HEALTH DATA PROTECTION REGULATION

REGULATION NUMBER (7) OF 2013

Table of Contents

Part One
Preliminary and Key Provisions

1 Title

This Regulation is to be referred to as the DHCC Health Data Protection Regulation No. (7) of 2013 (the "Health Data Protection Regulation").

2 Issue of Regulation

This Health Data Protection Regulation is issued in accordance with the Law.

3 Repeal of Regulation

This Health Data Protection Regulation repeals and replaces the DHCC Data Protection Regulation No. (7) of 2008.

4 Hierarchy

(1) If there is any conflict between the provisions of this Health Data Protection Regulation and the Governing Regulation approved by the Chairperson, the provisions of the Governing Regulation shall prevail.

(2) In the event of any inconsistency between an earlier version of a Regulation and an amended version of the same Regulation, the most recently amended version of the Regulation shall prevail.

5 Commencement

This Health Data Protection Regulation comes into force on the date of its issuance by the Chairperson.

6 Background

(1) Health information is a core component of a functioning health system and evidence-based decision-making.

(2) Health information is produced from various data sources, which may be the responsibility of different Entities and Licensees. It shall be managed in an integrated way to maximize effectiveness and efficiency in the delivery of Healthcare Services.

(3) Internationally, different countries have implemented protections around the management of Patient Health Information, recognizing that the flow of Patient Health Information is vital to the delivery of an integrated health service.

7 Purpose

The purpose of this Health Data Protection Regulation is to promote and protect Patient Health Information and, in particular, to:

(1) establish certain principles with respect to the collection, use and disclosure by the DHCA and Licensees within DHCC, of Patient Health Information;

(2) establish certain principles with respect to access by each Patient to his Patient

Health Information held by the DHCA and Licensees;

(3) create a safe environment where health information systems are used to produce relevant and good quality information in support of the delivery of Healthcare Services;

(4) promote a flexible approach to the protection of Patient Health Information while avoiding the creation of unnecessary barriers to the flow of Patient Health Information to appropriate parties; and

(5) establish a complaints mechanism for the investigation of complaints regarding Patient Health Information.

8 Application of this Health Data Protection Regulation

(1) This Health Data Protection Regulation applies to all Licensees in their management of Patient Health Information regardless of where that information might be held.

(2) It is a requirement that Licensees comply with the Health Data Protection Regulation and Rules and Policies made under the Health Data Protection Regulation with regard to Patient Health Information.

(3) This Health Data Protection Regulation applies to the following types of Patient Health Information:

(a) information about the health of a Patient, including his medical history;

(b) information about any disabilities that Patient has, or has had;

(c) information about any Healthcare Services that are being provided, or have been provided, to that Patient;

(d) information provided by that Patient in connection with the donation, by that Patient, of any body part or any bodily substance of that Patient, or derived from the testing or examination of any body part, or any bodily substance of that Patient; or

(e) information about that Patient which is collected before, or in the course of, and incidental to, the provision of any Healthcare Service to that Patient.

9 Requirement to comply with Regulations

It is a requirement that any Licensee and/or Miscellaneous Permit Holder carrying on business within DHCC shall comply with, submit to and be bound by the relevant Regulations, the applicable Rules or Standards, and all applicable Policies.

10 Amendment of Regulation

The Chairperson may, from time to time, approve amendments to this Health Data Protection Regulation in accordance with the provisions of the Governing Regulation.

11 Health Data Protection Regulation to be read in conjunction with other Regulations

This Health Data Protection Regulation should be read in conjunction with the following Regulations and any amendments to such Regulations:

(1) Commercial Services Licensing Regulation;

(2) Company Regulation;

(3) Complementary and Alternative Medicine Professionals Regulation;

(4) Education Regulation;

(5) Governing Regulation;

(6) Healthcare Operators Regulation;

(7) Healthcare Professionals Regulation;

(8) Research Regulation; and

(9) Any other Regulations approved by the Chairperson under the Law.

12 Responsibility for administration of Regulations

The DHCC Board of Directors and the Executive Body of the DHCA are responsible for ensuring proper administration of this Healthcare Data Protection Regulation and any Rules, Standards and Policies made under this Health Data Protection Regulation.

13 Savings and Transitional Provisions

(1) This Health Data Protection Regulation shall not apply to any investigation, inquiry, review, appeal or other similar proceedings commenced before the date upon which this Health Data Protection Regulation comes into force and the repealed DHCC Data Protection Regulation No. (7) of 2008 shall continue to apply to that investigation, inquiry, review, appeal or proceedings as if this Health Data Protection Regulation has not been enacted.

(2) Where on the date upon which this Health Data Protection Regulation comes into force, any investigation, inquiry, review, appeal or other similar proceedings is in process, the relevant committee or panel carrying out that investigation, inquiry, review, appeal or proceedings shall continue to exist to complete the investigation, inquiry, review, appeal or other similar proceedings and may make such order, ruling or direction as it could have made under the powers of the repealed DHCC Data Protection Regulation No. (7) of 2008.

(3) A person who was appointed as a member of any Agency, committee or panel before the date upon which this present Health Data Protection Regulation comes into force and whose term has not expired by that date, shall continue to be a member of such Agency, committee or panel until the expiry of his term.

Part Two
Interpretation

14 Definitions

Capitalized terms not defined in this Health Data Protection Regulation shall have the meanings ascribed to them in the Governing Regulation. Words in the singular include the plural and words in the plural include the singular. Unless it is specifically stated otherwise in another Regulation or unless the context otherwise requires:

Academic and Research Council means the Academic and Research Council established by Part Five of the Governing Regulation**;**

Action includes failure to act;

Agency means each or any of the boards, councils, registries and similar Entities established under the Governing Regulation and includes the Central Governance Board, Appeals Board, Licensing Board, Planning Council, Quality Council, Academic and Research Council, Professionals Council, Registry of Companies and CPQ ;

Appeals Board means the Appeals Board as established by Part Six of the Governing Regulation;

Applicant means the applicant as defined in the specific Regulations that submits an Application;

Application means an application for a License, a Provisional Approval Letter, or a Miscellaneous Permit made under the specific Regulations;

Approved Education Operator means an Entity holding an Education Permit duly issued by the Registry of Companies in accordance with the Education Regulation and the applicable Rules, Standards and Policies;

Approved Non-Degree Granting Healthcare Program means a Non-Degree Granting Healthcare Program that has been approved by the Registry of Companies;

Approved Post-Graduate Healthcare Education Program means a Post-Graduate Healthcare Education Program that has been approved by the Registry of Companies;

Approved Post-Graduate Medical Education Program means a Post-Graduate Medical Education Program that has been approved by the Academic and Research Council;

Central Governance Board means the Central Governance Board established under Part Five of the Governing Regulation;

Chairperson means the Chairperson of the DHCA appointed under Article (8) of the Law;

Clinical Affairs Department means the department set up within CPQ to monitor and improve the quality of healthcare services within DHCC, and to oversee the accreditation processes of healthcare institutions within DHCC;

