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# Standards for Telehealth Services

## Version (4)

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### Health Regulation Sector

#### Dubai Health Authority

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## INTRODUCTION

The Health Regulation Sector (HRS) plays a key role in regulating the health sector. HRS is mandated by the Dubai Health Authority (DHA) Law No. (6) of the year (2018) with its amendments pertaining to DHA, to undertake several functions including but not limited to:

- Developing regulation, policy, standards, guidelines to improve quality and patient safety and promote the growth and development of the health sector;
- Licensure and inspection of health facilities as well as healthcare professionals and ensuring compliance to best practice;
- Managing patient complaints and assuring patient and physician rights are upheld;
- Governing the use of narcotics, controlled and semi-controlled medications;
- Strengthening health tourism and assuring ongoing growth; and
- Assuring management of health informatics, e-health and promoting innovation.

The Standards for Telehealth Services aims to fulfill the following overarching Dubai Health Sector Strategy 2026:

- Pioneering Human-centered health system to promote trust, safety, quality and care for patients and their families.
- Make Dubai a lighthouse for healthcare governance, integration and regulation.
- Leading global efforts to combat epidemics and infectious diseases and prepare for disasters.
- Pioneering prevention efforts against non-communicable diseases.
- Become a global digital health hub.

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- Foster healthcare education, research and innovation.
  - Strengthening the economic contribution of the health sector, including health tourism to support Dubai economy.

## EXECUTIVE SUMMARY

The advancements in medical and communications technology has had a profound impact on the healthcare services globally. Telehealth offers the opportunity to improve the delivery and accessibility of healthcare services at low cost. It also provides the means for leveraging scarce resources and improving care and access for patients in remote areas. The appropriate application of telehealth technologies can enhance the provision of healthcare services by facilitating communication between physicians/nurses/allied health professionals and patients. Telehealth services include but are not limited to scheduling appointments, assessment, providing medical advice, treatment, therapy, laboratory testing, diagnostics, surgery, monitoring chronic conditions, counselling and prescribing and dispensing of medications. The DHA Standard was developed to improve the scope, effectiveness, efficiency, quality, and safety of Telehealth services in the Emirate of Dubai. Telehealth is divided into five key areas:

- Teleconsultation
- Telemonitoring (remote patient monitoring)
- Telerobotics and robot-assisted services
- Telepharmacy
- Telediagnosics (including tele-laboratory and teleradiology)
- Tele-ICU

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The key updates in Version 4 are as follows:

1. Updated definitions
2. Health Insurance Coverage and Eligibility Verification
3. Telehealth services shall be incorporated as a hybrid model in management of chronic diseases.
4. Requirements for travelling UAE citizens and residents
5. Requirements for telehealth in medical tourism
6. Scope of medical tourism (appendix 3)
7. Updated accreditation requirements
8. Consent for the use of Ambient AI tools
9. Facilities providing telehealth services shall adhere to the detailed requirements provided in the DHA Guidelines for Electronic Medical Record in Health Facilities.
10. Facilities may include asynchronous “chat based consultation” option
11. Virtual second-opinion models.
12. Emergency management protocols in telemonitoring
13. Tlediagnosics requirements

## DEFINITIONS

**Ambient AI (in healthcare)** refers to the use of unobtrusive, context-aware artificial intelligence that operates in the background during virtual care interactions to enhance clinical quality, streamline documentation, and improve patient and provider experience. Ambient AI tools can be used for analysing and responding to data in real time to enhance user experiences without direct interaction.

**Asynchronous (Store-and-Forward):** is a form of telehealth where patient information (e.g., images, messages, reports) is collected and sent to a provider for review at a later time, enabling flexible, non-real-time communication.

**Clinical Assessment:** Is the assessment of the patient's physical and mental condition for a diagnosis, treatment or prognosis.

**Consent:** Consent is a declaration of a person's willingness and choice to undergo a consultation, procedure, treatment, investigation, or other intervention such as remote monitoring. It is an ethical and legal instrument that affirms the patient's right to control their health care and the physician's duty to involve the patient in care decisions. Consent must be given voluntarily by a competent patient after the physician has disclosed all necessary information for informed decision-making. For incompetent or underage patients, consent must be obtained from a legal guardian up to the fourth degree, as per UAE Law. Consent may be obtained through **electronic consent**, which involves the use of secure electronic systems and processes—such as text, audio, digital platforms, interactive voice recognition, or biometric methods like fingerprint recognition—to document and validate the patient's consent.

