Standards for Health Information Assets Management During Healthcare Facility Closure

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Health Informatics and Smart Health Department

Dubai Health Authority (2025)

ACKNOWLEDGMENT

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Dubai Health Authority

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INTRODUCTION

Dubai Health Authority (DHA) is mandated by Local Law No. (14) Of 2021 on amending the local Law No. (6) of 2018 concerning the Dubai Health Authority , to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and Data subject/Patient safety and promote the growth and development of the health sector.

- Licensure and inspection of Healthcare facilities as well as Health professionals and ensuring compliance to best Facility.

- Governing of health information, e-health and promoting innovation.

- Managing Patient complaints and assuring Patient and physician rights are upheld.

The "Standards for Health Information Assets Management During Healthcare Facility Closure" aims to fulfil the following Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for Data subjects/Patients and their families.

- Make Dubai a lighthouse for health governance, integration and regulation.

- Leading global efforts to combat epidemics and infectious diseases and prepare for disasters.

- Become a global digital health hub.

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EXECUTIVE SUMMARY

The purpose of this document is to assure the Health Information Assets (HIA) are managed as per requirements of Dubai Health Authority (DHA) for health information record management; and the retention of records is preserved properly while maintaining the integrity, security, privacy and accessibility of Data subject/Patient data. The Standard has been developed to align with the evolving health information necessities and international best practices. This document should be read in conjunction with other Health Information Governance regulations released by DHA:

- [Policy for Health Information Assets Management](#)

- [Policy for Health Information Sharing](#)

- [Health Data Quality Policy](#)

- [Health Data Classification Policy](#)

- [Policy for Health Data Protection and Confidentiality](#)

- [Standards for Consent and Access Control](#)

- [Incident Management and Breach Notification Policy](#)

- [Standards for Psychotherapy Records Management](#)

- [Data Management and Quality Policy (Primary and Secondary Use)](#)

- [Artificial Intelligence Policy](#)

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DEFINITIONS

Closure of a Healthcare facility: refers to the process of permanently or temporarily ceasing the operations of a health facility, such as a hospital, clinic, or medical practice. This can occur for various reasons, including financial difficulties, regulatory actions, mergers, or strategic decisions. During a closure, the facility must address various logistical, legal, and ethical considerations, such as the management of Patient care, transfer of Health Information Assets (HIA), and ensuring continuity of services for Data subjects/Patients.

Closing Facility: Healthcare facility permanently or temporarily ceasing the operations.

Data subject: A person who is the subject of protected health information.

Destroy: Refers to the confidential and secure destruction of the health information assets with proof of destruction. These will be HIA reaching the end of their retention period as per the UAE laws and DHA regulations.

Electronic Medical Record (also known as Electronic Health Record): A digital version of Data subject/Patient's paper medical chart and personal information that contains a Patient's medical history, diagnoses, medications, treatment plans, immunization dates, allergies, radiology images, laboratory test results, etc. It conforms to nationally recognized interoperability standards and enables information to be used and shared over secure networks.

Facility: DHA licensed healthcare facility that performs medical examinations on Data subjects/Patients , diagnosing their diseases, treating or nursing them, admitting them for

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convalescence, or assuming any activity related to treatment or to rehabilitation after treatment, whether it is owned or managed by natural or juridical persons.

Health Information: Data and health information processed and made apparent and evident whether visible, audible or readable, and which are of a health nature whether related to health facilities, health or insurance facilities or beneficiaries of health services.

Health Information asset: Health assets within the healthcare facility including:

- Electronic copies of health information.

- Physical/printed copies of health information; including laboratory.

- Software / Applications.

- Devices and equipment used by the Facility for information processing and storing.

Health Information Assets Management: the end-to-end tracking and management of HIA to ensure that every asset is properly used, maintained, upgraded and disposed of at the end of its lifecycle. The key components of HIA management are:

- Information creation

- Information keeping and tracking

- Information maintenance (including tracking of record movements)

- Access and disclosure

- Transfer

- Appraisal

- Archiving

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- Disposal.

Health Information Assets Custodian: Healthcare facility that has accepted responsibility for maintaining HIA of closing Facility. Custodians implement and administer controls over the information according to instructions from regulators.

Litigation: the act, process, or practice of settling a dispute in a court of law.

Processing: Data processing covers the creating, entering, using, modifying, updating, deleting, storing, disclosing and disposing of data.

Retention Periods: Begin when the HIA ceases to be operational. This is usually at the point of discharge from care when the HIA is no longer required for current on-going business, or the Data subject or service user has deceased.