Clinical Operating Permit means the authorization issued by the Registry of Companies to a healthcare operator allowing it to conduct one or more Clinical Activities;

Collect means the obtaining of Patient Health Information directly from the Patient or from any other third parties; and **Collection and Collected** have corresponding meanings**;**

Commercial Services means services provided by a Licensed Commercial Company;

Commercial Services Licensing Regulation means the DHCC Commercial Services Licensing Regulation No. (9) of 2013, as in force from time to time;

Company Regulation means the DHCC Company Regulation No. (8) of 2013, as in force from time to time;

Complementary and Alternative Medicine Professionals Regulation means the DHCC Complementary and Alternative Medicine Professionals Regulation No. (3) of 2013, as in force from time to time;

Continuing Medical Education Program means a program of continuing education for Licensed Healthcare Professionals;

Continuing Healthcare Education Program, means a program of continuing education for Licensed Healthcare Professionals but does not include a Continuing Healthcare Education Program;

Correct, in relation to Patient Health Information, means to alter that information by way of correction, deletion, or addition; and correction has a corresponding meaning;

CPQ means the Center for Healthcare Planning and Quality established by Part Four of the Governing Regulation;

CPU means the Customer Protection Unit, a department set up within CPQ to manage and investigate complaints against Licensees as set out in Part Eight of the Governing Regulation and other applicable Regulations.

Data Protection Officer means the person appointed under section 40 to carry out the functions set out in section 40;

Degree Granting Healthcare Program means an Education Program that refers to the period of didactic and if appropriate clinical experience in a healthcare setting culminating in certification, certificate, diploma or degree;

DHCA means the Dubai Healthcare City Authority established under Article (4) of the Law, and comprises the Chairperson, the DHCC Board of Directors and the Executive Body;

DHCA Services means the services provided by the DHCA in carrying out the objectives and functions of the DHCA and include the services provided by the Agencies, and any Entity established by the DHCA for the purposes of providing such services;

DHCC means the Dubai Healthcare City established in the Emirate of Dubai under Resolution No. (9) of 2003;

DHCC Board of Directors means the board established under Article (10) of the Law;

Dubai Health Authority means the Dubai Health Authority established under Law No. (13) of 2007, issued by the Ruler of Dubai, establishing Dubai Health Authority;

Document and Documentation means information stored in any form of writing, code or visual depiction and the manner in which such information is stored is irrelevant for the purpose of deeming the information to constitute a "document" for the purpose of this definition. A "document" includes summons, notice, order or other legal process and registers, and for the purpose of this Regulation includes the reports from photographs, x-ray films, scans, recordings and other such imaging;

Education Permit means the authorization issued by the Registry of Companies to an Entity under the Education Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more Education Programs in the DHCC;

Education Program means a program to educate or train persons in one or more areas, including a:

(1) Post-Graduate Medical Education Program;

(2) Post-Graduate Healthcare Education Program;

(3) Continuing Medical Education Program;

(4) Continuing Healthcare Education Program;

(5) Degree Granting Healthcare Program;

(6) Non-Degree Granting Healthcare Program;

(7) High School Education Program; and

(8) Pre-School Education Program;

Education Regulation means the DHCC Education Regulation No. (5) of 2013, as in force from time to time;

Electronic Health Record means longitudinal, patient-centered, shared care records, to which all relevant parties contribute and have access electronically, for the purposes of enabling continuity of care throughout a network of Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Professionals, and Licensed Healthcare Operators;

Electronic Record means a record generated, communicated, received or stored by electronic, magnetic, optical or other means in an information system or for transmission from one information system to another;

Electronic Signature means any letters, characters, numbers or other symbols in digital form attached to or logically associated with an Electronic Record, and executed or adopted with the intention of authenticating or approving the Electronic Record;

Entity means an organization, institution or corporation other than a natural person;

Executive Body means the Executive Body of the DHCA established under Article (12) of the Law and is presently known as Dubai Healthcare City Regulatory Authority ("**DHCR**");

Executive Director means the Executive Director of the Executive Body of the DHCA, established under Article (12) of the Law;

Governing Regulation means the DHCC Governing Regulation No. (1) of 2013, as in force from time to time;

Healthcare Operators Regulation means the DHCC Healthcare Operators Regulation No. (4) of 2013, as in force from time to time;

Healthcare Professionals Regulation means the DHCC Healthcare Professionals Regulation No. (2) of 2013, as in force from time to time;

Healthcare Services means the healthcare and medical services provided by Licensed Healthcare Professionals, Licensed Complementary and Alternative Medicine Professionals and Licensed Healthcare Operators, and includes, but is not limited to, diagnosis, treatment, advice, service or goods provided in respect of the physical or mental health of a person;

High School Education Program means any high school education for children provided by qualified teachers and professionals, culminating in certification, certificate or diploma.

HIRAS or Healthcare Information Reporting and Analysis System means the health information system, which is a sub set of the Electronic Health Record, maintained and used by CPQ to collect patient information from Licensees for quality, licensing, medical educational, research and other purposes;

Interference with Patient Health Information has the meaning given to it in section 69;

Interference with Patient Identification Information has the meaning given to it in section 69;

Law means Dubai Healthcare City Law No. (9) of 2011, issued by the Ruler of Dubai, establishing Dubai Healthcare City Authority, and any amendments or variations to that Law;

License means a license issued by the Licensing Board with regard to healthcare professionals and Complementary and Alternative Medicine professionals or a license or permit issued by the Registry of Companies with regard to companies, including Clinical Operating Permits, Non-Clinical Operating Permits, Research Permits and Education Permits;

Licensed Commercial Company means a company registered under the Company Regulation and licensed under the Commercial Services Licensing Regulation to provide Commercial Services within DHCC;

Licensed Complementary and Alternative Medicine Professional means a natural person engaged in the provision of complementary and alternative Medicine holding a License duly issued by the Licensing Board in accordance with the Complementary and Alternative Medicine Professionals Regulation and the applicable Rules, Standards and Policies;

Licensed Healthcare Operator means a hospital, clinic, laboratory, pharmacy or other Entity providing Healthcare Services in DHCC, holding a Clinical Operating Permit duly issued by the Registry of Companies in accordance with the Healthcare Operators Regulation and the applicable Rules, Standards and Policies;

Licensed Healthcare Professional means a natural person engaged in a Healthcare Profession holding a License duly issued by the Licensing Board in accordance with the Healthcare Professionals Regulation and the applicable Rules, Standards and Policies;

Licensee means a Licensed Healthcare Professional, Licensed Complementary and Alternative Medicine Professional, a Licensed Healthcare Operator, an Approved Education Operator, an Approved Research Operator, a Licensed Commercial Company, or a Non-Clinical Operating Permit Holder;

Licensing Board means the Licensing Board as established by Part Six of the Governing Regulation;

Minimum Dataset Requirement Policy means the rules setting out the Minimum Required Data Submission Requirements;

Minimum Required Data Submission Requirements means the requirements approved by the Central Governance Board relating to minimum datasets required to be submitted for inclusion on HIRAS;

