

Cabinet Resolution No. (32) of 2020 on the Executive Regulations of Federal Law No. (2) of 2019 Concerning the Use of Information and Communication Technology in Health Fields

The Cabinet:

- Having taken cognizance of the Constitution;
- Federal Law No. (1) of 1972 Concerning the Mandates of Ministries, Powers of Ministers and its amendments;
- Federal Decree-Law No. 4 of 2016 on Medical Liability;
- Federal Law No. (2) of 2019 Concerning the Use of Information and Communication Technology in Health Fields;
- Federal Law No. (5) of 2013 on the Practice of Human Medicine Profession, and its amendments;
- Cabinet Resolution No. (40) of 2019 Concerning the Executive Regulations of Federal Decree-Law No. (4) of 2016 on Medical Liability;
- And in accordance with the presentations made by the Minister of Health, approval of the Cabinet;

Have decided as follows:

Article (1)

Definitions

The definitions contained in Federal Law No. (2) of 2019 referred hereto shall apply to this Resolution; with the exception thereof, the following words and expressions shall have the meanings indicated opposite each of them, unless the context requires otherwise:

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|---------------------------|---|---|
| Consent | : | It is the acceptance expressed by signing a paper or via electronic means. |
| Person's Identity Details | : | The data or information indicating the identity of a person, whether singly or in conjunction with other data or information. |

Joining the Central System

Article (2)

1. Health Authorities and Concerned Authorities shall join the Central System in accordance with the following:
 - a. Compliance with the Central System's rules of operation contained in Federal Law No. (2) of 2019 referred hereto and the resolutions issued in implementation thereof;
 - b. Adherence to its renewed deadline for joining the central database as per the Ministry's decision in coordination with such Authorities;
 - c. Incurring any costs associated with communication and connection with the Central System;

*In case of any misinterpretation, the Arabic version of this legislation prevails.

- d. Compliance with the rules governing the National Registry regarding digital health standards that are related to the standards, requirements and procedures required when dealing with the Central System, including the following:
 - (1) Personal health information required to be provided by Health Authorities and Concerned Authorities;
 - (2) Adherence to the mechanism of sharing personal health data and information with the approved Health Authorities and Concerned Authorities in order to protect and ensure its confidentiality;
 - (3) Mechanisms to protect the confidentiality of health data and information.
2. The Ministry shall audit the personal health data and information provided by the Concerned Authorities for the purpose of ensuring their validity, quality, and compliance with the national digital health data standards;
3. The Ministry, in coordination with other Health Authorities and Concerned Authorities, shall prescribe the mechanism and procedures for ensuring the quality of personal health data and information;
4. Any other conditions or procedures regarding joining the Central System shall be prescribed by virtue of a decision issued by the Minister after coordination with other Health and Concerned Authorities.

Article (3)

The Ministry, in cooperation with other Health and Concerned Authorities, shall form a joint committee in charge of coordinating the issues related to the implementation of the provisions of Article (2) hereof, and this committee may form sub-committees whenever it deems it necessary.

Article (4)

Persons Authorized to Access the Central System

1. Subject to the provisions of Federal Decree-Law No. (4) of 2016 and Cabinet Resolution No. (40) of 2019 referred hereto, the Health Authorities and Concerned Authorities shall determine the persons authorized to access the Central System, on the basis of necessity, and depending on the professional role to determine the level of access to Central System data, in addition to determining the person's role in providing care to patients;
2. The Health Authorities and Concerned Authorities shall comply with the standards of privacy and safety, and any other controls set by the Ministry in coordination with other Health Authorities, including periodic auditing procedures to remove or amend privileges or powers of the authorized persons in accordance with work requirements.

Article (5)

Controls for Permission to Use the Central System

No person may use the Central System unless he/ she is authorized to do so by virtue of a decision issued by the Health Authorities or Concerned Authorities, and in accordance with the following controls:

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1. The Health Authority shall grant the permit to the following:
 - a. People who work for it under an employment contract, and the nature of their work requires the use of the Central System;
 - b. Persons who work through service outsourcing companies upon contracts with such companies, experts and consultants who are hired on an occasional basis, or bodies and entities affiliated to the Health Authority, and in all cases it is required that the nature of their work or the task entrusted to them requires the use of the Central System;
2. The Concerned Authority shall be responsible for granting the permit to the persons working for it, provided that the nature of their work requires the use of the Central System, and the use must be within the limits of the actual necessity required by the work. Upon granting the permit, the Concerned Authority shall provide the health authority with a list of the authorized persons;
3. The Health Authority and the Concerned Authority, as the case may be, shall determine the persons authorized to access the Central System remotely;
4. The Health Authority and the Concerned Authority, as the case may be, shall take the necessary measures to ensure that the authorized persons will not be able to access the Central System after the end of their service therein;
5. Individuals may grant access to their personal health information to other persons of their own choice, provided that they are registered as users of the central database of the System, without prejudice to any other legislation issued in this regard;
6. Any person may request imposing a ban or restriction of access to his/ her personal health information, in accordance with the conditions and controls set by the Ministry in coordination with other Health Authorities.

