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Dubai Health Insurance Data Governance and Records Management Policy Directive

Dubai Health Insurance Corporation (DHIC)

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ACKNOWLEDGMENT

The Dubai Health Insurance Corporation (DHIC), under the supervision of the Dubai Health Authority (DHA), acknowledges the valuable contributions of subject matter experts and professionals who provided technical expertise, regulatory insights, and practical guidance in the preparation of this Regulation. Their input ensured that the framework is comprehensive, enforceable, and aligned with Dubai's broader vision for a transparent and sustainable health insurance ecosystem.

The Authority further recognizes the commitment and diligence of all contributors in reviewing existing practices, benchmarking against international standards, and shaping provisions that strengthen beneficiary protection, enhance compliance, and promote service excellence across the health insurance sector in the Emirate of Dubai.

Dubai Health Insurance Corporation

Dubai Health Authority

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1 Legal Authority

This Regulation is issued pursuant to Federal Decree-Law No. 45 of 2021 on the Protection of Personal Data (PDPL), Federal Law No. 2 of 2019 on the Use of Information and Communication Technology (ICT) in Health Fields, Dubai Health Insurance Law No. (11) of 2013, Federal law No. (15) of 2020 – consumer protection law, Executive Council Resolution No. (7) of 2016, Board Resolution No. 9 of 2011, Administrative Resolution No. (78) of 2022, Executive Council Resolution No. 16 of 2013 – Health Insurance for Dubai Government Employees and Dubai Health Insurance Law, and relevant directives and circulars issued by the Dubai Health Authority (DHA) and the Dubai Health Insurance Corporation (DHIC).

2 Purpose

The purpose of this section is to establish clear regulatory obligations related to the governance, handling, processing, storage, confidentiality, and reporting of personal, financial, and health-related data within the health insurance ecosystem in the Emirate of Dubai.

The objective is to ensure that all regulated entities—Insurance Companies, claim management companies (TPAs), Insurance Brokers, and Health Service Providers—adhere to consistent, secure, and lawful data governance practices that safeguard Beneficiary rights, support regulatory oversight, and enable audit-readiness.

3 Scope of Application

This section applies to all entities licensed or authorized by the Dubai Health Authority (DHA) that process, manage, or report personal, financial, or health-related data under the Dubai Health Insurance System. It covers Insurance Companies, Claim Management Companies (TPAs), Brokers, Claim Management Companies (TPAs), Health Service Providers, outsourced vendors, consultants, and subcontractors handling health insurance data, and their liability engaged in activities such as data submission, record maintenance, claims processing, and regulatory reporting. All entities must comply with DHIC directives and UAE federal laws governing data protection, confidentiality, and operational transparency.

4 Regulatory Requirements

4.1 Compliance with DHIC Data Directives

All DHA licensed entities including Insurance Companies, claim management companies (TPAs), vendors, consultants, and others must submit insurance-related data in full alignment with the standards and protocols issued by the Dubai Health Insurance Corporation (DHIC).

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All stakeholders are responsible for ensuring operational adherence to DHIC data governance protocols across all internal departments and vendor relationships. Where deficiencies are identified, immediate corrective actions must be initiated and documented to meet the compliance thresholds established by the DHIC.

4.2 Lawful Basis for Processing Personal and Health Data

Entities must process personal and health data only under lawful bases. These include:

- Obtaining explicit consent from the data subject.
- Necessity for contract performance or pre-contractual procedures.
- Compliance with legal obligations.
- Protection of vital interests of the data subject.
- Tasks carried out in the public interest or exercise of official authority.
- Legitimate interests pursued by the controller or a third party, except where overridden by the interests or fundamental rights and freedoms of the data subject.

Additionally, health data must not be used for purposes other than the provision of health services without the prior consent of the patient.

4.3 Accuracy and Verifiability of Reported Data

Insurance Companies, Claim Management Companies (TPAs), Insurance Brokers and healthcare providers must ensure that all reported financial and operational data are accurate, transparent, and verifiable. This includes adherence to data integrity protocols during claims processing and compliance with applicable DHA/DHIC regulations.