Non-Degree Granting Healthcare Program means an Education Program that refers to the period of didactic and if appropriate clinical experience in a healthcare setting which does not culminate in certification, certificate, diploma or degree, and includes a residency training program and a house-officer training program;

Non-Clinical Operating Permit means the authorization issued by the Registry of Companies to a Licensed Commercial Company allowing it to conduct one or more activities that are not Healthcare Services, research activities or education activities, and includes a public health permit;

Non-Clinical Operating Permit Holder means an Entity holding a Non-Clinical Operating Permit;

Patient means with respect to Patient Health Information, the Patient to whom such Patient Health Information relates;

Patient Data Request has the meaning given to it under section 45;

Patient Health Information means information about a patient, whether spoken, written, or in the form of an Electronic Record, that is created or received by any Licensee, that relates to the physical or mental health or condition of the patient, including the reports from any diagnostic procedures and information related to the payment for services;

Patient Identification Information means personal details relating to the patient, including his full name, age, address and other contact details;

Penalty means the penalty imposed on a Licensee and/or a Miscellaneous Permit Holder in accordance with the applicable Regulations;

Personal Identifier means an identifier that:

(1) is assigned to a Patient by a Licensee for the purposes of the operations of the Licensee and the Agencies; and

(2) uniquely identifies that Patient in relation to the Licensee and Agencies;

however, for the avoidance of doubt, does not include a Patient's name used to identify

that Patient;

Policy means a defined course of action determined by the DHCA and adopted in accordance with the provisions of the Governing Regulation, on the position, strategy or standing on a subject that shall be followed by those identified within the policy;

Post-Graduate Healthcare Education Program means the period of didactic and clinical training in a healthcare specialty that follows the completion of a recognized undergraduate healthcare education program and which prepares the Trainee for the independent practice of a healthcare specialty, but does not include a Post-Graduate Medical Education Program;

Post-Graduate Medical Education Program means the period of didactic and clinical training in a medical specialty that follows the completion of a recognized undergraduate medical education program and which prepares the Trainee for the independent practice of a medical specialty;

Pre-School Education Program means any non-compulsory pre-school education for children provided by qualified teachers and professionals with the primary objective of promoting structured educational experiences based on learning through play and social interaction;

Process means any operation or set of operations which is performed on Patient Health Information, whether or not by automatic means such as collection, recording, organization, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment, erasure or destruction; and Processed and Processing have corresponding meanings;

Provisional Approval Letter means the approval issued to an Entity by the Registry of Companies to enable that Entity to:

(1) commence the activities required to meet the requirements of the Commissioning; and

(2) obtain a License in accordance with the specific Regulations;

Provisional Approval Letter Holder means an Entity holding a Provisional Approval Letter;

Publicly Available Information means Patient Health Information that is contained in a Publicly Available Publication;

Publicly Available Publication means a magazine, book, newspaper, report or other document that is or shall be generally available to member of the public;

Records means all papers, records, recorded tapes, photographs, statistical tabulations or other documentary materials or data, regardless of physical form or characteristics, including in written or electronic form;

Registry of Companies means the Registry of Companies established by Part Seven of the Governing Regulation;

Regulation means any regulation approved by the Chairperson under the Law, including any amendments to any such regulation;

Representative, in relation to a Patient, means:

(a) where that Patient is dead, that Patient's executor or administrator;

(b) where the Patient is under the age of eighteen (18) years – that Patient's parent or guardian; or

(c) where the Patient, not being a Patient referred to in (i) or (ii), is unable to give his authorization, or exercise his rights, a person appearing to be lawfully acting on the Patient's behalf or in his interests;

Research Ethics Review Committee means the Research Ethics Review Committee**,** a committee established under Part Three of the Research Regulation;

Research Permit means the authorization issued by the Registry of Companies to an Entity under the Research Regulation and the applicable Rules, Standards and Policies allowing it to conduct one or more research activities in DHCC;

Research Regulation means the DHCC Research Regulation No. (6) of 2013, as in force from time to time;

Rules mean the rules approved by the Chairperson or DHCC Board of Directors as provided for under the Governing Regulation and any other Regulation, and include the rules as in force from time to time;

Standard means a specification that defines materials, methods, processes or practices and that is used to provide a basis for determining consistent and acceptable minimum levels of quality, performance, safety and reliability;

Trainee means a person who is participating in an Approved Post-Graduate Medical Education Program, an Approved Post-Graduate Healthcare Education Program or an Approved Non-Degree Granting Healthcare Program;

UAE means the United Arab Emirates.

15 Regulations include amendments

References in this Health Data Protection Regulation, or any other Regulations, to the Regulations are to be read as references to any of such Regulations as in force from time to time.

16 Headings

The headings used in this Health Data Protection Regulation are included for convenience of reference only and shall be ignored in the construction or interpretation of the Health Data Protection Regulation.

17 Time periods

References in Regulations to time periods are to be construed in accordance with the Gregorian calendar. Whenever Regulations reference a period of time, such period shall include every calendar day, except that:

(1) when the last day of the period falls on a Friday or a Saturday, the period shall end instead on the next Sunday; and

(2) subject to subsection (1), when the last day of the period falls on a UAE or

Dubai public holiday, the period shall end instead on the next day that is not a UAE or Dubai public holiday.

18 Gender

Pronouns indicating male gender are used to refer to persons of both genders.

19 Documents in languages other than English

A person who wishes to submit an original document, a photocopy or an electronic version of a document written in a language other than English shall also submit a notarized translation into English of such document prepared by a legal translation service acceptable to the officer, employee or agent providing the DHCA Services to whom the document is submitted.

20 Documents in writing

(1) Unless otherwise specifically stated, references in the Regulations to any requirement for a document or notice to be submitted to the Registry of Companies, the Licensing Board or any other Agency in writing shall be satisfied if such document or notice is submitted in the form of an Electronic Record.

(2) Unless otherwise specifically stated, references in the Regulations to any requirement for a signature on any document or notice to be submitted to the Registry of Companies, the Licensing Board, or any other Agency is to be construed as being satisfied by an Electronic Signature that may be proved in a manner satisfactory to the Registry of Companies.

21 Meaning of Person

Unless the context otherwise requires, any reference in the Regulations to a "person" includes a reference to a natural person, and to a body corporate, limited liability company, association or partnership and to the legal or personal representatives, legal successors and lawful assigns of any such person.

22 Reference to sections

Unless otherwise specifically stated, references in a Regulation to a section and subsection mean the section and subsection of that Regulation.

Part Three
General Provisions

23 Patient Health Information held by Licensees

For the purposes of this Health Data Protection Regulation, a Licensee holds Patient Health Information if the information is contained in a Document that is in the possession or under the control of the Licensee, whether alone or jointly with other persons or bodies, irrespective of where the document is situated, whether in or outside DHCC.

24 Patient Health Information held by employee, contractor or member

For the purposes of the Health Data Protection Regulation, Patient Health Information that is held by an employee, contractor or member of a Licensee in that person's capacity as such an employee, contractor or member, shall be deemed to be held by the Licensee of which that person is an officer, employee, contractor or member.