Temporary Closure of Facility: This service allows healthcare facilities to request temporary closure of the entire facility or of certain facility specialties (minimum of 1 day and maximum of 6 months).

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ABBREVIATIONS

DHA   :   Dubai Health Authority

EMR   :   Electronic Medical Record

HIA   :   Health Information Asset

HISHD   :   Health Informatics and Smart health Department

HRS   :   Health Regulation Sector

ICT   :   Information and Communications Technology

UAE   :   The United Arab Emirates

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1. BACKGROUND

Dubai Health Authority (DHA) is mandated by [Local Law (6) of 2018 Concerning Dubai Health Authority](#) and [Local Law No. (14) Of 2021 on amending the local Law No. (6) of 2018 concerning the Dubai Health Authority](#) to undertake several functions including, but not limited to Developing regulation, policy, standards, guidelines to improve and promote the growth and development of the health sector in the Emirate of Dubai.

The "Standards for Health Information Assets Management During Healthcare Facility Closure" Aims to meet the requirements for healthcare facilities in managing and retaining Health Information Assets (HIA) in accordance with UAE laws and DHA regulations, while positioning Dubai as a global medical destination through the implementation of a value-based, comprehensive, integrated, and high-quality service delivery system.

2. SCOPE

2.1. All Health Information Assets (HIA) being managed in healthcare facilities under jurisdiction of DHA.

3. PURPOSE

3.1. To establish a standardized process for managing HIA in healthcare facilities across the Emirate of Dubai.

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3.2. To establish a framework for the secure and compliant management of HIA during the closure or merger of a healthcare facility, ensuring that all HIA are appropriately preserved, transferred, or disposed of in accordance with the UAE legal and DHA regulatory requirements.

4. APPLICABILITY

4.1. All DHA licensed healthcare facilities.

5. STANDARD ONE: BROAD DEFINITION OF HEALTH INFORMATION ASSETS

5.1. Health Information Assets (HIA) as defined by UAE Information and Communications Technology (ICT) in Healthcare law [UAE Federal Lao no. (2) of 2019 on Information and Communication Technology in the Health Field ICT Health Law](link) include information/data in all its form, as well as the underlying application, technology, and physical infrastructure to support its processing, storing, communicating and sharing.

5.2. As per DHA [Policy for Health Information Assets Management](link), this includes but is not limited to:

5.2.1. Medical records (health and care records, registers – for example, birth, death, Accident and Emergency, theatre, minor operations, etc.).

5.2.2. Non-Medical information (e.g. Human resource, complaints records, corporate records / administrative records related to health service functions of the Facility etc.).

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5.2.3. Laboratory assets (paraffin blocks, slides, digital images etc.) and Patient test reports.

5.2.4. X-ray and imaging reports, output and images.

5.2.5. Identifiable and non-identifiable data.

5.2.6. Data Accessed for primary or secondary use (such as records that relate to uses beyond individual care; for example, records used for service management, planning, research, quality, etc.).

5.2.7. Microform (microfiche or microfilm)

5.2.8. Audio and video tapes, cassettes, CD-ROM etc.

5.2.9. Physical or digital forms of data/records.

5.2.10. Structured record systems (Paper and electronic)

5.2.11. Transmission of information (Fax, Email, post and telephone).

5.2.12. Metadata added to, or automatically created by, digital systems.

5.2.13. Warehouses or resources from which the Entities retrieve, store, and maintain data and information. This include, but are not limited to:

a. Application-specific databases

b. Diagnostic biomedical devices

c. Master Patient indexes

d. Patient medical records and health information.

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6. STANDARD TWO: COMPLIANCE WITH LEGAL AND REGULATORY REQUIREMENTS

6.1. All HIA should be retained as per the United Arab Emirates (UAE) laws [UAE Federal Lao no. (2) of 2019 on Information and Communication Technology in the Health Field ICT Health Law](#) and DHA regulations [Policy for Health Information Assets Management](#) .

6.2. The obligation to make HIA available to Data subjects/Patients and other health professionals continues even after closure/merging of a Facility.

6.3. Retention times for HIA outlined in [Policy for Health Information Assets Management](#) must be maintained regardless of changes in ownership, closure of the Facility, or changes in the information technology systems within the Facility.

6.4. An important part of every HIA management plan is to ensure that the records will be secure and accessible for future release of information requests. Possible future requests may be needed for Patient care, litigation, insurance audits, workers' compensation, validation of employment and other reasons.

6.5. The Closing Facility`s managements should involve financial and legal advisors to ensure all HIA management options are evaluated and decisions are made in the context of the closure plan.