Article (6)

Conditions and Controls for Using the Central System and Sharing Health Data and Information

The use of the Central System and share of health data and information are subject to the following conditions and controls:

1. Suppliers, entities and persons authorized to access any of the information and communication technology systems must agree to undertake that they will not disclose the health data and information that have been accessed through the use of the Central System;
2. It is prohibited to disclose patients' health information to any party without the consent of the patient or his/ her legal representative, unless disclosure of such information is permitted according to the legislation in force in the State;
3. In case of emergency, and if the patient's consent cannot be obtained, health care providers may inspect the patient's file for purposes of providing health care and they should explain the reasons for such inspection;
4. A patient's file shall not be left open unattended, and computers or any other electronic means should be closed when it is not used;
5. Any suspicious activities that may affect the confidentiality of data and information must be reported;

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6. Sending emails or using any other electronic means of communication that contains patient information is prohibited unless it is encrypted;
7. In the event that information is entered incorrectly or some information is not entered, the error must be modified or the required information shall be completed while saving the original entry for purposes of quality and auditing;
8. When amending any data, the reason for the amendment must be mentioned and the information that was modified and the date of modification must be saved along with the electronic signature of the person that made the modification;
9. Ensuring that modifications made to information and data are traceable once entered or certified;
10. Federal health data, information and statistics must not be published at the State level without obtaining the approval of the Ministry;
11. The patient's consent must be obtained in the event of publishing his / her identity data, and a list of the person's identity data must be determined by virtue of a decision issued by the Minister in coordination with the rest of Health Authorities;
12. The data, information and statistics to be published must comply with the standards set by the Ministry in coordination with other Health Authorities;
13. All necessary steps must be taken to protect patients' personal data and information from loss, misuse, unauthorized access, disclosure, modification, or destruction;
14. The user that is authorized to access the Central System must have his/ her own username and password;
15. The user name and password should not be disclosed to any other user or any other party.

Article (7)

Controls for Saving Health Data and Information by Means of Information and Communication Technology

Health data and information are saved by means of information and communication technology, according to the following controls:

1. The Central System must include all patients' files in the State, and the files must contain data and information that the Ministry determines in coordination with the rest of the Health Authorities;
2. The patient can choose withdrawing from the Central System, in which case the data and information can be kept anonymous;
3. Health data and information that has exceeded the preservation period may be archived for the purposes of research and public health, while preserving the patient's privacy;
4. A backup copy of health data and information must be taken in a safe manner, and this data and information must be recoverable, and backup copies must be reviewed and updated regularly and continuously;
5. The Ministry, in coordination with the Health Authorities, shall develop one or more plans to manage risks and ensure the continuity of the Central System's operation;
6. The Ministry, in coordination with the Health Authorities, and through specialized committees, sets the global standards applicable locally with regard to the confidentiality, quality and

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validity of health data and information in a manner that does not violate the legislation in force in the State;

7. The Ministry and the Health Authorities carry out periodic investigations to ensure the implementation of standards and procedures by the Concerned Authorities with regard to the validity, integrity, quality and confidentiality of data and information;
8. Health data and information are stored by means of information and communication technology, and in accordance with the controls for preserving medical records and archiving in force in every health facility, provided that they are compatible at a minimum with the controls set by the Ministry in coordination with other Health Authorities;
9. Periodic tests must be conducted to assess the effectiveness of the mechanism for retrieving health data and information, and to detect any defects in the work of the Central System and any improvements thereto.

Article (8)

The Minister, in coordination with the Health Authorities, issues the resolutions that are necessary for the implementation of the provisions of this Resolution.

Article (9)

Cancellations

All provision in violation or in contradiction with the provisions of this Resolution shall be abrogated.

Article (10)

Publication and Enforcement of this Resolution

This Resolution shall be published in the Official Gazette, and it shall come into force six months following the date of its publication.

Mohammed bin Rashid Al Maktoum

Prime Minister of the United Arab Emirates

Promulgated by us:

On Sha'ban 29, 1441 H

Corresponding to April 22, 2020 G