25 Patient Health Information held by agent or for safe custody or processing

For the purposes of this Regulation, the Patient Health Information shall be deemed to be held by the Licensee where a Licensee holds Patient Health Information:

(1) solely as the agent of another Licensee; or

(2) for the sole purpose of safe custody; or

(3) for the sole purpose of Processing the Patient Health Information on behalf of another Licensee; and

(4) does not use or disclose the Patient Health Information for its own purposes.

26 Disclosure of Patient Health Information to staff of a Licensee

For the purposes of this Regulation, an Action done by, or Patient Health Information disclosed to, a person employed by, or in the services of, a Licensee in the performance of the duties of the person's employment shall be treated as having been done by, or disclosed to, the Licensee.

Part Four
Health Data Protection Principles

27 Purpose of Collection of Patient Health Information

(1) Patient Health Information shall not be Collected by any Licensee unless the:

(a) Patient Health Information is Collected for a lawful purpose connected with a function or activity of the Licensee; and

(b) Collection of the Patient Health Information is necessary for that purpose.

(2) Where a Licensee is to attach a Personal Identifier to the Patient Health Information to enable the linking of Patient Health Information from different Agencies, the Licensee shall define the purpose of such linking of Patient Health Information.

28 Source of Patient Health Information

(1) Where a Licensee Collects Patient Health Information, the Licensee shall Collect the Patient Health Information directly from the Patient concerned.

(2) It is not necessary for a Licensee to comply with subsection (1) if the Licensee believes on reasonable grounds that:

(a) the Patient concerned authorizes Collection of the information from someone else having been made aware of the matters set out in section 29(1);

(b) the Patient is unable to give his authority, and the Licensee having made the Patient's Representative aware of the matters set out in section 29(1) Collects the Patient Health Information from the Representative or the Representative authorizes Collection from someone else;

(c) compliance would prejudice the:

(i) interests of the Patient; or

(ii) purposes of collection; or

(iii) safety of any individual;

(d) compliance is not reasonably practicable in the circumstances of the particular case;

(e) the Collection is for the purpose of assembling a family or genetic history of a Patient and is collected directly from that Patient and/or the Patient's Representative;

(f) the Patient Health Information is Publicly Available Information;

(g) the Patient Health Information:

(i) shall not be used in a form in which the Patient is identified;

(ii) shall be used for statistical purposes and shall not be published in a form that could reasonably be expected to identify the Patient; or

(iii) shall be used for research purposes (for which approval by an ethics committee, if required, has been given) and shall not be published in a form that could reasonably be expected to identify the Patient; or

(h) non-compliance is necessary:

(i) to avoid prejudice to the maintenance of the law including the prevention, detection, investigation, prosecution, and punishment of offences;

(ii) for the conduct of proceedings before any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation).

29 Collection of Patient Health Information

(1) Where an Licensee Collects Patient Health Information, the Licensee shall take such steps as are, in the circumstances, reasonable, to ensure that the Patient (and the Representative if collection is from the Representative) is aware of:

(a) the fact that the Patient Health Information is being collected;

(b) the purpose for which the Patient Health Information is being collected;

(c) the intended recipients of the Patient Health Information, including the provision of Patient Health Information for inclusion in any Electronic Health Record;

(d) the name and address of the Licensee that:

(i) is Collecting the Patient Health Information; and

(ii) shall hold the Patient Health Information;

(e) whether or not the supply of the Patient Health Information is voluntary or mandatory;

(f) the consequences (if any) for that Patient if all or any part of the requested Patient Health Information is not provided; and

(g) the rights of access to and Correction of, Patient Health Information provided by sections 32 and 33.

(2) The steps referred to in subsection (1) shall be taken before the Patient Health Information is Collected or, if that is not practicable, as soon as practicable after it is collected.

(3) A Licensee is not required to take the steps referred to in subsection (1) in relation to the Collection of Patient Health Information from a Patient, or the Patient's Representative, if that Licensee has taken those steps in relation to the Collection, from that Patient or the Patient's Representative, of the same Patient Health Information or Patient Health Information of the same kind for the same or a related purpose, on a recent previous occasion.

(4) It is not necessary for a Licensee to comply with subsection (1) if the Licensee believes on reasonable grounds that:

(a) compliance would prejudice the:

(i) interests of the Patient; or

(ii) purposes of Collection;

(b) compliance is not reasonably practicable in the circumstances of the particular case; or

(c) non-compliance is necessary to avoid prejudice to the maintenance of the law, including the prevention, detection, investigation, prosecution, and punishment of offences.

30 Manner of Collection of Patient Health Information

(1) Patient Health Information shall not be collected by a Licensee by:

(a) unlawful means; or

(b) means that, in the circumstances of the case:

(i) are unfair; or

(ii) intrude to an unreasonable extent upon the personal affairs of the Patient.

(2) The procedure and content for collection of such Patient Health Information shall be stipulated by CPQ from time to time.

31 Storage and security of Patient Health Information

(1) A Licensee is responsible for the security of its information systems and networks and should:

(a) act in a timely and co-operative manner to prevent, detect and respond to security incidents;

(b) review and assess the security of information systems and networks and make appropriate modifications to security policies, practices, measures and procedures on a regular basis; and

(c) periodically disclose security incidents to the CPU.

(2) A Licensee shall incorporate security as an essential element of information systems and networks.

(3) A Licensee that holds Patient Health Information shall ensure that:

(a) Patient Health Information is maintained in the custody of the Licensee in such a way that it can readily be retrieved and made available to a Patient and/or the Patient's Representative and/or the attending healthcare professional or complementary and alternative medicine professional at reasonable times and upon reasonable notice;

(b) Patient Health Information is stored in a manner to ensure accuracy and easy removal, and the sharing of relevant information for the provision of Healthcare Services to a Patient by Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals;

(c) Patient Health Information is protected, by such security safeguards as it is reasonable in the circumstances to take, against:

(i) loss, destruction, potential fire / water damage;

(ii) tampering, theft, unauthorized access, use, modification, or disclosure; and

(iii) other misuse;

(d) if it is necessary for the Patient Health Information to be given to a person in connection with the provision of a service to the Licensee, including any storing, Processing, or destruction of the Patient Health Information, everything reasonably within the power of the Licensee is done to prevent unauthorized use or unauthorized disclosure of the Patient Health Information; and

(e) where a document containing Patient Health Information is not to be kept or is no longer required to be retained, the document is disposed of in a secure manner that preserves the privacy of the Patient.

(4) When disclosing Patient Health Information in accordance with this Health Data Protection Regulation over a telephone, the Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professionals shall take safeguards to ensure that the information is not disclosed to any person other than the intended recipient.

(5) Patient Health Information may only be disclosed by facsimile in accordance with this Health Data Protection Regulation once the Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professionals has verified the identity of the intended recipient and confirmed the facsimile number as correct.

(6) Patient Health Information may only be disclosed electronically as stipulated by the Central Governance Board from time to time.

(7) This section applies to Patient Health Information obtained before or after the commencement of this Health Data Protection Regulation.

