city, town, village, summer village, municipal district, improvement district and special area;

(l) “non-regional hospital” means a hospital that is owned or operated by a person other than a regional health authority;

(m) “nursing home” means a nursing home as defined in the *Nursing Homes Act*;

(n) “physician” means

(i) with reference to medical services provided in Alberta, a person registered as a regulated member of the College of Physicians and Surgeons of Alberta under the *Health Professions Act* authorized to use the title “physician” who holds a practice permit issued under that Act, and

(ii) with reference to medical services provided in a place outside Alberta, a person lawfully entitled to practise medicine or osteopathy in that place;

(o) “regional health authority” means a regional health authority constituted under the *Regional Health Authorities Act*;

(p) “resident of Alberta” means a person entitled by law to reside in Canada who makes the person’s home and is ordinarily present in Alberta, but does not include a tourist, transient or visitor to Alberta.

*RSA 2000* cH-12 s1;RSA 2000 cH-7 s146; 2005 c13 s4(21);2008 c34 s18;2016 c9 s27

**Jurisdiction of regional health authority**

2(1) Where an order establishing a district is rescinded under section 8(4) of the *Hospitals Act* (RSA 1980 cH-11) as it read on July 31, 1996 and the district is located in a health region under the *Regional Health Authorities Act*, then, subject to the regulations under subsection (2), for the purpose of the administration of this Act in that part of the health region that formerly constituted the district, the regional health authority has the power, authority and jurisdiction and is subject to the duties and obligations that the district board had and was subject to.

(2) The Lieutenant Governor in Council may make regulations
(a) providing for the non-application of provisions of this Act or the regulations under it in a case where subsection (1) applies,

(b) varying the application of provisions of this Act or the regulations under it in a case where subsection (1) applies, and

(c) respecting any other matters the Lieutenant Governor considers necessary in a case where subsection (1) applies for the purpose of facilitating the administration of this Act in such a case.

Part 1

Non-regional Hospitals

Order rescinding hospital district - transitional

3 Without limiting the generality of section 8(4) of the Hospitals Act (RSA 1980 cH-11) as it read on July 31, 1996, an order rescinding an order under section 8(2) of that Act as it read on July 31, 1996 may contain any provisions the Lieutenant Governor in Council considers necessary

(a) to provide for the transfer of the assets and property of the district to a regional health authority under the Regional Health Authorities Act,

(b) to provide for the assumption of liabilities and obligations of the district by a regional health authority under the Regional Health Authorities Act, and

(c) to facilitate the taking over of the affairs of the district by a regional health authority under the Regional Health Authorities Act.

Plan for hospital facilities

4(1) On the request of the owner of a non-regional hospital that serves a health region, or on the request of the regional health authority, the Minister may cause a plan to be prepared for the use of the services of the non-regional hospital by the regional health authority and for the integration of the operation, management and financing of all hospitals serving the health region.

(2) On being satisfied that a plan prepared pursuant to subsection (1) meets the needs of the regional health authority and the owners of the non-regional hospitals and serves the interests of the
residents of the health region, the Minister may, by order, declare
the plan to be in force in the health region.

(3) After consultation with the regional health authority and the
owners of non-regional hospitals who are parties to a plan prepared
pursuant to this section, the Minister, by order,

(a) may amend the plan, and

(b) may, on reasonable notice in writing to the parties, terminate
the plan.

(4) An order terminating a plan under subsection (3) may contain
any provisions the Minister considers necessary

(a) to provide for the disposition of assets and property;

(b) to provide for the assumption of liabilities and obligations;

(c) to facilitate the winding-up of the plan.

Board of management

5(1) A plan under section 4 may require the establishment of a
board of management for a non-regional hospital consisting of
members appointed by the regional health authority and a greater
number of members appointed by the owner of the non-regional
hospital.

(2) On the coming into force of a plan under section 4 that requires
a board of management for a non-regional hospital, the board of
management

(a) is on that coming into force constituted as a corporation
with the name and membership given in the plan and with
the powers, objects and duties necessary for it to operate and
administer the affairs of the hospital, except the power to
dispose of the real and personal property of the non-regional
hospital, and

(b) becomes the governing board of the hospital and has full
control of the hospital and has absolute and final authority
and responsibility in respect of all matters appertaining to
the operation of the hospital,

subject to any limitations on its authority imposed by statute or the
regulations or the plan.

RSA 1980 cH-11 s12;1996 c22 s1(7)
Regulations

6 The Lieutenant Governor in Council may make regulations to carry out the intent of this Part and, without restricting the generality of the foregoing, may make regulations to

(a) govern the manner of appointment, including nomination of members of boards of management;

(b) subject to the Local Authorities Election Act and the regulations under that Act, govern the qualifications for membership and conditions of disqualification from membership, terms of office, procedure for filling vacancies, and other matters pertaining to members of boards of management;

(c) govern the election of officers, fixing quorums, times of meetings, books and records to be kept, reports and returns to be made, travelling and expense allowances to be paid and other matters pertaining to the organization of boards of management and the management of their affairs;

(d) prescribe the manner in which boards of management may borrow money and fix the rate of interest on it, fix the terms of borrowing and the periods of borrowing;

(e) prescribe conditions that must be contained in or that apply to plans prepared pursuant to section 4 and other matters that are relevant to the relationship between regional health authorities and the owners of non-regional hospitals;

(f) prescribe any procedures relating to the provision of financial assistance to a board of management or the owner of a non-regional hospital by a regional health authority pursuant to a plan under section 4.

Minister acting instead of municipality

7 When under this Act an act or thing is directed to be done forthwith or within a specified time by an included municipality or by a council of it or by a regional health authority or board of management or by an officer of one of those bodies and the act or thing is not done, the Minister may do the act or thing with the same effect as if it had been done by that body.