4.4 Electronic Data Management and Retention

a) All Insurance Companies must utilize reliable and secure electronic data management systems capable of supporting real-time data processing, integrity validation, and audit tracking.

b) This obligation extends to all entities operating under delegated authority, including, Claim management companies (TPAs).

c) Data must be retained in active form for a minimum period of five (5) years before being transitioned to long-term archival, unless a longer retention period is required under DHA or federal law.

d) Data backups must be performed at a minimum of once every 24 hours, ensuring complete system replication and protection against data loss or corruption.

4.5 Record Maintenance and Retention

a) Insurance Sector Entities:

All entities must maintain complete, accurate, and clearly segregated financial and statistical records related exclusively to Health Insurance operations. These records shall

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be preserved for the retention period prescribed by the UAE ICT Health Law and relevant DHA policies.

At a minimum, the following categories of data must be preserved and safeguarded:

- Premium records
- Claims data
- Fees and charges
- Reinsurance allocations

b) Health Service Providers:

Providers shall retain medical records of Beneficiaries, whether electronic or paper-based, for no less than twenty-five (25) years from the date of the last medical procedure or the expiration of the last Health Insurance Policy, whichever is later, unless a longer duration is stipulated by law or regulation. Records must be retained in compliance with the the UAE ICT Health Law and relevant DHA policies.

4.6 Secure Data Disposal

All entities shall implement secure and verifiable methods for the destruction of both electronic and physical data.

a) Compliance Requirement

Entities must ensure that data destruction is carried out in accordance with DESC ISR v3.1, DHA policies, and internationally recognized standards.

b) Electronic Data

Acceptable methods for the destruction of electronic data include, but are not limited to:

- Degaussing of storage media
- Physical shredding or pulverization of storage devices

c) Physical Documents

Acceptable methods for the destruction of physical records include, but are not limited to:

- Cross-cut shredding
- Incineration under controlled conditions

d) Procedural Obligations

- Entities shall establish documented procedures outlining the secure destruction process.
- Destruction activities must be authorized, logged, and auditable.
- Records of destruction must be retained in line with the prescribed retention policies.

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4.7 Minimum Dataset and eClaim Standardization

Insurance Companies are mandated to maintain datasets in full conformity with the Dubai eClaimLink minimum dataset and associated XML schema definitions. Compliance shall include, but is not limited to:

- Claim Submission Files
- Remittance Advice
- Prior Authorization Requests
- Any additional technical elements or structured data formats prescribed by the DHIC

Updated schema files and documentation must be sourced directly from:

https://www.eclaimlink.ae/dhd_schemas.aspx

4.8 Data Confidentiality and Controlled Access

a) Role-based access control (RBAC):

- Access to electronic systems and data must be granted strictly on the principle of least privilege, using Role-based Access Controls (RBAC) that align each user's job responsibilities. Access rights must be documented, approved, regularly reviewed and promptly revoked upon role change or termination of employment.
- All access control logs, including login attempts, role assignment changes and access modifications must be retained for a minimum of five (5) years.

b) Permitted Access to Confidential Data:

All regulated entities must ensure the confidentiality of health and financial records. Access is strictly limited to:

- The Beneficiary or their legal representative.
- Judicial authorities under legal mandate.
- DHA, for enforcement and policy implementation purposes.

c) Use and Disclosure Restrictions

- Entities must use data solely for its intended regulatory or legal purpose and safeguard it against unauthorized access or misuse.
- Regulated entities are expressly prohibited from disclosing beneficiary information obtained from previous interactions with other entities.

d) Personnel Obligations and Audit Controls:

- Any person who obtains information by virtue of his job or profession related to a Beneficiary's health condition must maintain the confidentiality of such information and may not disclose it unless required to do so under this Law or pursuant to a court judgment.

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- All personnel, whether permanent, temporary, or contract-based, who obtain or access personal health information by virtue of their role, are legally obligated to maintain strict confidentiality. Disclosure of any such data is prohibited unless expressly permitted by law or mandated through a court order.