32 Access to Patient Health Information

(1) Where a Licensee holds Patient Health Information in such a way that it can readily be retrieved, the Patient and/or the Patient's Representative is entitled to:

(a) obtain from the Licensee confirmation of whether or not the Licensee holds such Patient Health Information; and

(b) have access to that Patient Health Information upon reasonable notice.

(2) Where, in accordance with subsection (1)(b), a Patient and/or the Patient's Representative is given access to his Patient Health Information, the Patient and/or the Patient's Representative shall be advised that, under section 33, the Patient and/or the Patient's Representative may request the Correction of that information.

(3) The application of this section is subject to:

(a) Part Six of this Health Data Protection Regulation which sets out procedural provisions relating to access to information;

(b) sections 36 and 37 which set out the limits on use and disclosure of Patient Health Information;

(c) section 59 which sets out reasons for withholding information.

(4) This section applies to Patient Health Information obtained before or after the commencement of this Regulation.

33 Correction of Patient Health Information

(1) Where a Licensee holds Patient Health Information, the Patient and/or the Patient's Representative concerned is entitled to request:

(a) Correction of the Patient Health Information; and

(b) that there be attached to the Patient Health Information a statement of the Correction sought but not made.

(2) A Licensee that holds Patient Health Information shall, if so requested or on its own initiative, take such steps (if any) to Correct the Patient Health Information as are, in the circumstances, reasonable to ensure that, having regard to the purposes for which the Patient Health Information may lawfully be used, it is accurate, up to date, complete, and not misleading.

(3) Where a Licensee that holds Patient Health Information is not willing to Correct the Patient Health Information in accordance with such a request, the Licensee shall, if

so requested, take such steps (if any) as are reasonable to identify the relevant portion(s) of the Patient Health Information in such a manner that the Patient Health Information shall always be read in conjunction with any statement provided by the Patient and/or the Patient's Representative of the correction sought.

(4) Where the Licensee has taken steps under subsections (2) or (3), the Licensee shall, if reasonably practicable, inform each person or body or Licensee to whom the Patient Health Information has been disclosed of those steps.

(5) Where a Licensee receives a request made under subsection (1), the Licensee shall inform the Patient and/or the Patient's Representative concerned of the Action taken as a result of the request.

(6) The application of this section is subject to the provisions of Part Six of this Health Data Protection Regulation.

(7) This section applies to Patient Health Information obtained before or after the commencement of this Health Data Protection Regulation.

34 Accuracy of Patient Health Information to be checked before use

(1) A Licensee that holds Patient Health Information shall not use that Patient Health Information without taking such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the Patient Health Information is proposed to be used, the information is accurate, up to date, complete, relevant, and not misleading.

(2) This section applies to Patient Health Information obtained before or after the commencement of this Health Data Protection Regulation.

35 Retention of Patient Health Information

(1) A Licensee shall retain Patient Health Information in a secure environment for the minimum periods specified below:

(a) medical and dental records of UAE national and expatriate patients: 10 years after the date of last entry into the record;

(b) medical and dental records of children: 10 years after the person has reached the age of 18 years old;

(c) medical and dental records of medico-legal cases: 20 years after the date of last entry into the record;

(d) medical and dental records of deceased patients: 10 years after the date of last entry into the record;

or for any longer periods of time as may be specified by the Central Governance Board or any other relevant Agency from time to time.

(2) Subsection (1) does not apply to the actual photographs, films, scans, recordings and other such imaging unless such photographs, films, scans, recordings and other such imaging are necessary for the purposes of medical treatment and/or the undertaking of any surgical procedures.

(3) Subject to subsection (1), a Licensee that holds Patient Health Information shall not keep that Patient Health Information for longer than is required for the purposes for which the Patient Health Information may lawfully be used.

(4) Subsection (1) does not prohibit any Licensee from keeping any document that contains Patient Health Information, where the retention of such a document is necessary or desirable for the purposes of providing Healthcare Services to the

Patient.

(5) This section applies to Patient Health Information obtained before or after the commencement of this Health Data Protection Regulation.

36 Limits on use of Patient Health Information

(1) A Licensee that holds Patient Health Information obtained in connection with one purpose shall not use the Patient Health Information for any other purpose unless the Licensee believes on reasonable grounds that the use of the Patient Health Information for that other purpose is:

(a) authorized by the:

(i) Patient; or

(ii) Patient's Representative where the Patient is unable to give his authority under this section;

(b) directly related to the purpose in connection with which the Patient Health Information was obtained;

(c) necessary to prevent or lessen a serious and imminent threat to:

(i) public health or public safety; or

(ii) the life or health of the Patient concerned or another individual;

(d) for statistical purposes and shall not be published in a form that could reasonably be expected to identify the Patient;

(e) for research purposes (for which approval by the Research Ethics Review Committee or another ethics committee, if required, has been given) and shall not be published in a form that could reasonably be expected to identify the Patient;

(f) to avoid prejudice to the maintenance of the law, including the prevention, detection, investigation, prosecution, and punishment of offences; or

(g) for the conduct of disciplinary proceedings commenced by the CPU, any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation), provided that the use of the Patient Health Information disclosed is limited to the purpose of disciplinary or court proceedings.

(2) This section does not apply to Patient Health Information:

(a) that is obtained before the commencement of this Health Data Protection Regulation; or

(b) if the source of such Patient Health Information is a Publicly Available Publication.

37 Limits on disclosure of Patient Health Information

(1) A Licensee that holds Patient Health Information shall not disclose the Patient Health Information unless the Licensee believes on reasonable grounds that the disclosure is:

(a) to the Patient, or the Patient's Representative where the Patient is dead or is unable to exercise his rights under this Regulation;

(b) authorized by the Patient, or the Patient's Representative where the Patient is dead or is unable to give his authority under this section;

(c) directly related to one of the purposes in connection with which the information was obtained;

(d) necessary to prevent or lessen a serious and imminent threat to:

(i) public health or public safety; or

(ii) the life or health of the Patient or another individual.

(e) to a Licensed Healthcare Professional or Licensed Complementary and Alternative Medicine Professional who is providing or is to provide, Healthcare Services to the Patient and includes disclosing Patient Health Information for the following purposes:

(i) provision of treatment in emergency situations;

(ii) Patient transfers;

(iii) discharge planning; and

(iv) ensuring the coordination of Healthcare Services to the Patient;

(f) limited to general Patient Health Information, concerning the presence and location of the Patient in a healthcare facility within DHCC on the day on which the Patient Health Information is disclosed, and the disclosure is to a person nominated by the Patient, or the Patient's Representative, spouse, principal caregiver, next of kin, close relative or other person whom it is reasonable in the circumstances to inform;

(g) limited to the fact of death and the disclosure is by a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional, or by a person authorized by a Licensee, to a person nominated by the Patient, or the Patient's Representative, spouse, principal caregiver, next of kin, close relative or other person whom it is reasonable in the circumstances to inform;

(h) by a Licensed Healthcare Professional to the Patient's Representative or to the principal caregiver or a near relative of the Patient concerned in accordance with recognized professional practice and the disclosure is not contrary to the express request of the Patient or the Patient's Representative;