6.6. The Closing Facility must work closely with the Facility's information technology department to conduct an inventory of the systems that manage HIA within the organization.

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6.7. All mandates mentioned in this standard must be fulfilled as a pre-requisites before finalizing the closure process at DHA-health licensing department.

7. STANDARD THREE: HEALTH INFORMATION ASSETS MANAGEMENT WHILE AMALGAMATE OR MERGE FACILITIES

7.1. When healthcare facilities amalgamate or merge due to the downsizing within the same healthcare organization or group, then transition of HIA upon closure must be managed within the same organization/Group.

7.2. When facilities amalgamate or merge with another health group, the integrity of HIA from both organizations/groups must be preserved, ensuring that HIA from both facilities remains accessible.

7.3. The data from both merging facilities must remain submitted into Nabidh as mandated and required by the DHA.

7.4. The DHA`s Health Information Department (HISHD) must be notified in advance about the facility merger via email: HISH@dha.gov.ae.

7.5. The organization`s or group`s medical director must submit a formal letter to HISHD confirming the full and secure transfer of HIA within one week of merger completion.

7.6. The Data subjects/Patients must be informed about this merging in advance and be given the option to undertake responsibility of their HIA.

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8. **STANDARD FOUR:** HEALTH INFORMATION ASSETS MANAGEMENT DURING CLOSING STANDALONE FACILITY

8.1. If the Closing Facility is a standalone healthcare facility, a Custodian Facility within the Emirate of Dubai, specializing in the same field, must be designated to take responsibility of the HIA.

8.2. A contract or agreement must be established between the standalone Closing Facility and the Custodian Facility, outlining all details regarding the transferred HIA and the procedures for its storage and management.

8.3. A copy of this contract/agreement must be submitted to HISHD (HISH@dha.gov.ae) while applying for Facility closure in Sharyan system.

8.4. The Closing Facility must digitize all applicable records and securely transfer all HIA to the Custodian Facility. If the condition of the original records prevents the production of a high-quality digitized image; then it must be transferred as it is.

8.5. A notice must be sent to Data subjects/Patients stating the Facility's intent to transfer their care, and the relevant HIA to a designated Custodian Facility; giving them the option of undertaking responsibility of their HIA.

8.6. The HISHD (HISH@dha.gov.ae) must be notified by the Closing Facility once all HIA has been transferred securely.

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9. **STANDARD FIVE:** HEALTH INFORMATION ASSETS MANAGEMENT DURING DEATH OF THE PHYSICIAN/HEALTHCARE PROVIDER

9.1.   If the deceased physician/healthcare provider was the owner of the standalone Facility, then As per [Cabinet Decision no.(29) of 2020 concerning Federal Decree no. (4) of 2015 concerning Private Health Facilities](#) the ownership is transferred to the legal heirs within six months from the date of death.

9.2.   In the event that the legal heirs choose to continue operating the health facility without changes, they are required to appoint a licensed physician or healthcare provider of the same specialty. This measure is necessary to ensure the uninterrupted provision and continuity of patient care, in accordance with applicable healthcare regulations.

9.3.   If the legal heirs decide to close the facility, the following steps must be carried out in accordance with the relevant regulations:

9.3.1.   The legal heirs in coordination with Electronic Medical Record (EMR) processor (e.g. EMR system vendor) are responsible to find a Custodian Facility for retaining/maintaining the HIA.

9.3.2.   The Custodian Facility must be located in the Emirate of Dubai and specialized in the same field as the Closing Facility.

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9.3.3. A contract or agreement must be established between the heirs of the Closing Facility and the Custodian Facility, detailing the transfer of HIA and specifying how it will be stored, managed, and secured.

9.3.4. A copy of this contract/agreement must be submitted to HISHD (HISH@dha.gov.ae) while applying for Facility closure in Sharyan system.

9.3.5. The Closing Facility is responsible for notifying the Data subject/Patients about the transfer, before relocating the HIA to the designated Custodian Facility; giving them the option of undertaking responsibility of their HIA.

9.3.6. The heirs are responsible to inform the HISHD (HISH@dha.gov.ae) once all HIA have been transferred securely to the Custodian facility.

9.4. If the deceased physician or healthcare provider was a member of the Facility (but not the owner) and the Facility is still operating:

9.4.1. All HIA related to the deceased physician/healthcare provider's patients must remain under the Facility's custody and be managed by another physician in the same specialty.

9.4.2. If the Facility lacks a physician in the same speciality as the deceased physician, then:

a. It must designate another Facility in the Emirate of Dubai with the same speciality to serve as the Custodian of the deceased physician`s patients HIA.