**Electronic Communication:** Any transfer of signs, signals, writing, images, sounds, data, or information transmitted in whole or in part by a wire, wireless, radio, electromagnetic, photo electronic or photo optical system with others, either individually or in groups.

**Electronic Health Record:** Any electronic file, document, data or health information related to the patient, containing retrospective, concurrent and scheduled information which is digitally captured and stored for provision of effective, safe and high-quality healthcare services.

**E-referral** is the electronic process of directing a patient to an appropriate healthcare professional or facility for expert advice or treatment. This process typically requires prior agreements and approved referral procedures between the referring and receiving facilities, outlining obligations such as the exchange of patient information and referral criteria for clinical assessment and treatment.

**Health Information:** Health data 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.

**Information and Communication Technology:** Is an extensional term for information technology (IT) that stresses the role of unified communications and the integration of telecommunications (telephone lines and wireless signals) and computers, as well as necessary enterprise software, middleware, storage, and audio-visual systems, that enable users to access, store, transmit, and manipulate information.

**Medical Director:** A DHA licensed physician or dentist who manages and runs and has clinical oversight of a DHA licensed health facility and its clinical staff.

**Nurses and Allied Health Professionals:** Are healthcare professionals licensed by DHA as per the Unified Healthcare Professional Qualification Requirements for the UAE.

**Patient:** A person who receives the healthcare services or the medical investigation or treatment provided by a DHA licensed healthcare professional within a DHA licensed health facility.

**People of Determination:** Are people with special needs or disabilities and includes any person that suffers from physical, intellectual or sensory disability that hinders their ability to actively participate in the community in the same manner as healthy people.

**Physical Examination:** Is an evaluation of the bodily functions with medical tools during a face-to-face in person consultation between the physician and the patient.

**Practicing Care Site:** Is the location where telehealth services are being provided.

**Prescription Only Medicine:** A Ministry of Health and Prevention (MOHAP) registered medication that requires an official prescription to be dispensed to patients.

**Privileges:** Is the process of issuing a DHA licensed physician/dentist permission to carry out specific duties as per DHA Policy.

**Receiving Care Site:** Is the location where telehealth services are received.

**Service Provider:** Refers to healthcare professionals and/or healthcare facilities such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

**Standalone Telehealth Centre** is a DHA licensed centre that operates independently and is specifically designed to deliver healthcare services remotely using telecommunication technology.

Standalone telehealth services are dedicated entirely to virtual care.

**Synchronous:** Refers to provision and transfer of patient’s data and information simultaneously using real time, interactive audio and/or video connections that transmit bidirectional images and information between the physician and the patient during service delivery.

**System:** A set of electronic data and health information exchange operations, involving a set of electronic parts or components that link together and work together to achieve a specific goal.

**Teleconsultation** is the use of information and communication technologies—such as audio and/or video—to provide medical advice, diagnosis, and treatment when the physician and patient (or other healthcare providers) are in different locations. It may occur between a physician and a patient, between two physicians, or in a joint setting involving multiple parties. Teleconsultation enhances accessibility to healthcare, supports continuity of care, and enables timely medical decision-making across distances.

Teleconsultation may include but not be limited to:

- **Telediagnosis:** Is the use of information and telehealth technology at a remote site to determine the nature of disease and facilitate faster and accurate diagnosis (or prognosis) of the patient and includes but is not limited to radiology, dermatology and pathology.

**Telemonitoring (Remote Patient Monitoring):** The use of telehealth technologies to remotely collect and track a patient’s clinical data—such as vital signs or symptoms—to manage chronic or acute health conditions. It allows for continuous patient oversight and timely intervention without requiring in-person visits.

**Telehealth:** is defined by the World Health Organization (WHO) as “The delivery of health care services, where distance is a critical factor, by all health care professionals using information and

communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities”

Telehealth services is divided into six key areas:

- Teleconsultation;
- Telemonitoring (remote patient monitoring);
- Telerobotics and robot-assisted services; and
- Telepharmacy
- Telediagnosics
- Tele-ICU

**Telediagnosics** refers to the use of digital technologies and telecommunication systems to remotely conduct, coordinate, or interpret diagnostic procedures and tests. It enables healthcare professionals to evaluate medical data and make informed clinical decisions without the need for the patient or provider to be physically present at the same location. Telediagnosics enhances access to timely, expert diagnostics—particularly in remote or underserved areas—and supports continuity of care through efficient digital workflows.