(i) by a Licensed Healthcare Professional to DHCA for the purposes of taking the appropriate action in respect of a Patient who is or is likely to become dependent upon a controlled drug, prescription medicine or restricted medicine;

(j) for statistical purposes and shall not be published in a form that could reasonably be expected to identify the Patient;

(k) for research purposes (for which approval by the Research Ethics Review Committee or another ethics committee, if required, has been given), and shall not be published in a form which could reasonably be expected to identify the Patient;

(l) for the purposes of identifying whether a Patient is suitable to be involved in health education and so that Patients so identified may be able to be contacted to seek their consent to disclosure, and the disclosure is by a person authorized by the Licensee to an Approved Education Operator;

(m) for the purpose of a professionally recognized accreditation of a Healthcare Service and shall not be published in a form which could reasonably be expected to identify any Patient, nor disclosed to third parties except as required by law;

(n) for a professionally recognized external quality assurance programme and shall not be published in a form which could reasonably be expected to identify any Patient, nor disclosed to third parties except as required by law;

(o) for risk management assessment and the disclosure is solely to a person engaged by the Licensee for the purpose of assessing the Licensee's risk, and shall not be published in a form which could reasonably be expected to identify any Patient, nor disclosed to third parties except as required by law;

(p) to avoid prejudice to the maintenance of the law including the prevention, detection, investigation, prosecution and punishment of offences;

(q) for the conduct of disciplinary proceedings commenced by the CPU, any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation), provided that the use of the Patient Health Information disclosed is limited to the purpose of disciplinary or court proceedings; or

(r) otherwise required by law and/or the Dubai Health Authority.

(2) Disclosure under subsection (1) is permitted only to the extent necessary for the particular purpose.

(3) Where there is disclosure of Patient Health Information under subsection (1), the Licensee shall as soon as practicable:

(a) notify the Patient and/or the Patient's Representative of the disclosure of Patient Health Information; and

(b) if the disclosure relates to a claim by a Patient about a Licensee, notify CPQ of the disclosure of the Patient Health Information.

(4) This section applies to Patient Health Information about living or deceased persons, obtained before or after the commencement of this Health Data Protection Regulation, save that a Licensee is exempted from compliance with this section in respect of Patient Health Information about an identifiable deceased person who has been dead for more than 15 years.

(5) This section shall not apply to Patient Health Information if the source of the Patient Health Information is a Publicly Available Publication.

(6) For the avoidance of doubt, disclosure of Patient Health Information may be either verbal or written.

38 Disclosure of Patient Identification Information

A Licensee that holds Patient Identification Information obtained in connection with one purpose shall not use the Patient Identification Information for any other purpose unless the Licensee believes on reasonable grounds that the use of the Patient Identification Information is:

(1) authorized by the:

(a) Patient; or

(b) Patient's Representative where the Patient is unable to give his authority under this section;

(2) directly related to the purpose in connection with which the Patient Identification Information was obtained;

(3) necessary to prevent or lessen a serious and imminent threat to:

(a) public health or public safety; or

(b) the life or health of the Patient concerned or another individual;

(4) to avoid prejudice to the maintenance of the law, including the prevention, detection, investigation, prosecution, and punishment of offences;

(5) for the conduct of disciplinary proceedings commenced by the CPU, any court or tribunal (being proceedings that have been commenced or are reasonably in contemplation), provided that the use of the Patient Identification Information disclosed is limited to the purpose of disciplinary or court proceedings; or

(6) for the purpose of scheduled and ad hoc on-site assessments undertaken by the Clinical Affairs Department pursuant to section 109 of the Healthcare Operators Regulation.

39 Personal Identifiers

(1) A Licensee may assign a Personal Identifier to a Patient when the assignment of that identifier is necessary to enable the Licensee to carry out any one or more of its functions efficiently.

(2) CPQ may assign a Personal Identifier to a Licensed Healthcare Professional or a Licensed Complementary and Alternative Medicine Professional to enable CPQ to carry out any one or more of its functions efficiently.

(3) When assigning a Personal Identifier, the Licensee or CPQ shall take all reasonable steps to ensure that the Personal Identifier is assigned only to Patients, Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals whose identity has been clearly established.

(4) In accordance with subsection (1) and subsection (2), a Licensee, the Licensing Board, Appeals Board or CPQ shall ensure that the Patient, Licensed Healthcare Professional and a Licensed Complementary and Alternative Medicine Professional is made aware of the purposes of the assignment of the Personal Identifier and the intended subsequent use of the Personal Identifier.

(5) The Collection, storage, use and disclosure of a Personal Identifier assigned to a Patient and the Patient Health Information, attached to the Personal Identifier shall be in accordance with the provisions of this Health Data Protection Regulation.

40 Data Protection Officers

It shall be the responsibility of each Licensee to ensure that there are, within that Licensee, one or more individuals whose responsibilities include:

(1) the encouragement of compliance by the Licensee with this Health Data Protection Regulation;

(2) dealing with requests made to the Licensee under this Health Data Protection Regulation; and

(3) otherwise ensuring compliance by the Licensee with the provisions of this Health Data Protection Regulation.

41 Savings

An Action is not a breach of sections 27 to 39 if that Action is authorized or required under another Regulation.

Part Five
Compliance and Enforcement

42 Powers and functions of CPQ

(1) CPQ is responsible for the compliance and enforcement of this Health Data Protection Regulation and may delegate its powers and duties under this Health Data Protection Regulation to any appropriate committee(s) constituted by it or to appropriate person(s) appointed by it.

(2) The CPQ has such powers, duties and functions as conferred on it under the Governing Regulation and this Health Data Protection Regulation and shall exercise such powers and perform such functions in pursuit of the objectives of this Health Data Protection Regulation.

(3) Without limiting the generality of subsection (3), such powers, duties and functions of CPQ shall include, so far as is reasonably practicable, to:

(a) when requested to do so by a Licensee, conduct an audit of Patient Health Information maintained by that Licensee for the purpose of ascertaining whether or not the information is maintained according to this Health Data Protection Regulation;

(b) monitor the use of Personal Identifiers, and to report to the Executive Body from time to time on the results of that monitoring, including any recommendation relating to the need for, or desirability of taking regulatory, administrative, or other action to give protection, or better protection, to the Patient or the Licensee; and

(c) monitor compliance with this Health Data Protection Regulation.

(4) The CPQ may propose Rules, Standards and Policies in respect of any matter that facilitates the administration and application of this Health Data Protection Regulation or furthers the purposes of this Health Data Protection Regulation, including but not limited to:

(a) procedures for initiating and filing complaints; and

(b) the imposition of Penalties for any breach of this Health Data Protection Regulation as set out in a list to be published by the DHCA from time to time.

43 Production of information

(1) With regard to the Processing of Patient Health Information or a complaint about an Interference with Patient Health Information, CPQ may require a Licensee by written notice to:

(a) give specified information; or

(b) produce specified documents.