4.9 Data Subject Rights

Data subjects are entitled to the following rights:

- **Right to Access** entitles Beneficiaries to request confirmation as to whether their personal or health-related data is being processed. Upon legitimate request, entities are obligated to provide access to such data, including medical records or reports, in a timely and comprehensible manner. This access must be provided free of charge unless the request is manifestly unfounded or excessive.
- **Right to Rectification** enables Beneficiaries to request the correction of any inaccurate or incomplete personal data. Regulated entities are required to verify the claim, and if validated, must make the necessary corrections to all relevant systems without delay and without imposing any fee on the data subject.
- **Right to Erasure** allows beneficiaries to request the deletion of their personal data where it is no longer required for the original purpose, where consent has been withdrawn, or where processing is unlawful. However, this right is limited where data retention is mandated by law, particularly in the case of health records, which must be retained for no less than twenty-five (25) years under Federal ICT Law.
- **Right to Objection** permits Beneficiaries to challenge the processing of their personal data where it is based on legitimate interest, public interest, or conducted for direct marketing purposes. In response, the entity must cease processing unless it can demonstrate compelling legitimate grounds that override the rights and freedoms of the data subject.
- All regulated entities are required to maintain documented procedures for handling each of the above rights, ensure appropriate technical and organizational measures are in place, and demonstrate compliance upon request by the regulatory authority.

4.10 Data Localization and Cross-Border Transfers

Health data must be stored, processed, generated, and transferred within the UAE unless:

- No cross-border transfer of health-related or personal information shall be permitted unless a documented justification is prepared and approved in advance. This justification must clearly outline the legal basis, necessity, risk mitigation measures, and receiving jurisdiction's data protection adequacy. The documentation must be retained for audit purposes and submitted to the relevant regulatory authority upon request.
- Exemption is granted by DHIC in coordination with the Ministry of Health and Prevention.

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- Specific conditions are met, such as for scientific research, insurance verification, or treatment of overseas patients, with appropriate safeguards like anonymization and encryption.
- All permitted cross-border transfers shall be executed exclusively through secure, encrypted communication tunnels, and directed only to jurisdictions that have demonstrably adequate data protection laws, in line with DHA and federal standards.
- All documentation supporting the transfer, including encryption protocols used and adequacy assessments of the receiving jurisdiction, must be retained for audit purposes and submitted to the regulatory authority upon request.

4.11 Data Security Measures

Health data must be protected from unauthorized damage, amendment, alteration, deletion, or addition through the implementation of appropriate security measures in line with the DHA Policy for Data and Health Information Protection and Confidentiality, and other relevant DHA policies.

For the purpose of this Policy, *appropriate security measures* shall mean compliance with DESC ISRV3.1 and the application of its specific technical and organizational controls, including but not limited to:

- **Encryption** of health data both in transit and at rest
- **Multi-Factor Authentication (MFA)** for privileged and administrative access.
- **Regular vulnerability scanning** and timely remediation of identified risks.

4.12 Data Breach Notification

In the event of a personal data breach:

- **Notification Obligation:**
Entities must notify the DHIC immediately, via the email isahd@dha.gov.ae with the following data and documents:
 - A description of the nature of the breach or violation, its form, causes, approximate number and records
 - Potential and expected effects of the breach or violation
 - Corrective measures and actions taken or suggested to confront such violation and reduce its negative impacts.
- **Communication to Data Subjects:**
If a breach poses a significant risk to the rights and freedoms of affected individuals, entities must inform these data subjects immediately and without undue delay.

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- **Data Breach Response Plan:**
Entities must establish and maintain a comprehensive **Data Breach Response Plan**, formally approved by senior management.
- **Mandatory Breach Register:**
Entities must keep an up-to-date Breach Register documenting all incidents, available promptly for DHA inspection upon request.