Telediagnosics may include but not limited to:

- **Teleradiology:** The electronic transmission of radiological images (e.g., X-rays, CT scans, MRIs) from one location to another for interpretation by qualified radiologists. It supports

remote diagnostic reporting and facilitates timely medical decisions by extending access to specialized radiological expertise.

- **Telelaboratory:** The remote coordination, processing, and analysis of laboratory tests and diagnostic samples (e.g., blood, urine) through digital systems. It allows healthcare providers to request tests, receive results, and manage patient care without requiring in-person lab visits improving access and efficiency in patient care—especially in rural or underserved areas.
- **Telepathology:** Is the use of telecommunication technology for transfer of high-quality pathological data or test and imaging produced in a diagnostic centre or laboratory for the purposes of diagnosis, education and research.

**Telehealth Assistance:** Includes the services, devices and software that individuals (or their legal guardian) may use to manage and promote the patients' health and well-being.

**Tele-ICU (Tele-Intensive Care Unit):** refers to the use of telecommunication and information technologies to provide remote critical care support and monitoring for patients in intensive care units (ICUs). Through audio-visual links, real-time data integration, and specialized software, intensivists and critical care teams located off-site can continuously monitor patient vitals, review medical records, and collaborate with on-site staff to manage critically ill patients.

**Telehealth Platform:** Refers to a digital platform for the provision of remote telehealth services as per DHA Standards. A telehealth platform may include a smart device, mobile application, a computer software, or web interface system.

**Telepharmacy** refers to the practice of prescribing and dispensing prescribed medications, in addition to providing pharmaceutical care, and sharing information with patients from a distance using telecommunications, electronic imaging technologies, and information systems. Telepharmacy does not include vending machines, delivering services, online pharmacy, and dispensing of nonprescription medication.

Telepharmacy may include but not be limited to:

- **Teleprescribing:** The practice by which a DHA-licensed physician remotely prescribes treatment following a teleconsultation or based on a previous in-person clinical assessment, provided the prescription is issued within the appropriate timeframe for the specified condition or disease. It ensures continuity of care while maintaining prescribing safety and compliance.
- **Teledispensing** is the dispensing of prescribed medications through digital technologies. It involves licensed pharmacists who verify electronic prescriptions, provide necessary patient counseling via telecommunication tools (e.g., video call, phone, or secure messaging), and authorize the release of medications from a licensed pharmacy or automated dispensing unit.
- **Medication Therapy Management (MTM):** Are services that focus on identifying, preventing, and solving drug related problems to optimize therapeutic outcomes for individual patients to optimize medication use while employing the best practice guidelines.

**Telerobotics and Robot-Assisted Services:** Is the use of non-autonomous, remote assisted robotic medical devices for consultation, diagnosis or surgery where the physician is at a remote site for patient consultation, diagnosis and/or to perform a surgical task by a robotic system

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controlled by the physician at the remote site. The remote site may include a nearby location, adjacent room or facility (short distance system) or within in another geographic location (long distance system). Telerobotics for medical purposes is a combination of two major subfields, teleoperation and telepresence and chiefly uses wired, wireless network or tethered connection.

## ABBREVIATIONS

<b>AED</b>	:	Automated External Defibrillator
<b>AI</b>	:	Artificial Intelligence
<b>BLS</b>	:	Basic Life Support
<b>CSP</b>	:	Cloud Service Provider
<b>CPD</b>	:	Continuing Professional Development
<b>DED</b>	:	Department of Economic Development
<b>DESC</b>	:	Dubai Electronic Security Center
<b>DHA</b>	:	Dubai Health Authority
<b>DHIC</b>	:	Dubai Health Insurance Corporation
<b>HRS</b>	:	Health Regulation Sector
<b>ICT</b>	:	Information and Communication Technology
<b>KPI</b>	:	Key Performance Indicator
<b>MD</b>	:	Medical Director
<b>MOHAP</b>	:	Ministry of Health and Prevention
<b>MOU</b>	:	Memorandum of Understanding
<b>MTM</b>	:	Medication Therapy Management
<b>NESA</b>	:	National Electronic Security Authority
<b>NOC</b>	:	No Objection Certificate
<b>NSAID</b>	:	Non-Steroidal Anti-Inflammatory Drugs
<b>OTC</b>	:	Over the Counter

