

UNDERTAKING, ACKNOWLEDGEMENT, AND CONSENT
("Undertaking")

of

MS. RANI BEHARRY
("Ms. Beharry")

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")

A. PREAMBLE

- (1) I, **Ms. Beharry**, acknowledge that the College initiated an investigation into whether I am operating in contravention of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended (*RHPA*) and the *Medicine Act, 1991*, S.O. 1991, c. 30 (*Medicine Act*).
- (2) I, **Ms. Beharry**, acknowledge that I am not a member of the College or of any other regulated health profession under the *RHPA*.
- (3) I, **Ms. Beharry**, acknowledge that I have used and/or allowed the terms "physician," "doctor," a variation and/or an abbreviation to be used in describing me in the course of providing or offering to provide health care to individuals. The College has provided me with a copy of the relevant provisions of the *Medicine Act* and, in particular, sections 9 and 11 of the *Medicine Act*, as well as the *RHPA* and, in particular section 33 of the *RHPA*. The College has advised me that I am acting in contravention of the *Medicine Act* and the *RHPA* and has further advised me that violating certain provisions of the *Medicine Act* or the *RHPA* is an offence at law.
- (4) I, **Ms. Beharry**, acknowledge that the College may in its discretion post this Undertaking or information regarding this Undertaking on its public website, and may provide this Undertaking and/or any information relevant to the subject matter of this Undertaking to the director, manager, or any individual who appears to be in control of premises where I have provided or am providing health care services.

B. UNDERTAKING

- (5) I, **Ms. Beharry**, undertake to abide by the provisions of this Undertaking, effective immediately.


(6) **Restrictions**

- (a) I, **Ms. Beharry**, undertake that I will not meet with individuals in Ontario, either in person or via telemedicine, for the purposes of communicating a diagnosis identifying a disease or disorder as the cause of a person's symptoms.
- (b) I, **Ms. Beharry**, undertake that I will not perform any controlled act, unless I have been delegated the authority to perform these acts by someone who has the required authority to perform these acts.
- (c) I, **Ms. Beharry**, undertake that I will permanently refrain from using or allowing to be used the title "doctor" and/or "physician" and/or any variation or abbreviation thereof, including M.D., in the course of providing health care services to any individual, and further undertake not to hold myself out as a physician.

C. ACKNOWLEDGEMENT

- (7) I, **Ms. Beharry**, acknowledge that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (8) I, **Ms. Beharry**, acknowledge that a breach by me of any provision of this Undertaking may result in the College taking legal action against me, including commencing an application in court for injunctive relief.

Dated at Toronto, ONT, this 23rd day of July, 2019.



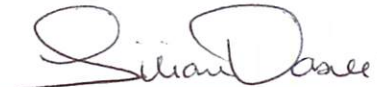
MS. RANI BEHARRY

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CONTACT INFORMATION



Liliana Jaske

Witness (Print Name)

Witness (Signature)