RSA 1980 cH-11 s24;1996 c22 s1(11)
Section 8  Chapter H-12  
HOSPITALS ACT

Dismissal of board members

8(1) The Minister by order may for cause dismiss the members of a board of management and appoint an official administrator in their place.

(2) An official administrator appointed under this section

(a) has the powers and authorities conferred by this Act on a board of management,

(b) shall perform all the duties of a board of management, and

(c) shall be paid the salary the Minister determines together with proper expenses, as an operating expense of the regional health authority.

(3) The Minister may by order terminate at any time the appointment of an official administrator and restore the affairs of the board of management to an authority selected pursuant to the regulations.

RSA 1980 cH-11 s25;1985 cN-14.1 s39;1996 c22 s1(12)

Part 2

Operation of Approved Hospitals

Definitions

9 In this Part,

(a) “administrator” means the person who is the most senior official in the administrative organization of a hospital and is responsible for the day to day operation and management of the affairs of the hospital;

(b) “Associations” means the Provincial Health Authorities of Alberta, The Alberta Medical Association (C.M.A.-Alberta Division), the Alberta Association and College of Registered Nurses, the Alberta College of Pharmacists and any professional association that is representative of a group of employees or of professional staff or medical staff of a hospital;

(c) “board” means the corporate body or person that owns or operates a hospital, and includes a regional health authority;

(d) “medical staff” means the physicians appointed by a board to serve as the medical staff of a hospital or hospitals owned or operated by the board;
(e) “patient” means a person who is admitted to the hospital as an in-patient or as an out-patient for diagnosis or treatment services, or both;

(f) “professional staff” means professional staff as defined in the regulations.

Governing board

10(1) Each approved hospital must have a governing board and, subject to any limitations of its authority imposed by Acts of the Legislature and regulations under it, the board has full control of that hospital and has absolute and final authority in respect of all matters pertaining to the operation of the hospital.

(2) A board may be the board of more than one approved hospital.

Bylaws

11(1) The board of each approved hospital shall enact general bylaws governing the organization, management and operation of the hospital that it owns or operates.

(2) The board or the administrator shall send to the Minister a true copy of all general bylaws enacted including all amendments, variations or repeals.

(3) General bylaws enacted by a board shall provide for the adoption of rules that may govern the duties and responsibilities of the administrator and other hospital staff, the detailed organization and administration of hospital departments and any other matters the board considers to be necessary or desirable.

Board is final authority

12 The board has final authority in respect of the appointment of the medical staff of the approved hospitals it owns or operates.

Access to facilities

13 The board may grant physicians and other health care practitioners access to hospital facilities on any terms and conditions set out in the medical staff bylaws, the general bylaws or any contract for services or employment.

Responsibility of medical staff

14 The medical staff of an approved hospital is responsible to the board
(a) for the quality of the professional services provided by the medical staff,

(b) for reviewing professional practices of the medical staff,

(c) for the improvement of the care of patients under the care of the medical staff, and

(d) for the clinical and scientific work of the medical staff.

Hospital services utilization committee

15(1) The general bylaws of a board shall provide for the establishment of a committee to be called the “hospital services utilization committee” and may prescribe the powers and duties of that committee.

(2) The hospital services utilization committee of an approved hospital, in addition to its powers and duties under the general bylaws of the board,

(a) shall conduct a review of a continuing nature of the utilization of all hospital services, and

(b) is entitled to require from the board and its employees any information the committee reasonably requires for the purposes of its duties and access to the relevant records of the board for those purposes.

(3) Repealed 2008 cH-4.3 s20.

Protection to hospital staff review committee

16(1) No action for defamation lies against any member of a hospital staff review committee in respect of

(a) advice given or statements, decisions or recommendations made in good faith to the board of an approved hospital by the committee, or

(b) anything done or omitted to be done by the member in good faith in the exercise of powers or performance of duties given to the committee by this Act, the regulations or the bylaws of the board or of the medical staff.

(2) In this section, “hospital staff review committee” means a committee appointed by the board of an approved hospital or by the medical staff.
(a) to evaluate and control clinical practice in the hospital on a continuing basis for the purpose of maintaining and improving the safety and quality of patient care, or

(b) to perform any functions in relation to the appraisal and control of the quality of patient care in the hospital.

RSA 1980 cH-11 s31;1996 c22 s1(19)

**Medical staff bylaws**

17(1) The board of an approved hospital

(a) shall require the preparation and adoption of bylaws by its medical staff governing the organization and conduct of the medical staff practising in the hospital and the procedures whereby the medical staff must make recommendations to the board concerning the appointment, re-appointment, termination or suspension of appointment of, and the delineation of hospital privileges of, members of the medical staff;

(b) may from time to time require the amendment or repeal of the bylaws of the medical staff.

(2) Bylaws under this section are ineffective until they have been approved by the board and the Minister.

(3) Where the board and the medical staff agree on the contents of bylaws under this section, the board shall send a true copy of the bylaws signed by the appropriate officers of the medical staff and of the board to the Minister for approval.

(4) Where the board and the medical staff cannot agree on the contents of bylaws under this section, the board shall refer the draft bylaws and the matters in dispute to the Minister, whose decision is final, and the medical staff shall adopt the bylaws and the board shall approve them in accordance with the Minister’s decision.

(5) The board and the medical staff may make independent written representations to the Minister on the matters in dispute.

(6) Bylaws under this section must provide for

(a) the adoption of rules governing the day to day management of medical affairs in the hospital and the amendment or replacement of those rules from time to time as the need arises, and must provide that the rules become effective only on their approval by the board;
RSA 2000
Section 18  Chapter H-12

HOSPITALS ACT

(b) a procedure for the review of decisions made by the medical staff or the board pertaining to or affecting the privileges of members of the medical staff;

(c) a procedure to ensure that all applications for appointment to the medical staff reach the board in the time prescribed in the bylaws, whether or not the appointment is recommended by the medical staff;

(d) a procedure to ensure that the board gives notice to an applicant for an appointment to the medical staff within a reasonable time of the decision of the board as to whether the application has been accepted;

(e) mechanisms to ensure that the board considers medical staff input respecting patient care and that medical staff have input into strategic planning, community needs assessment, facility use management and quality assurance activities of the board;

(f) mechanisms to promote ethical behaviour, evidence-based decision making and participation in continuing medical education by medical staff.