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<b>PDA</b>	:	Personal Digital Assistant
<b>POM</b>	:	Prescription Only Medicines
<b>PRM</b>	:	Patient Remote Monitoring
<b>RTTE</b>	:	Radio and Telecommunications Terminal Equipment
<b>RN</b>	:	Registered Nurse
<b>SOP</b>	:	Standard Operating Procedure
<b>TRA</b>	:	Telecommunication Regulatory Authority
<b>UAE</b>	:	United Arab Emirates

## 1. BACKGROUND

Global health systems face growing challenges, including increasing disease burdens, rising costs, and the need to balance quality, access, and patient expectations. Rapid advances in medical science and technology have driven innovations like telehealth, initially developed to serve remote areas with limited healthcare access. Over the past decade, telehealth has evolved into a widely accepted, cost-effective solution for improving healthcare access in both rural and urban settings. In 2019, His Highness Sheikh Mohammed bin Rashid Al Maktoum outlined in the Fifty-Year Charter (Article No. 5: A Doctor to Every Citizen) a vision to provide 24/7 medical consultations via smart government applications, connecting citizens with global medical experts to improve health awareness and services. That same year, an addendum to Cabinet Decree No. (40) of 2019 established regulations for telehealth in the UAE, supporting Dubai's strategic vision. Telehealth is embedded in several key initiatives and regulatory frameworks, including:

- Dubai Health Strategy 2016–2021
  - Care Model Innovation: Telehealth, remote care, innovative technologies
  - Primary Care: Improved entry points and service models
- Dubai Clinical Services Capacity Plan (2015–2020)
- Dubai Health Investment Guide (2019)
- DHA Interoperability Standards
- DHA Code of Ethics
- Dubai Universal Design Code
- Federal Law No. (2) of 2019 – ICT use in health

- Ministerial Decision No. (51) of 2021 – Cross-border health data
- Federal Decree-Law No. (5) of 2012 – Cybercrime
- Dubai Executive Council Resolution No. (32) of 2012 – Health profession regulation
- Federal Decree-Law No. (4) of 2016 – Medical liability
- Addendum to Cabinet Decree No. (40) of 2019 – Telehealth regulations

Dubai's Telehealth Standards mark a significant step toward accessible, affordable, and secure digital healthcare. They define minimum professional requirements while ensuring patient data protection in compliance with federal and local laws.

## 2. SCOPE

- 2.1. Telehealth services in DHA licensed health facilities.

## 3. PURPOSE

- 3.1. To set out the minimum Standards for provision of Telehealth services within DHA licensed Health Facilities.
- 3.2. To establish minimum requirements for DHA licensed physicians to provide efficient, secure, safe and high-quality Telehealth services.
- 3.3. To support Healthcare Innovation and Health Technology development in the field of medicine.
- 3.4. To set out the exclusions for the provision of Telehealth services.
- 3.5. To set out the minimum requirements for monitoring and evaluation of Telehealth services provided by DHA licensed health facilities.

#### 4. APPLICABILITY

4.1. DHA licensed healthcare professionals and health facilities providing telehealth services.

4.2. Exclusion for telehealth services:

4.2.1. Emergency cases for immediate life threatening intervention or referral.

4.2.2. Prescribing of narcotic, controlled or semi-controlled medication.

4.2.3. Platforms used for face-to-face in person consultation.

#### 5. STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES

5.1. All DHA licensed health facilities are required to have in place telehealth service(s) for usual care or as part of their business continuity plans.

5.1.1. All DHA licensed health facilities must comply with UAE Federal and local Laws and Regulations and be licensed by DHA.

5.1.2. Telehealth providers that are providing continuity of care to patients outside the Emirate of Dubai shall comply with the regulatory requirements of the respective jurisdiction (Appendix 2).

5.2. Telehealth service providers shall seek international recognized telehealth accreditation to assure compliance with Federal Law No. (2) Of 2019, concerning the use of ICT in health fields and in alignment with the DHA Accreditation policy.

5.2.1. Accreditation is required for all telehealth services, both facilities and platforms.

5.2.2. All DHA licensed health facilities providing telehealth services shall obtain telehealth accreditation within a grace period of 24 months from the date of initial licensure or from the date of license renewal for existing facilities.