(2) The Licensee in respect of whom a requirement is made under subsection (1) shall comply with that requirement. Where the Licensee fails to comply with the requirement, the CPQ may impose a Penalty as set out in a list to be published by the DHCA from time to time.

44 Powers and functions of the Central Governance Board

The powers and functions of the Central Governance Board under this Health Data Protection Regulation shall include:

(1) promoting, by education and publicity, an understanding and acceptance of the Health Data Protection Regulation and its objects;

(2) examining and reporting to the Executive Body on any proposed Regulation that makes provision for the:

(a) Collection of Patient Health Information; or

(b) use and/or disclosure of Patient Health Information;

(3) undertaking educational programs on its own behalf or in cooperation with other persons or authorities acting on its behalf, for the purpose of promoting the protection of Patient Health Information;

(4) receiving and inviting representations from Patients and Licensees on any matter affecting Patient Health Information;

(5) providing advice (with or without a request) to the Executive Body or a Licensee on any matter relevant to the operation of this Health Data Protection Regulation and, in particular, to give protection or better protection to Patients with regard to their Patient Health Information;

(6) undertaking research into, and to monitor developments in, data processing and computer technology to ensure that any adverse effects of such developments for Patients are minimized, and to report to the Executive Body the results of such research and monitoring; and

(7) proposing Rules, Standards and Policies in respect of:

(a) any matters related to the application of this Health Data Protection Regulation;

(b) the development and publication of information to Licensees and their employees concerning the application and interpretation of this Health Data Protection Regulation; or

(c) any matters as proposed by CPQ under section 42(2)(4).

Part Six
Procedural provisions relating to making a request to access and correction of Patient Health Information

45 Patient Data Requests

This part of this Health Data Protection Regulation applies to the following requests, referred to as Patient Data Requests:

(1) A request under section 32(1)(a) to obtain confirmation of whether a Licensee holds Patient Health Information;

(2) A request under section 32(1)(b) to be given access to Patient Health Information; and

(3) A request made under section 33(1) for correction of Patient Health Information.

46 Persons or Entities who may make Patient Data Requests

(1) Any Patient who has received Healthcare Services within DHCC may make a Patient Data Request.

(2) A Representative may make a Patient Data Request on behalf of the Patient.

47 Form of request

A Patient Data Request shall be made in writing.

48 No charge for Patient Data Requests

(1) A Licensee shall not require the payment, by or on behalf of any Patient who wishes to make a Patient Data Request under section 32, of any charge in respect of the:

(a) provision of assistance; or

(b) making of the Patient Data Request to that Agency; or

(c) transfer of the Patient Data Request to any other Licensee; or

(d) Processing of the Patient Data Request, including deciding whether or not the Request is to be granted and, if so, in what manner.

(2) A Licensee shall not require the payment, by or on behalf of any Patient who wishes to make a Patient Data Request under section 32 or section 33, of a charge in respect of:

(a) the making available of information in compliance, in whole or in part, with the Patient Data Request;

(b) in the case of a Patient Data Request made under section 33, the:

(i) correction of any information in compliance, in whole or in part, with the Patient Data Request; or

(ii) attaching, to any information, of a statement of any Correction sought but not made.

49 Charges may be made for certain Patient Health Information

(1) Section 48 does not apply to:-

(a) the provision of the actual photographs, x-ray films, scans, recordings and other such imaging; and

(b) any Patient Data Request which relates to information that has already been provided pursuant to an earlier Patient Data Request.

(2) In the cases described in subsection (1) above, the Licensee may charge such fees as may be prescribed in a list to be published by the DHCA from time to time for making available such information.

50 Urgency

If a Patient or the Patient's Representative making a Patient Data Request asks that the request be treated as urgent, the Patient or the Patient's Representative shall give reasons why the Patient Data Request should be treated as urgent.

51 Assistance

It is the duty of every Licensee to give reasonable assistance to a Patient or the Patient's Representative, who has or intends to make a Patient Data Request, to:

(1) ensure the request is made in a manner that is in accordance with the requirements of this Health Data Protection Regulation; and

(2) to direct the request to the appropriate Licensee.

52 Transfer of requests

The Licensee to which the Patient Data Request is made shall promptly, and in any case not later than 10 working days after the day on which the request is received, transfer the request to the other Licensee and inform the Patient or the Patient's Representative making the request accordingly where:

(1) a Patient Data Request is made to a Licensee or is transferred to a Licensee in accordance with this section; and:

(2) The information to which the Patient Data Request relates:

(a) is not held by the Licensee but is believed by the person dealing with the request to be held by another Licensee; or

(b) is believed by the person dealing with the request to be more closely connected with the functions or activities of another Licensee.

53 Decisions on requests

(1) Subject to this Health Data Protection Regulation, the Licensee to which a Patient Data Request is made or transferred shall, as soon as reasonably practicable, and in any case not later than 20 working days after the day on which the request is received by that Licensee:

(a) decide whether the Patient Data Request is to be granted and, if it is to be granted, in what manner and, subject to sections 36 and 37, for what charge (if any); and

(b) give or post to the Patient and/or the Patient's Representative who made the Patient Data Request notice of the decision on the request.

(2) Where any charge is imposed, the Licensee may require the whole or part of the charge to be paid in advance.

54 Extension of time limits

(1) Where a Patient Data Request is made or transferred to a Licensee, the Licensee may extend the time limit set out in section 53 in respect of the request if the:

(a) Patient Data Request is for a large quantity of information or necessitates a search through a large quantity of information, and meeting the original time limit would unreasonably interfere with the operations of the Licensee; or

(b) consultations necessary to make a decision on the Patient Data Request are such that a proper response to the request cannot reasonably be made within the original time limit.

(2) Any extension under subsection (1) shall be for a reasonable period of time having regard to the circumstances.

(3) The extension shall be effected by giving or posting notice of the extension to the Patient and/or the Patient's Representative who made the Patient Data Request, within 20 working days after the day on which the request is received.

(4) The notice effecting the extension shall:

(a) specify the period of the extension;

(b) give the reasons for the extension; and

(c) contain such other information as is necessary.

55 Form for making information available

(1) Where the information in respect of which a Patient Data Request is made by any Patient is comprised in a document, that information may be made available in one or more of the following ways:

(a) by giving the Patient and/or the Patient's Representative a reasonable opportunity to inspect the document;

(b) by providing the Patient and/or the Patient's Representative with a copy of the document;

(c) in the case of a document that is an article or thing from which sounds or visual images are capable of being reproduced, by making arrangements for the Patient and/or the Patient's Representative to hear or view those sounds or visual images;

(d) in the case of a document by which words are recorded in a manner in which they are capable of being reproduced in the form of sound or in which words are contained in the form of shorthand writing or in codified form, by providing the Patient with a written transcript of the words recorded or contained in the document;

(e) by giving an excerpt or summary of the contents; or

(f) by furnishing oral information about its contents.

(2) Subject to section 56, the Licensee shall make the information available in the way preferred by the Patient and/or the Patient's Representative requesting it unless to

do so would:

(a) impair efficient administration; or

(b) be contrary to any legal duty of the Licensee in respect of the document; or

(c) prejudice the interests protected by section 58.