(7) The board and the medical staff shall comply with bylaws under this section.

RSA 1980 cH-11 s32;1996 c22 s1(20)

Hospital Privileges Appeal Board

18(1) There is hereby established the Hospital Privileges Appeal Board consisting of the following members appointed by the Minister, each for a term of not more than 3 years:

(a) 2 physicians;

(b) one member of The Law Society of Alberta or of the judiciary;

(c) one member of a board of an approved hospital;

(d) one member of the Alberta Association and College of Registered Nurses;

(e) 2 other persons.

(2) The Minister shall designate one of the members to be chair.

(3) The Minister may fill a vacancy on the Appeal Board by appointing a person as a member to fill the unexpired term of office of the former member, but no vacancy on the Appeal Board
impairs the right of the remaining members to act until the vacancy is filled.

(4) The members of the Appeal Board may be paid remuneration for their services and allowances for the expenses necessarily incurred by them in the performance of their duties at rates fixed by the Minister in accordance with any applicable regulations under the *Alberta Public Agencies Governance Act*.

RSA 2000 cH-12 s18;RSA 2000 cH-7 s147;2009 cA-31.5 s52

**Rules re hearings**

19(1) The Appeal Board may make rules not inconsistent with this Act governing the hearing of appeals.

(2) A majority of the members then holding office constitutes a quorum at a hearing of the Appeal Board.

(3) In the event of the absence or inability to act of the chair, the members present at a hearing of the Appeal Board may elect one of the members to be chair for the purposes of that hearing.

(4) A party to an appeal to the Appeal Board may be represented by counsel at the hearing of the appeal.

(5) The Appeal Board has, for the purposes of an appeal under section 21, the powers, privileges and immunities conferred on a commissioner under sections 3 and 4 of the *Public Inquiries Act*.

RSA 1980 cH-11 s34

**Deemed decision not to re-appoint**

20(1) For the purposes of an appeal under section 21, if a board does not re-appoint a member of its medical staff who has applied for re-appointment to the medical staff, it is deemed to have made a decision not to so re-appoint that member.

(2) For the purposes of subsection (1) and section 21, a regulated member of the Alberta Dental Association and College who has or who has had privileges in a hospital is deemed to be a member or former member of the medical staff.

RSA 2000 cH-12 s20;RSA 2000 cH-7 s145;2001 c21 s26;2005 c13 s5

**Appeal to Appeal Board**

21(1) A member or former member of the medical staff of an approved hospital who feels personally aggrieved by a decision of the board of the approved hospital

(a) not to re-appoint the member or former member as a member of the medical staff or to re-appoint the member or former member with different hospital privileges than those
that the member or former member had immediately prior to the re-appointment,

(b) terminating or suspending

(i) the member’s or former member’s appointment as a member of the medical staff, or

(ii) the member’s or former member’s hospital privileges,

or

(c) varying the member’s or former member’s hospital privileges,

may appeal the decision by giving written notice of appeal to the Appeal Board within 90 days after receiving notice of the board’s decision.

(2) The Appeal Board on hearing an appeal under this section may, by order, either

(a) confirm the decision of the board,

(b) direct that the former member be re-appointed to the medical staff or that the member’s hospital privileges on re-appointment be varied,

(c) direct the reinstatement of

(i) the former member’s appointment as a member of the medical staff, or

(ii) the member’s hospital privileges,

(d) remove or vary the suspension, or

(e) direct that the member’s hospital privileges be varied.

(3) A person whose appeal is heard by the Appeal Board, or the board, may appeal an order of the Appeal Board on a matter of law only by filing an application with the Court of Queen’s Bench within 30 days after being notified in writing of the order, and the Court may make any order that the Appeal Board may make under subsection (2) or may refer the matter back to the Appeal Board with any directions that the Court considers appropriate.
Model bylaws

22(1) After consultation with the Associations, the Minister may prescribe

(a) model general bylaws for the guidance of boards of approved hospitals, and

(b) model bylaws of the medical staff for the guidance of physicians practising in an approved hospital and for the guidance of the board of an approved hospital.

(2) In respect of model bylaws prescribed under subsection (1), the Minister may designate that the bylaws are applicable to all approved hospitals or to any type, grade or size-group of approved hospitals the Minister may specify.

(3) If model bylaws are prescribed pursuant to this section, the Minister may, by order, direct

(a) that bylaws of the same or like effect must be enacted by the board or must be prepared and adopted by the medical staff and approved by the board, as the case may be, in respect of all approved hospitals or in respect of the type, grade or size-group of approved hospitals to which the model bylaws have been designated as applicable, and

(b) that true copies of the bylaws and amendments shall be sent to the Minister within 6 months of the date of publication of the Minister’s order.

(4) The approval of a bylaw by the Minister may be withdrawn at any time by notice in writing to the board of the hospital and, on that withdrawal, the bylaw for which approval has been withdrawn ceases to have effect.

RSA 1980 cH-11 s37

Administrator

23 The board of each approved hospital shall appoint an administrator and shall appoint or shall cause to be appointed, as the bylaws or regulations may require, any other officers and employees required for the efficient operation of the hospital and shall prescribe their duties, remuneration and other terms of employment.

RSA 1980 cH-11 s38

Records of treatment

24(1) The board of each approved hospital shall cause to be kept by the attending physician or any other person providing diagnostic or treatment services to a patient a record of the diagnostic and
treatment services provided in respect of each patient in order to assist in providing a high standard of medical care.