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b. All Related HIA must be transferred securely to the new Custodian Facility.

c. The former Facility must notify Data subjects/Patients before relocating the HIA to the designated Custodian Facility; giving them the option of undertaking responsibility of their HIA.

9.4.3. The HISHD (HISH@dha.gov.ae) must be notified by the Diseased Physician's Facility once all HIA has been transferred securely.

10. STANDARD SIX: HEALTH INFORMATION ASSETS MANAGEMENT DURING LEGAL LITIGATION/DISPUTE

10.1. If the closure process involves a legal litigation/dispute, then the Closing Facility is responsible for the followings during the dispute and until the dispute has been resolved or the ownership is transferred to another Facility:

10.1.1. Maintaining the confidentiality and security measures of the all HIA throughout the transition period.

10.1.2. Ensuring Data Subjects/Patients have access to their HIA upon request.

10.1.3. Notifying Data subjects/Patients via email or message on how to access their HIA.

10.1.4. Protecting the HIA against theft, loss, unauthorized destruction, or other unauthorized access.

10.2. At the conclusion of the litigation/dispute, if the Facility is sold to a new owner, the Closing Facility is responsible for notifying Data subjects/Patients about the transfer

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of their HIA to the new Facility which is responsible for records retrieval and availability.

10.3. If the Data subjects/Patients object to this transfer, they must be given the option to undertake responsibility of their HIA.

10.4. The HISHD (HISH@dha.gov.ae) must be notified by the Closing Facility once all HIA has been transferred.

11. STANDARD SEVEN: HEALTH INFORMATION ASSETS MANAGEMENT DURING TEMPORARY CLOSURE OF THE FACILITY

11.1. If a facility requests a temporary closure of its entire services or specific specialties for up to six months, the HIA must remain accessible to Data Subjects/Patients upon request.

11.2. A notification must be sent to all relevant Data Subjects/Patients informing them of the facility's or specialty's temporary closure and providing a direct contact (e.g., email) for those requesting access to their HIA.

11.3. The Health Licensing Department in the Health Regulation Sector of DHA will not issue a temporary closure permit if the facility fails to submit proof of the notification sent to Data subjects/Patients.

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12. STANDARD EIGHT: NOTIFICATION OF FACILITY CLOSURE AND HIA TRANSFER To DATA SUBJECTS/PATIENTS

12.1. The Closing Facility is responsible to inform all data Subjects/Patients (e.g. those seen within last 25 years) before transferring their HIA to the selected Custodian Facility.

12.2. This notice should be sent in writing at least 60 days before the closure of the Facility; with 90 days being the best practice.

12.3. The notice should explain that the Facility plans to transfer their care, and pass on the relevant HIA to another Custodian Facility in the Emirate of Dubai with same specialty.

12.4. The notice must contain details about referring physicians/health providers, and relevant stakeholders, to ensure the continuity of Patient care.

12.5. The notice must contain name, telephone number, and email address of the responsible person within the Closing Facility to contact if the patient prefers to obtain his/her HIA.

12.6. The notice should inform the Data subject/Patient that in case they do not consent for the transfer of their HIA; they have the option of taking responsibility of their HIA within 60 days of the notice being issued.

12.7. The notice must clarify the format of the records (e.g. hard copy or digitized).

12.8. The notice should be given in the local newspaper in addition to one of the below methods:

12.8.1. Individual letter to the last known Data subject/Patient Email address.

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Or

12.8.2. SMS (Short Message Service).

12.9. If Data Subjects/Patients express interest in undertaking responsibility of their HIA, the Closing Facility must document this and have both parties sign the agreement. These documents should be transferred to the Custodian Facility for future reference.

12.10. If the Data subjects/Patients did not show interest in undertaking responsibility the related HIA, then the Facility must transfer all HIA to the Custodian Facility that is responsible for records retrieval and availability.

13. STANDARD NINE: HEALTH INFORMATION ASSETS PRESERVATION AND TRANSFER

13.1. All HIA must be securely transferred to a designated location within the merging facility or the new Custodian Facility.

13.2. The transfer must be properly documented, with both parties (e.g., merging facilities or the Closing Facility and the Custodian Facility) retaining records of these transactions.

13.3. Both Closing and Custodian facilities must transfer HIA using secure methods (e.g., encrypted digital transfer).

13.4. The HIA transfer should be tracked and confirmed upon receipt.

13.5. In case the HIA has not been immediately transferred to the Custodian Facility, the Closing Facility must ensure safe storage, whether physical or electronic. All records

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should be stored in a manner that ensures Patient privacy, data integrity, and accessibility.