4.13 Regulatory Data Submission

All regulated entities—including Insurance Companies, Claim Management Companies (TPAs), Brokers, and Health Service Providers—must submit to the DHA all data, statistics, reports, and documentation requested for regulatory purposes. Submission must be made:

- In the format and method determined by the DHA;
- Within the timeframe specified by the Authority;
- Including but not limited to claims data, utilization reports, coverage audits, and financial disclosures.
- Undergo internal validation—including thorough cross-checking and formal internal approval—before submission to ensure accuracy, completeness, and reliability.

4.14 Regulatory Cooperation and Audit Readiness

- a) Insurance Companies, Claim Management Companies (TPAs), Health Service Providers, and Insurance Brokers must provide full cooperation to DHA during audits, inspections, or investigations. This includes granting timely unrestricted access to systems, records, and data repositories necessary for compliance verification.
- b) Health Service Providers must provide all relevant documentation and data related to the Health Benefits delivered to Beneficiaries to DHA and applicable stakeholders within seven (7) days of service delivery.

5 Monitoring and Enforcement

5.1 Oversight Authority:

The Dubai Health Insurance Corporation (DHIC) reserves the right to conduct audits, inspections, investigations, and reviews to assess compliance with the provisions of this Regulation. These reviews may include, but are not limited to, examination of:

- Policy documentation and filings.
- Financial and pricing arrangements.
- Product structures and benefit schedules.

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- Claims practices and reimbursement methodologies.
- Operational procedures and data management systems.

5.2 Enforcement action:

Any regulated entity or individual found in violation of this Regulation may be subject to one or more of the following administrative enforcement actions:

- Financial penalties in accordance with the severity and nature of the violation.
- Suspension or restriction of the entity's permit or license to operate (not product registration, as enforcement applies to regulatory authorization).
- Temporary or permanent revocation of the operating permit.
- Public listing or reporting of non-compliant entities, where such disclosure is deemed necessary to promote transparency, deter misconduct, and protect beneficiaries.

5.3 Violations framework:

To support consistent and transparent enforcement, the table below outlines key regulatory violations under this Regulation, the responsible entity type, and indicative enforcement actions. All penalties and administrative measures shall be applied in accordance with the provisions of **Executive Council Resolution No. (7) of 2016 – Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013 and Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees**. Failure to comply with any other data governance standards not explicitly specified in this Regulation shall constitute a violation subject to appropriate regulatory action.

| Executive Council Resolution No. (7) of 2016 – Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013 | | |
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| SN | Violation | Penalty (AED) |
| 15 | Providing false financial data by an Insurance Company, a Claim Management Company (TPA), a Health Service Provider, or an Insurance Broker | AED 20,000.00 per incident |
| 31 | Failure by an Insurance Company or a Claim Management Company (TPA) to maintain, for the period determined by the DHA, the financial and statistical records and the | 20,000.00 |

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| | reports relating to the Health Benefits provided to Beneficiaries | |
| 32 | Failure by an Insurance Company to maintain, for the period determined by the DHA, Health Insurance financial records, or failure to separate such records from those related to its other activities | 30,000.00 |
| 33 | Failure by an Insurance Company, a Claim Management Company, or a Health Service Provider to protect the privacy and confidentiality of Beneficiary data. This applies to illegal disclosure of that data | AED 10,000.00 per incident |
| 42 | Failure by an Insurance Company, a Claim Management Company (TPA), a Health Service Provider, or an Insurance Broker to provide the DHA with any information, data, statistics, or documents that the DHA requests or deems necessary to access, within the period determined by the DHA | AED 1,000.00 per day of delay |
| 43 | Failure by an Insurance Company, a Claim Management Company (TPA), a Health Service Provider, or an Insurance Broker, to cooperate with the DHA competent employees or give them access to its data and records | 20,000.00 |
| 49 | Failure by a Health Service Provider to maintain the records and files of Beneficiaries in accordance with the rules, and for the periods, prescribed by the DHA | 10,000.00 |
| 50 | Failure by a Health Service Provider to provide a Beneficiary, upon his request, with a copy of medical reports extracted from his medical file, or with a copy of such file, without a reason acceptable to the DHA | AED 5,000.00 per incident |
| 51 | Negligence or manipulation, by a Health Service Provider, of the medical or financial records relating to the Health Benefits provided to Beneficiaries | AED 20,000.00 per incident |
| 54 | Failure by a Health Service Provider to provide the DHA, Insurance Company, and Claim Management Company (TPA) with all information, data, and documents relating to the Health Benefits it has provided to Beneficiaries, within seven (7) days from the date of provision of such benefits | AED 1,000.00 per day of delay |
| 56 | Failure by an Insurance Company, a Claim Management Company (TPA), an Insurance Broker, or a Health Service Provider, to comply with the rules, conditions, and procedures approved under the Law, or under the instructions, bylaws, and resolutions issued by the DHA | 10,000.00 |
| Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees (Schedule 1) | | |