(1.1) Except as permitted or required under this Act, a board or employee of a board, the Minister or a person authorized by the Minister or a physician may disclose health information obtained from hospital records or from persons having access to them only in accordance with the Health Information Act.

(2) For the purposes of assessing the standards of care furnished to patients, improving hospital or medical procedures, compiling medical statistics, conducting medical research, enforcing the Crown’s right of recovery under Part 5, or for any other purpose considered by the Minister to be in the public interest, the Minister, or a person authorized by the Minister, may require that all or any of the following be sent to the Minister or authorized person or a person designated by the Minister or authorized person:

(a) health information and other records of any patient;

(b) extracts from and copies of any health information or other records of any patient.

(c) repealed RSA 2000 cH-5 s117.

(3), (4) Repealed RSA 2000 cH-5 s117.

(5) The Minister or any person authorized by the Minister may, for the purpose of enforcing the Crown’s right of recovery under Part 5, disclose information obtained under subsection (2).

(6) A board or employee of a board, the Minister or a person authorized by the Minister, or a physician or a member of a professional staff may

(a) – (c) repealed RSA 2000 cH-5 s117,

(d) without the written consent of a patient, disclose health information relating to the patient to

(i) a Workers’ Compensation Board,

(ii) the Alberta Blue Cross Plan, or

(iii) any other provincial hospital insurance authority,

if the information is required in order to establish responsibility for payment by the organization or insurer, or to any other hospital to which the patient may be transferred.
or admitted or to other attending physicians or attending
professional staff.

(7) Repealed RSA 2000 cH-5 s117.

(8) The following applies with respect to disclosing records of
diagnostic and treatment services in respect of a patient:

(a) the Minister may, for the purposes mentioned in subsection
(2) and without the consent of any other person, disclose to
or obtain from

(i) the Director of Medical Services appointed under the
Occupational Health and Safety Act,

(ii) The Alberta Medical Association (C.M.A.-Alberta
Division),

(iii) the Department of Health (Canada) for purposes in
connection with the Canada Health Act (Canada), or

(iv) the government of a province or territory of Canada or
an agent of that government for purposes in connection
with any health services or hospital care insurance plan
administered by that government or its agent,

any records of diagnostic and treatment services provided in
respect of a patient in an approved hospital;

(b) repealed RSA 2000 cH-5 s117;

(c) the board of an approved hospital shall, after the discharge
of a patient from the hospital for the purpose of transferring
the patient to another hospital or nursing home inside or
outside Alberta, forward to that other hospital or nursing
home copies of the appropriate records of diagnostic and
treatment services provided in respect of that patient for the
use of the staff of that other hospital or nursing home;

(d), (e) repealed RSA 2000 cH-5 s117;

(f) the board of an approved hospital may disclose any records
of diagnostic and treatment services provided in respect of a
patient

(i) to a Public Guardian, if the diagnosis, record or
information is, in the opinion of the person making the
disclosure, relevant to the making of a guardianship
order, or
(ii) to the Public Trustee, if the diagnosis, record or information is, in the opinion of the person making the disclosure, relevant to the making of a trusteeship order under the Adult Guardianship and Trusteeship Act in respect of the person to whom the diagnosis, record or information relates;

(g) the board of an approved hospital may disclose any records of diagnostic and treatment services provided in respect of a patient to a board of review appointed pursuant to the Criminal Code (Canada) that is to review the case of the person to whom the records relate.

(9) The board of an approved hospital may, in accordance with subsections (10) and (11), disclose to an authorized person information respecting diagnostic and treatment services provided to or in respect of a patient.

(10) Information may be disclosed under subsection (9) only if it is needed for a preliminary investigation, a discipline proceeding or a practice review conducted pursuant to a professional Act.

(11) Information may be disclosed under subsection (9) only if

(a) an officer of an association regulated by a professional Act makes a written request for it and the patient or the patient’s legal representative consents to the disclosure, or

(b) the disclosure is made by a member of the board of the approved hospital in compliance with a notice, issued pursuant to a professional Act, to attend as a witness or produce documents.

(12) For the purposes of subsections (9), (10), (11) and this subsection,

(a) “authorized person” means a person or body that is authorized by a professional Act to conduct a preliminary investigation, a discipline proceeding or a practice review;

(b) “professional Act” means an Act that regulates a profession.

(13) Repealed RSA 2000 cH-5 s117.

(14) An Appeal Board is entitled, for the purpose of an appeal under section 21, to inspect and make copies of any health information or other records relating to a patient and may admit a copy of the health information or other records in evidence of the
appeal, but all proceedings related to the health information or other records must be held in private.

(15) to (17) Repealed RSA 2000 cH-5 s117.

(18) In this section,

(a) “health information” means health information as defined in the Health Information Act;

(a.1) “legal representative” means an executor or administrator of the estate of a deceased person, the guardian or trustee of a represented adult under the Adult Guardianship and Trusteeship Act, the agent designated in a personal directive made by a person in accordance with the Personal Directives Act or the guardian of a minor;

(b) “mentally competent” means able to understand the subject-matter in respect of which consent is requested and able to appreciate the consequences of giving or refusing consent.

RSA 2000 cH-12 s24;RSA 2000 cH-5 s117; 2008 cA-4.2 s133

Information to Minister

25(1) The board of an approved hospital shall on the written request of the Minister provide to the Minister at the times and in the manner specified in the request the records, reports and returns that are specified in the request.

(2) Subject to subsection (3), the council of a municipality that is included in a health region may, if the regional health authority appoints members to a board of management, require the board of management to send to the council a copy of the minutes of each of the meetings of the board of management.

(3) A board of management shall remove from any copy of minutes sent to a council under subsection (2) any portion of those minutes pertaining to personal matters affecting an individual employee of the board or any matter affecting the diagnosis or treatment of an individual patient, where the name of the employee or patient is revealed or is otherwise identifiable in the minutes.