13.6. The HIA should be available to the Data subjects/Patients up on requests during the transferring process.

14. **STANDARD TEN:** ELECTRONIC MEDICAL RECORD (EMR) MANAGEMENT DURING MERGING/CLOSING A FACILITY

14.1. **Data Migration**: both Closing and Custodian/merging Facilities must ensure that all data is migrated to a secure platform or database that is compliant with DHA requirements detailed within EMR Transition Guideline . This may involve transferring HIA to:

14.1.1. A cloud-based system/EMR within the UAE

or

14.1.2. A third-party vendor for long-term storage within the UAE.

14.2. **Data Backup**: Prior to closure, a complete and verified backup of EMR must be performed to ensure no loss of data. Regular audits should be conducted to confirm the completeness and accuracy of the backup.

14.3. **Access Control**: Ensure only authorized personnel can access the records during the transfer and storage process.

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14.4. Healthcare facilities that use cloud-based system/EMR should carefully review vendor contracts to determine requirements for ongoing record hosting, maintenance, and disposition of records at contract termination.

15. **STANDARD ELEVEN:** DESTRUCTION OF RECORDS THAT REACHED THEIR LEGAL RETENTION TIME BY THE CLOSING FACILITY

15.1. When records are no longer required to be retained (e.g. their retention period has been reached); they must be destroyed by the Closing Facility in accordance with the instructions provided in [Policy for Health Information Assets Management](#) and in a manner that ensures complete confidentiality. Practices should select the approach that is appropriate for the type of data being destroyed.

15.2. Paper records should be shredded, incinerated, etc. — preferably by a company that provides such services. The method of destruction should ensure that the records are unreadable and unrecoverable. The provider should retain a log of all destroyed records.

15.3. Destruction of electronic records may involve overwriting of electronic media, magnetic degaussing, pulverizing, incinerating, cutting, etc.

15.4. Closing facility must securely wipe electronic data and media (e.g., hard drives, CDs, USB drives) at the end of their retention period to prevent unauthorized access.

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16. STANDARD TWELVE: SECURITY MEASURES FOR HEALTH INFORMATION ASSETS STORAGE OR TRANSFER

16.1. **Physical Security:** All HIA should be stored in a secure, access-controlled environment until they are transferred to the Custodian facility or destroyed (e.g. once their retention period has been reached).

16.2. **Cybersecurity**: for digital records, all systems must be protected against data breaches or cyberattacks during this transition period. Facilities must use strong encryption for digital storage and transfer, implement multi-factor authentication for system access, and regularly monitor systems for security vulnerabilities.

17. STANDARD THIRTEEN: CONTINUITY OF CARE OF DATA SUBJECT/PATIENT AND AVAILABILITY OF HIA DURING AND AFTER CLOSING THE FACILITY

17.1. The Closing Facility must ensure that Data subject/Patient care continuity is prioritized.

17.2. Closing Facility must ensure that the HIA is readily available upon request to the Data subjects/Patients.

17.3. The Closing Facility must transfer HIA to new health providers (e.g. merging/or Custodian Facility) as soon as possible to prevent any disruption in treatment.

17.4. The Closing Facility must clearly communicate to Data subjects/Patients where and how they can access their records post-closure.

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17.5. If a Data subjects/Patient chooses to transfer their care to a new provider, their records should be sent directly to the new provider's facility, ensuring a smooth continuity of care.

17.6. Data subjects/Patients retain the right to access, obtain copies of, or request the transfer of their HIA at any time as needed.

17.7. The request for HIA must be handled promptly by the Closing Facility and without undue delay (within 3-5 working days).

18. STANDARD FOURTEEN: STAFF TRAINING AND DOCUMENTATION

18.1. All staffs involved in the closure process should be trained on data protection, privacy and security protocols, as well as the specific procedures for managing HIA during the closure.

18.2. The Closing Facility must maintain comprehensive documentation of the entire process, including Patients notification letters, Patient requests, transfer details, and any destruction records. This documentation should be kept for audit purposes.

19. STANDARD FIFTEEN: AUDIT AND MONITORING

19.1. Clinical Audit and Control Department in Dubai Health Authority will:

19.1.1. Conduct regular audits during the closure process to ensure compliance with the established standards.

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19.1.2. Monitor the ongoing storage of records, even after facility closure, to ensure their safety and accessibility.

19.2. A failure to adhere to this standard is considered a violation that requires investigation. Disciplinary action/dismissal will be taken in accordance with the provision of the current UAE laws and DHA legislations.

19.3. Data subjects/Patients have rights to report misconduct of facilities during/after closure to Info@dha.gov.ae

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