5.3. Accrediting bodies that are specific to providing telehealth services include but are not limited to:

- 5.3.1. Quality and Accreditation Institute (QAI)
- 5.3.2. Emirates International Accreditation Center (EIAC)
- 5.3.3. Joint Commission International (JCI)
- 5.3.4. Utilization Review Accreditation Commission (URAC)
- 5.3.5. National Committee for Quality Assurance (NCQA)

5.4. Telehealth providers utilizing Artificial Intelligence (AI) technologies, including but not limited to Ambient AI, shall be subject to specific regulatory requirements to ensure patient safety, data privacy, clinical accuracy, and ethical use in alignment with DHA Artificial Intelligence policy and applicable laws.

5.5. All DHA licensed Health Facility shall:

- 5.5.1. Comply with DHA requirements for licensure, timeframes for submission and resubmission of documentation and adhere to any corrective measures issued by HRS.
- 5.5.2. Employ the minimum required number of physicians for the provision of telehealth services as per DHA Policy for Licensing Health Facilities.
- 5.5.3. All DHA licensed health facilities shall ensure medical liability/malpractice insurance is in place throughout the duration of telehealth service provision.

5.5.4. Install equipment, devices and technologies approved by Ministry of Health and Prevention (MOHAP) that are required for telehealth service delivery, including peripheral devices and associated software.

5.5.5. Have in place the following policies and procedures:

- a. Telehealth service description with scope of services available to members of the public.
- b. The service description shall fulfil patients' healthcare needs and assure continuity of care.
- c. Patient identification, selection and risk assessment.
- d. Patient consent.
- e. Use of Information Technology Systems including machine learning and artificial intelligence technologies.
- f. Clinical care pathways and prescribing protocols.
  - i. Clinical care pathways and prescribing protocols must include red flags for referral and emergency referral and be reviewed on a periodic basis.
  - ii. Amendments to clinical care pathways and prescribing protocols must be documented.
- g. Health record documentation management.
- h. Patient privacy and confidentiality.
- i. Patient referral, follow up and continuity of care.

- j. Incident recording and reporting.
- k. Quality and safety improvement.
- l. Business continuity.
- m. Emergency protocol for emergency patient cases.
- n. Equipment testing, maintenance and failure management.
- o. Network and data confidentiality, transmission, storage and access security.

## 6. STANDARD TWO: TELEHEALTH ACROSS BORDERS

- 6.1. This chapter outlines the regulatory framework and operational requirements for physicians providing teleconsultations to patients within the UAE, including those residing abroad or visiting the country and inflight.
- 6.2. DHA licensed Physicians residing outside the UAE may provide teleconsultations to patients in the UAE provided they are DHA licensed and affiliated to a DHA licensed facility.
- 6.3. The provision of Telehealth services that entails two or more entities shall ensure a written Contract or Memorandum of Understanding (MOU) is in place and kept up to date.
  - 6.3.1. The MOU shall detail out the roles and responsibilities of each party and align with UAE Federal and local Laws and Regulations.
  - 6.3.2. The DHA licensed health facility shall maintain a record of all physicians engaged in telehealth services.

- 6.3.3. The DHA licensed health facility shall be responsible to ensure the partnering health facility is made aware of the applicable UAE Federal and Local Laws and Regulations for telehealth services and assure compliance across both regulatory jurisdictions.
- 6.4. Airline industries are permitted to use telehealth services as an add-on service to a DHA licensed airport clinic or through external contracts with written MOUs.
- 6.4.1. In-flight teleconsultations are permitted and shall be conducted by the crew members rather than the passengers.
- 6.4.2. Ensure clear informed consent protocols are in place.
- 6.5. For Travelling UAE Citizens and Residents Holding Emirates ID (EID):
- 6.5.1. Telehealth services may be provided remotely to UAE citizens and residents traveling abroad.
- 6.5.2. Physicians must use DHA-approved encrypted platforms to ensure data security and patient confidentiality during virtual consultations.
- 6.5.3. Prior to any consultation, explicit informed consent must be obtained from the patient, detailing the scope, limitations, and confidentiality of the telehealth service.
- 6.5.4. Physicians licensed by DHA may offer advisory medical guidance and non-emergency medical advice relevant to the patient's condition while abroad.