RSA 1980 cH-11 s41;1996 c22 s1(23)

Inquiry re management

26 The Minister and employees of the Government authorized by the Minister for the purpose may make all necessary inquiries into the management and affairs of hospitals, may visit and inspect hospitals and may examine hospital records for the purpose of
verifying the accuracy of reports and ensuring that this Act and the regulations are adhered to.

RSA 1980 cH-11 s42

Investigation or mediation committee

27(1) When the Minister is requested to do so by the board of an approved hospital, the Minister may authorize

(a) an investigation into the administration or operation of the hospital or any particular matter or problem that has arisen in connection with the administration or operation of the hospital, or

(b) the mediation of any dispute that has arisen in the course of the administration or operation of the hospital.

(2) When the Minister authorizes an investigation or mediation proceedings pursuant to subsection (1), the Minister may designate any person or entity to conduct or participate in the investigation or mediation proceedings.

(3) Where the Minister designates one or more Associations to conduct or participate in an investigation or mediation proceedings, the governing body of each designated Association shall appoint one or more of the Association’s members to the committee that is to conduct the investigation or mediation proceedings and shall inform the Minister accordingly.

(4) The committee consisting of the person or persons appointed pursuant to this section

(a) shall elect one of their number as chair, if there are 2 or more members on the committee,

(b) shall conduct the investigation or mediation proceedings authorized by the Minister, and

(c) is entitled to require from the board and its employees all information the committee reasonably requires for the purpose of the investigation or mediation proceedings and is entitled to access to the relevant records of the board for that purpose.

(5) On the completion of the investigation or mediation proceedings, the committee shall prepare a report on it and submit a copy of the report to the board concerned, the Minister and the persons and entities designated pursuant to subsection (2).
(6) No action lies against any person or entity designated pursuant to subsection (2) or against any member of a committee constituted under this section in respect of

(a) any advice given or statements made in the committee’s report, or

(b) anything done or omitted to be done by the committee or any member of the committee in good faith in the course of conducting the investigation or mediation proceedings.

RSA 1980 cH-11 s43;1996 c22 s1(24)

Regulations

28(1) The Lieutenant Governor in Council may make regulations

(a) regarding the approval of the locations, design and construction of hospitals and the conditions under which approval will be granted;

(b) prescribing the standards of service to be provided by approved hospitals;

(c) prescribing the admission policies of approved hospitals and the types of patients that may be admitted;

(d) concerning the establishment and operation of schools, centres or other facilities for the education or training of nurses or other hospital staff;

(e) concerning the disposal of human tissues, whether removed during an operation, autopsy or otherwise;

(f) prescribing the powers and duties of boards concerning the appointment, re-appointment, suspension and termination of appointment and the delineation of hospital privileges of members of medical staffs;

(g) defining “professional staff” for the purposes of this Part;

(h) prohibiting a board or board of management from using any of its funds to pay a physician for providing insured services, as defined in the Alberta Health Care Insurance Act, without the prior approval of the Minister;

(i) prescribing procedures for the mediation of a decision of a board of an approved hospital to refuse the appointment of a physician to its medical staff;

(j) governing the use of out-patient hostels or hostel beds instead of in-patient beds in approved hospitals;
(k) governing the establishment of central placement offices for admission to an auxiliary hospital or a nursing home;

(l) concerning any other matters that in the opinion of the Lieutenant Governor in Council are necessary in order to carry out the purposes of this Act.

(2) The Minister may, by order,

(a) determine which hospitals offer a standard of service that qualifies them as approved hospitals and declare them to be approved hospitals, and

(b) direct, regulate and control any other matters that may be required by this Act or the regulations.

Committee of inquiry

29(1) The Minister may appoint a committee of inquiry to which or to any member or members of which a question respecting the conduct or management of an approved hospital may be referred for the purpose of making an inquiry into the affairs of the hospital and reporting on it to the Minister.

(2) The committee, or any member or members, to whom a question is referred have all the powers of a commissioner appointed under the Public Inquiries Act.

(3) The member or members of the committee shall receive any remuneration that may be fixed by the Minister.

Liability for hospital charges

30(1) When hospital, medical or other services are provided by a board to a person,

(a) if the person is a minor and is unmarried and is not an adult interdependent partner, that person and that person’s parents or guardians and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;

(b) if the person is an adult, that person and the spouse or adult interdependent partner, if any, of that person and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;

(c) if that person is a minor and married or in an adult interdependent relationship, that person and the spouse or
adult interdependent partner of that person and their respective executors and administrators are liable to the board of the hospital for the payment of all proper charges for any services so provided;

(d) if the person or any other person signs an agreement, admission form or other document assuming responsibility for the payment of charges as a result of which act the admission of the patient to the hospital is gained or hospital services are obtained, the person or persons who sign the document and their respective executors and administrators, notwithstanding the *Guarantees Acknowledgment Act*, are liable to the board of the hospital for the payment of all proper charges for any services so provided.

(2) Notwithstanding subsection (1), a spouse or adult interdependent partner is not liable to pay for hospital charges incurred by the other spouse or adult interdependent partner

(a) if the other spouse or adult interdependent partner has deserted the spouse or adult interdependent partner and has not contributed to the spouse’s or adult interdependent partner’s support for at least 6 months immediately preceding the hospitalization,

(b) if the spouses are legally separated from each other, or

(c) if the spouses or adult interdependent partners are living separate and apart and a spouse or an adult interdependent partner, as the case may be, has not contributed to the other spouse’s or adult interdependent partner’s support for at least 6 months immediately preceding the hospitalization.

(3) In this section, “proper charges” means the charges for services not provided as insured services under Part 3 or charges for the payment of which patients are liable pursuant to Part 3 or the regulations.

(4) The board of a hospital may recover from any person liable for the payment of it, in a court of competent civil jurisdiction as a debt, the amount of any charges for the payment of which a person is made liable by this section.