(3) Where the information is not provided in the way preferred by the Patient and/or the Patient's Representative requesting it, the Licensee shall give to that Patient and/or the Patient's Representative the reason for not providing the information in that way and any grounds in support of that reason.

56 Redaction of information from documents

(1) Where the information in respect of which a Patient Data Request is made is comprised in a document and there is good reason for withholding some of the information contained in that document, the other information in that document may be made available by making a copy of that document available with such redactions or alterations as are necessary.

(2) Where a copy of a document is made available under subsection (1), the Licensee shall give to the Patient and/or the Patient's Representative:

(a) the reason for withholding the information; and

(b) if the Patient and/or the Patient's Representative so requests, the grounds in support of that reason.

57 Reason for refusal to be given

Where a Patient Data Request made by a Patient and/or the Patient's Representative is refused, the Licensee shall give to the Patient:

(1) the reason for not providing the information in that way and any grounds in support of that reason; and

(2) information concerning the Patient's right to make a complaint to the CPU.

58 Precautions before releasing Patient Health Information

Where a Patient Data Request is made under section 32(1)(b), the Licensee shall:

(1) not give access to that information unless it is satisfied concerning the identity of the Patient or the Patient's Representative making the request; and

(2) ensure, by the adoption of appropriate procedures, that any information intended for a Patient is received:

(a) only by that Patient; or

(b) where the Patient Data Request is made by the Patient's Representative, only by that Patient or the Patient's Representative;

(3) ensure that where the request is made by the Patient's Representative, the Representative has the written authority of that Patient to obtain the Patient Health Information or is otherwise properly authorized to obtain the Patient Health Information.

Part Seven
Reasons for refusing access to Patient and/or the Patient's Representative in relation to Patient Health Information

59 Grounds for refusing access to Patient and/or the Patient's Representative in relation to Patient Health Information

(1) A Licensee may refuse to disclose Patient Health Information requested under section 32 if the disclosure of the information would be likely to:

(a) prejudice the maintenance of the law, including the prevention, detection, investigation, prosecution and punishment of offences, and the right to a fair trial;

(b) endanger the safety of the Patient or any other individual; or

(c) involve the unwarranted disclosure of the affairs of another individual or of a deceased individual.

(2) A Licensee may refuse to disclose Patient Health Information under section 32 if:

(a) in the case of a Patient under the age of 18, the:

(i) disclosure of the Patient Health Information would be contrary to that Patient's interests; or

(ii) request is made by the Representative and it would be contrary to the Patient's interests for the Representative to be provided with the Patient Health Information and the Licensee has reasonable grounds for believing that the Patient does not or would not wish for the information to be disclosed; or

(b) the disclosure of the Patient Health Information would constitute contempt of court.

(3) A Licensee may refuse a request made under section 32 if the Patient Health Information requested:

(a) does not exist or cannot be found; or

(b) is not held by the Licensee and the person dealing with the request has grounds for believing that the information is either:

(i) held by another Licensee; or

(ii) more closely connected with the functions or activities of another Licensee.

Part Eight
Electronic Health Record

60 Establishment of an Electronic Health Record

CPQ may establish an Electronic Health Record within DHCC in accordance with the provisions of this Health Data Protection Regulation.

61 Certain information from Electronic Health Record to be used for HIRAS

Where CPQ establishes an Electronic Health Record under section 60, information may be extracted from that Electronic Health Record and held in HIRAS for the purposes set out in section 63.

62 HIRAS compliance with this Regulation

HIRAS shall comply with the provisions of this Health Data Protection Regulation.

63 Purpose of HIRAS

HIRAS is an integrated electronic health network that shall be a central data repository and data warehouse for Patient Health Information. The information may be used for:

(1) statistical analysis and the provision of reports;

(2) analysis to improve the quality and safety of Healthcare Services provided to Patients;

(3) ensuring the continuum of care between providers of Healthcare Services within DHCC;

(4) analysis of utilization of Healthcare Services provided within DHCC;

(5) a mechanism for Patients to access their Patient Health Information;

(6) research purposes subject to the requirements of the Academic and Research Council; and

(7) education purposes subject to the requirements of the Academic and Research Council.

64 Requirement to provide information

(1) All Licensed Healthcare Operators shall be required to:

(a) develop information systems that integrate into the Electronic Health Record; and

(b) provide Patient Health Information to the Electronic Health Record on a regular basis as set out in the Minimum Dataset Requirements Policy and any other applicable Rule, Standard or Policy.

(2) Failure to comply with the requirement to provide Patient Health Information shall be subject to the provisions in Part Eleven of this Health Data Protection Regulation.

65 Source of the Patient Health Information

Licensed Healthcare Operators, on behalf of the Licensed Healthcare Professionals and Licensed Complementary and Alternative Medicine Professionals, shall provide the Patient Health Information by electronic transmission.

66 Patient awareness

Licensed Healthcare Operators are responsible for:

(1) ensuring that Patients are made aware of the Electronic Health Records; and

(2) complying with the requirements of this Health Data Protection Regulation with regard to Electronic Health Records.

Part Nine
Transfer of Patient Health Information

67 Transfer of Patient Health Information out of DHCC

Patient Health Information may only be transferred to a third party located in a jurisdiction outside DHCC if:

(1) an adequate level of protection for that Patient Health Information is ensured by the laws and regulations that are applicable to the third party; and

(2) the transfer is either:

(a) authorized by the Patient; or

(b) necessary for the ongoing provision of Healthcare Services to the Patient.

68 Meaning of adequate level of protection

A jurisdiction shall be considered to have an adequate level of protection if that jurisdiction is listed as an acceptable jurisdiction under the Dubai International Financial Center Data Protection Law No. 1 of 2007, or has the written approval of the Central Governance Board.

Part Ten
Interference with a Patient's Patient Health Information or Patient Identification Information

69 Interference with Patient Health Information or Patient Identification Information

(1) An Action is an Interference with a Patient Health Information or Patient Identification Information with regard to sections 27 to 31 and sections 34 to 38 , if:

(a) the Action breaches any of the abovementioned sections; and

(b) in the opinion of the CPU the Action has:

(i) caused loss, detriment, damage or injury to the Patient; or

(ii) adversely affected the rights, benefits, privileges, obligations or interests of the Patient; or

(iii) resulted in significant humiliation, significant loss of dignity, or significant injury to the feelings of that individual.

(2) An action is an Interference with a Patient's Patient Health Information if the Licensee:

(a) refuses to make information available in response to a Patient Data Request; or

(b) refuses to correct information in response to a Patient Data Request, and

(c) CPQ considers that there is no proper basis for such refusal.

Part Eleven
Complaints

70 Complaints

A Patient or the Patient's Representative may make a complaint to the CPU alleging that an Action is, or appears to be, an Interference with Patient Health Information.

71 Referral of complaint to the CPU

On receipt of the complaint, the CPU shall investigate the complaint in accordance with the provisions of the Governing Regulation and/or any other applicable Regulation.