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| 1 | Disclosure of financial data related to Health Insurance services | 100,000.00 |
| 2 | Failure to provide the DHA with required information or data or impeding the work of its inspectors | 50,000.00 |
| 3 | Manipulating the medical or financial records of the Insured or dealing with these records in a negligent manner | 30,000.00 |
| 8 | Presenting false invoices or manipulating Health Insurance claims | 100,000.00 |
| 12 | Failure to perform an obligation stipulated in this Resolution or the resolutions issued hereunder. | 20,000.00 |
| Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees (Schedule 2) | | |
| 3 | Inaccurate and incomplete documentation of claims and invoices | 100,000.00 |
| 4 | Failure to provide required information or providing unclear or inaccurate information to the Department of Finance, the DHA, or the DGHR | 100,000.00 |
| 6 | Failure to perform an obligation stipulated in this Resolution or the resolutions issued hereunder | 25,000.00 |

6 Effective date and legal applicability

This Regulation shall enter effect twenty (20) calendar days from the date of its official publication by the Dubai Health Insurance Corporation (DHIC). All regulated entities shall ensure full compliance with the provisions herein within this period. Non-compliance beyond the effective date shall constitute a regulatory violation subject to enforcement under **Executive Council Resolution No. (7) of 2016 – Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013 and Executive Council Resolution No. (16) of 2013 Concerning Health Insurance of Government of Dubai Employees.**

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7 References

The following legislative instruments, regulatory resolutions, policy directives, and technical standards were consulted in the drafting of this Regulation:

1. **Federal Decree-Law No. (45) of 2021** – *On the Protection of Personal Data (PDPL).*
2. **Federal Law No. (2) of 2019** – *On the Use of Information and Communication Technology (ICT) in Health Fields.*
3. **Executive Council Resolution No. (7) of 2016** – *Concerning the Implementation of Dubai Health Insurance Law No. (11) of 2013.*
4. **Executive Council Resolution No. (16) of 2013** – *Health Insurance for Dubai Government Employees.*
5. **Administrative Resolution No. (78) of 2022.**
6. **Dubai Health Authority – General Circulars and Directives**, including but not limited to:
 - SN 03-2015 - Standardised Claims Records
 - GC01-2023 - Health Insurance Data compliance by health insurance companies licensed by DHA
 - SN 01/2018 - Health insurance claims records
7. **Dubai Health Insurance Corporation (DHIC)** – *Data Governance Directives and eClaimLink Minimum Dataset Standards.*
8. **Central Bank of the UAE (CBUAE):**
 - *Consumer Protection Standards (2021).*
 - *Insurance Authority Board of Directors' Decision No. (3) of 2010 – Instructions for Licensing and Registration of Insurance Companies and Related Professions.*

12. International Standards and Best Practices:

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- ISO/IEC 27001:2013 – *Information Security Management Systems*.
- ISO/IEC 27701:2019 – *Privacy Information Management Systems*.
- ISO/IEC 27702:2020 (Privacy framework for organizations) and alignment with local regulations
- World Health Organization (WHO) guidance on *Health Data Governance and Patient Confidentiality*.

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