RSA 2000 cH-12 s31;2002 cA-4.5 s41

**Discharge or transfer of patients**

31(1) Subject to subsections (2) and (3), the Minister or the board or administrator of an approved hospital may
(a) declare that a patient is no longer in need of the services provided by that hospital or of the services provided in a particular ward, section or unit of that hospital, and is eligible for transfer or discharge;

(b) move the patient

   (i) to another type of accommodation or to another ward, section or unit of that hospital,

   (ii) to another approved hospital, or

   (iii) to a nursing home or other accommodation.

(2) The Minister may act under subsection (1) on the basis of reports of the attending physician or the attending professional staff and the hospital records.

(3) The board or administrator may act under subsection (1) only after the board or administrator has consulted with the attending physician or the attending professional staff or a committee established to consider matters referred to in subsection (1).

(4) Any patient who has been declared eligible for transfer or discharge as provided in this section and who refuses or fails to move or to leave when requested to do so is a trespasser.

(5) Any other person who remains on hospital premises without the consent of the board or of a representative of the board and who fails or refuses to leave the premises when ordered to do so is a trespasser.

RSA 1980 cH-11 s48;1996 c22 s1(28)

Removal of discharged patients

32(1) When a patient has been declared eligible for discharge under section 31(1), the board or a representative of the board may require that the removal of that patient be effected by

   (a) any person made liable for the payment of hospital services in respect of the patient pursuant to section 30, or

   (b) the Minister of Human Services in the case of a patient who is a tourist, transient or visitor in Alberta.

(2) The administrator may by registered mail notify the person responsible for the removal of a patient to remove the patient from the hospital within 10 days from the date of receipt of notification.
Section 33  HOSPITALS ACT  RSA 2000  Chapter H-12

(3) The administrator shall send a copy of any notice given pursuant to subsection (2) to the local welfare officer, the Department of Human Services and the Minister.

(4) A person referred to in subsection (1)(a) who fails to comply with a notice given pursuant to subsection (2) is guilty of an offence and liable to a fine of not more than $50 and in default of payment to imprisonment for a term not exceeding 10 days.

(5) Notwithstanding any other Act, a person referred to in subsection (1)(a) who fails to comply with a notice given pursuant to subsection (2) is liable to pay to the board of the hospital or to the Minister, the cost of caring for the patient from the date of the mailing of the notice; the cost to be calculated by multiplying the number of days during which the patient remained in the hospital subsequent to that date by the daily rate for non-eligible patients that is currently in effect under Part 3 or the regulations.

(6) In the event of a dispute arising between a person referred to in subsection (1)(a) and a board in respect of this section, the matter may be referred to the Minister by the person or the board, and the Minister’s decision on the matter is final.

RSA 2000 cH-12 s32;2013 c10 s19

Registration of births, stillbirths and deaths

33 The board of an approved hospital, in respect of each birth, stillbirth and death that occurs in the hospital, and where burial permits in respect of a stillbirth or death are issued by the hospital, shall ensure that the documents required under the Vital Statistics Act are completed and delivered to the Registrar of Vital Statistics in accordance with that Act.

RSA 2000 cH-12 s33;2007 cV-4.1 s85

Notice of board appointments

34 The board of each approved hospital shall forward to the Minister the names and postal addresses of

(a) in the case of the board of a non-regional hospital, the members of the board and its officers;

(b) the administrator of the hospital;

(c) any other officers or employees of the board that the Minister may from time to time require,

immediately on the election or appointment of those persons.

RSA 1980 cH-11 s51;1996 c22 s1(30)
Withholding of grants

35 If the board of an approved hospital fails to comply with this Act or the regulations, the Minister may suspend or adjust any grants or payments to which the hospital may be entitled under this Act until the board complies with this Act or the regulations.

RSA 1980 cH-11 s52

Part 3
Hospitalization Benefits Plan

Definitions

36 In this Part,

(a) “Agreement” means the Agreement, as amended from time to time, made on July 23, 1980, between the Minister of Health (Alberta), and the Minister of National Health and Welfare (Canada) pursuant to the Canada Act;

(b) “approved operating costs” means the portion of costs of operating hospitals met by the hospitalization plan;

(c) “authorized charges” means authorized charges as defined in the regulations;

(d) “beneficiary” means a person who receives insured services under this Part;

(e) “Canada Act” means the Hospital Insurance and Diagnostic Services Act (Canada), RSC 1970 cH-8;

(f) “capital costs” includes the annual amount of principal and interest on debentures or loans as approved;

(g) “group contract” means a contract of insurance whereby 2 or more persons other than members of the same family are insured severally under a single contract of insurance;

(h) “insured services” means the hospital services the operating costs of which will be provided for under this Part;

(i) “insurer” means an insurer licensed under the Insurance Act;

(j) “standard ward hospitalization” means the following services to in-patients:

(i) accommodation and meals at the standard or public ward level;

(ii) necessary nursing services;
(iii) laboratory, radiological and other diagnostic procedures, together with the necessary interpretation, for the purpose of maintaining health, preventing disease and assisting in the diagnosis and treatment of any injury, illness or disability;

(iv) drugs, biologicals and related preparations when administered in a hospital, as specified in the Agreement;

(v) use of operating room, case room and anaesthetic facilities, including necessary equipment and supplies, where available;

(vi) routine surgical supplies;

(vii) use of radiotherapy facilities, where available;

(viii) use of physical therapy facilities, where available;

(ix) services rendered by persons who receive remuneration for those services from the hospital.

RSA 1980 cH-11 s53;1983 c81 s5(16); 1984 cP-7.5 s84;1996 c22 s1(32)

Insured services

37(1) The insured services to be provided under this Part shall be those furnished

(a) by an approved hospital of the patient’s choice, and

(b) by any other institutions or persons that are prescribed in the regulations.

(2) The insured services to be provided under this Part shall include

(a) standard ward hospitalization in an approved hospital, and

(b) any other goods and services that are prescribed in the regulations.

RSA 1980 cH-11 s54;1985 c32 s4

Entitlement to insured services

38(1) Subject to the following exclusions, a resident of Alberta is entitled to receive insured services under this Part except when, in respect of those services,

(a) the resident is or could be entitled to hospital services from another province or territory that has entered into a
hospitalization plan with the Government of Canada under the Canada Act,

(b) the resident is entitled to receive hospital services pursuant to any workers’ compensation statute of any province or territory,

(c) the resident is entitled to receive hospital services under any statute of Canada or of any province or territory of Canada, as specified in the Agreement, or

(d) the resident is declared, pursuant to Part 2, to be not in need of hospital services.

(2) Notwithstanding subsection (1), a resident of Alberta is not entitled to receive insured services

(a) if the resident is registered under the *Health Insurance Premiums Act* but has filed a declaration under section 25 of that Act or is a dependant of that person and to whom the declaration extends and applies and the services are provided during a period in which the declaration is effective, or

(b) if the insured services are provided during a waiting period applicable to the resident and prescribed by the regulations.

(3) For the purposes of this section, the registration of a person under the *Health Insurance Premiums Act* shall be accepted as proof, in the absence of evidence to the contrary, that the resident is a resident of Alberta.

(4) Notwithstanding anything in this or any other Act, no person shall, in an emergency, be refused admission to an approved hospital or be refused the provision of any services by an approved hospital by reason only of the fact that the person is not entitled to receive insured services.

Recovery of cost of services

39 When hospital services are provided to a person who has filed a declaration under section 25 of the *Health Insurance Premiums Act*, or to a dependant of that person, during a period in which the declaration is effective, the board of the approved hospital is entitled to recover the cost of those services only from the person filing the declaration, and no part of those costs shall be shared by the Government of Alberta.
Payment for insured services
40 Nothing in this Part is to be construed to prevent a person who does not desire to receive insured services as provided pursuant to this Part from assuming the entire responsibility for the payment of the costs of the person’s hospital services.

RSA 1980 cH-11 s57

Operating costs
41 Approved hospital operating costs shall be shared between the patients and the Government of Alberta on a basis that is to be set out in the regulations.

RSA 1980 cH-11 s59

Debentures
42(1) When pursuant to any regulations, provision is made for the payment of sums for capital costs to the owners of approved hospitals, the Minister may in accordance with the regulations undertake to provide the sums required by making any payments or part of them of principal and interest on specified debentures or of any rentals or part of them or otherwise as may be required in the circumstances, either to the approved hospital or to its assignee or agent as agreed on by the hospital and the Minister.

(2) An undertaking by the Minister under this section may be endorsed on any debentures of the approved hospital to which the undertaking applies or on any instrument of lease or conveyance of the property of the approved hospital and the signature of the Minister and the endorsement may be engraved, lithographed or otherwise mechanically reproduced on it.

RSA 1980 cH-11 s61

Regulations
43 The Lieutenant Governor in Council may make regulations

(a) prescribing the basis on which the Minister may make contracts with hospitals, other than approved hospitals, for the provision of standard ward hospitalization or other services to be furnished to patients as insured services under this Part;

(b) prescribing the goods and services for the purpose of section 37(2)(b);

(c) prescribing the institutions and persons for the purpose of section 37(1)(b);

(d) respecting the amounts payable by the Government of Alberta in respect of goods and services provided to a
resident of Alberta outside Alberta that if provided in Alberta would be insured services;

(e) respecting a schedule of fees for goods and services provided to a person not entitled to receive insured services;

(f) respecting the disposition of fees that are authorized under clause (e) and are charged for goods and services provided to non-residents of Canada;

(g) prescribing the waiting period, not exceeding 3 months, for a person who is or becomes a resident of Alberta and during which that person is not entitled to be provided with insured services;

(h) prescribing the basis on which approved operating costs and capital costs of hospitals are determined;

(i) prescribing the rates and manner of payment by the Minister of the Minister’s share of the operating and capital costs of hospitals and the manner of accounting by hospitals for those payments;

(j) providing for the payment of sums for capital costs to the owners of approved hospitals in Alberta including the payment of sums required under approved lease-back arrangements;

(k) defining “authorized charges”;

(l) respecting the basis of sharing the operating costs of hospitals between the Minister, patients and other persons using hospital facilities, the assessment and collection of authorized charges and charges for accommodation and meals where hostel accommodation is provided, and exemptions from those charges;

(m) providing for the payment by the Minister of all or any part of the authorized charges on behalf of patients suffering from specific diseases or conditions;

(n) providing for the imposition of penalties in the way of suspension or cancellation of payments that may be imposed on an approved hospital that gives incorrect information to the Minister, or that withholds from the Minister information that the approved hospital is required by this Act or the regulations to supply;

(o) prohibiting or regulating changes in existing services or educational programs in approved hospitals or the
introduction of new services or educational programs in approved hospitals;

(p) prohibiting or regulating the sale, lease or other disposition of real and personal property by a board of an approved hospital, other than a regional health authority;

(q) concerning any other matter considered necessary to carry out the purposes and objects of this Part.

Group contracts

44(1) Subject to subsection (2), an insurer shall not make a new contract or add new members to a group contract under which a resident of Alberta is to be provided with or is to be reimbursed or indemnified for the cost of

(a) standard ward hospitalization, including authorized charges for it, or

(b) any other insured services, other than authorized charges for those other services.

(2) An insurer

(a) may continue to renew all contracts in existence on July 1, 1961 and

(b) may issue a contract of insurance in respect of the cost of insured services if

(i) the contract is issued to a person who has filed a declaration under section 25 of the Health Insurance Premiums Act,

(ii) the contract provides insurance coverage for that person and that person’s dependants as defined in the regulations under that Act,

(iii) the insurance coverage relates to insured services provided during a period for which the person’s declaration is effective, and

(iv) no coverage is provided in respect of the cost of authorized charges for standard ward hospitalization.

(3) A contract made in contravention of subsection (1) or that does not comply with subsection (2)(a) or (b) is void.
Agreements

45(1) The Minister has the authority on behalf of the Government of Alberta, and it is deemed that the Minister has always had the authority, to enter into an agreement under the Canada Act and to amend the agreement from time to time as the circumstances may require.

(2) The Minister may on behalf of the Government of Alberta enter into an agreement with the Government of Canada providing for the making of contributions by Canada to Alberta in respect of the costs incurred by Alberta in providing insured services to Indians residing in Indian reserves in Alberta.

RSA 1980 cH-11 s64

Penalty

46 A person who contravenes this Part or the regulations is guilty of an offence and liable to a fine of not more than $1000 and in default of payment to a term of imprisonment not exceeding one year.

RSA 1980 cH-11 s66;1996 c22 s1(37)

Use of word “hospital”

47 No owner or operator of an institution for the care of diseased, mentally disordered, injured or sick people shall describe the institution or permit it to be described as a hospital or use or permit the use of the word “hospital” in the name of the institution unless the institution

(a) is an approved hospital, or

(b) is owned or operated by the Crown or an agent of the Crown.

RSA 1980 cH-11 s67;1996 c22 s1(38)

Part 4
Hospital Foundations

Definitions

48 In this Part,

(a) “board” means a board as defined in section 9, but does not include

(i) repealed 2008 cH-4.3. s20,

(ii) a provincial health board under the Regional Health Authorities Act,

(iii) a regional health authority;
Establishment, status and composition

49(1) A board may by bylaw establish a hospital foundation.

(2) A bylaw establishing a foundation on or after March 29, 1985 has no effect until a certified copy of the bylaw is filed with the Minister.

(3) A foundation, on its establishment, is a corporation.

(4) A foundation consists of the following, who are the trustees of the foundation:

(a) the chair of the board,

(b) 2 other persons who are members of and are appointed trustees by the board, and

(c) 2 persons who

   (i) are residents of Alberta,

   (ii) are not members of the board, and

   (iii) are appointed trustees by the board.

(5) Appointments referred to in subsection (4)(b) and (c) shall be made for terms not exceeding 3 years.

Chair

50 The trustees shall appoint a chair of the foundation from among themselves.

Bylaws and frequency of meetings

51(1) The trustees may make bylaws governing the procedure and business of the foundation, including the expenses referred to in section 55(2).

(2) Notwithstanding subsection (1), the trustees shall meet at least once a year on a date that, unless fixed by the bylaws, is to be fixed by the chair of the trustees.

Objects

52 The objects of a foundation are
(a) to solicit and receive by gift, bequest, devise, transfer or otherwise, property of every nature and description,

(b) subject to any prior trust conditions imposed on the use of the property, to hold, use and administer the property generally for maintaining and enhancing hospital care for the people of the community served by the hospitals administered by the board, and, in particular, to finance or assist in the financing of the construction, equipping, operation, maintenance and management of those hospitals or facilities forming part of those hospitals, and

(c) to further health care education in that community.

Transfer of property to board

53 A foundation may, subject to any prior trust conditions, transfer any of its property to the board on any terms that it considers expedient.

Transfer of board property

54 Except as provided by regulation, a board may not transfer any of its property to a foundation.

Payments to trustees

55(1) The payment of any dividend or remuneration out of the funds of a foundation to any of the trustees is prohibited.

(2) A trustee may be reimbursed out of the funds of a foundation for the travelling and living expenses provided for in the bylaws that are necessarily incurred by the trustee in the performance of the trustee’s duties.

Fiscal year and annual report

56(1) The fiscal year of a foundation is April 1 to the following March 31.

(2) At the end of the fiscal year a foundation shall prepare and submit to the Minister an annual report that shall include the audited financial statements and any other statements and reports that the Minister may require.
Non-application of Loan and Trust Corporations Act

57 Notwithstanding anything in the Loan and Trust Corporations Act, a foundation shall not be considered to be a trust corporation for the purposes of that Act.

Prohibitions against establishing and operating hospital foundations

58(1) A board shall not establish a hospital foundation except in accordance with this Part.

(2) No person shall operate a hospital foundation established to benefit a general or auxiliary hospital, including any corporation established before March 29, 1985, to receive, hold, administer and apply any property or the income from it for purposes or objects in connection with a hospital, unless exempted by the Minister subject to any terms and conditions the Minister prescribes.

Winding-up

59(1) In the event of the winding-up of a foundation, the property of the foundation must be used

(a) first, in the payment of any costs incurred in the winding-up of the foundation,

(b) 2nd, in the discharge of all liabilities of the foundation, and

(c) 3rd, to give effect, as far as possible, to any outstanding applicable trust conditions,

and the balance, if any, shall be disposed of in accordance with the regulations.

(2) A regulation under subsection (1) must not be inconsistent with any trust condition under which the property is held.

Regulations

60 The Lieutenant Governor in Council may make regulations

(a) respecting the types and amounts of property that a board may transfer to a foundation and the circumstances under which that property may be transferred;

(b) subject to section 59, governing the winding-up of a foundation.
Edmonton and Rural Auxiliary Hospital and Nursing Home District No. 24

60.1 The Investment Assets consisting of the funds and securities that were contained in account numbers 43020 and 43021 held by T.A.L. Private Management Ltd. are deemed to have been at all times the property and assets of the Edmonton and Rural Auxiliary Hospital and Nursing Home District No. 24 and therefore they were included in the property and assets transferred in accordance with section 4(a) of Order in Council numbered O.C. 272/95 made under section 8 of the Hospitals Act (RSA 1980 cH-11) as it read on March 29, 1995.

2016 c23 s2

61 to 98 Repealed 2009 cC-35 s60.