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- 6.5.5. The telehealth service is limited to advisory and follow-up care; urgent or emergency interventions requiring physical examination or procedures should be directed to appropriate local healthcare providers abroad.
- 6.5.6. All consultations must be thoroughly documented in the patient's health record in accordance with DHA regulations.
- 6.6. For GCC or International Patients visiting Dubai:
- 6.6.1. DHA-licensed physicians may provide telehealth consultations to GCC or international patients visiting Dubai (non-residents).
- 6.6.2. Consultations must be conducted using DHA-compliant encrypted telehealth platforms to safeguard patient information.
- 6.6.3. Explicit patient consent must be secured before commencing telehealth services, clarifying the nature and scope of the virtual consultation.
- 6.6.4. Physicians are permitted to offer medical advice, diagnosis, and treatment within the limits of telehealth and DHA licensing scope.
- 6.6.5. Prescriptions or referrals provided must comply with DHA regulations and local laws governing medication and treatment.
- 6.6.6. All telehealth encounters must be documented accurately and made accessible to the patient and authorized healthcare providers as needed.
- 6.6.7. Refer to appendix 3 for Scope of telehealth in medical tourism.

## 7. STANDARD THREE: HEALTH FACILITY REQUIREMENTS

7.1. The provision of telehealth services shall only be offered through a DHA licensed telehealth facility.

7.2. Only DHA licensed health facilities are eligible for telehealth services.

7.2.1. Telehealth service license categories include:

- a. Standalone Telehealth Centre.
- b. Added telehealth service to an existing DHA licensed health facility category (including school clinics and booths)
- c. Added Booth
- d. Telehealth Platforms

7.3. Any advertisements for telehealth services or within the telehealth platform must comply with MOHAP Medical advertisement requirements and the DHA Standards for Medical Advertisement content on social media.

7.4. School-based telehealth services

7.4.1. Schools opting to add on telehealth services shall ensure the that:

- a. Only schools with in-house clinics can apply for telehealth services.
- b. A nurse must be available in the school premises
- c. Refer to the DHA Standards for Clinics in Education and Academic Settings.

7.5. Telehealth Booth

7.5.1. This service is an add-on option part of the existing facility license.

- 7.5.2. Both temporary and permanent booths must be affiliated with a DHA licensed health facility.
- 7.5.3. Written permission must be obtained from the respective property owner(s) for the site(s) of the booth.
- 7.5.4. Minimum timeframe for booth location will be subject to DHA licensing rules. (applicable for temporary booths only)
- 7.5.5. In addition to requirements mentioned above, a DHA licensed telehealth booth must ensure:
- a. DHA is informed at least two (2) weeks prior to the allocation or relocation of the telehealth booth and be granted the necessary approvals before commencing services.
  - b. MOHAP approval must be granted for the importation and use of medical devices within the booth.
  - c. The booth shall allow for patient privacy during the provision of telehealth services.
  - d. The booth shall adhere to infection control and fire safety protocols.
  - e. The booth shall maintain a portable Automated External Defibrillator (AED).
  - f. At least one (1) Registered Nurse (RN) with up-to-date Basic Life Support (BLS) training must be present at the booth during operating hours. (optional)

- g. Telehealth booth providers must ensure that there is a minimum of one (1) accountable DHA licensed physician responsible for the service.
- h. Telehealth services via booth shall only be provided to stable patients.
- i. All sessions shall be documented in the patient's health record as per DHA requirements.

## 7.6. Telehealth Platforms

- 7.6.1. All existing telehealth platforms intended for internal or commercial use shall:
  - 7.6.2. Be assessed and approved by DHA through health facility licensing section prior to in-house implementation or go-to-market implementation.
  - 7.6.3. Have legal representation in Dubai with relevant commercial/trade license issued by the concerned authority.
  - 7.6.4. Have an assigned Business Technical Director.
  - 7.6.5. Provide access to technical support with defined escalation matrix (response and resolution) for platform users (physicians and patients)
  - 7.6.6. Comply with the requirements and ensure all communication channels are approved by the TDRA in the UAE.
  - 7.6.7. Ensure all data stored complies with the Federal Law No. (2) for the year 2019 on the Use of Information and Communications Technology (ICT) in healthcare.
    - a. All data centres shall be at least Tier 3 Certified.
    - b. All data shall be stored in a server located at a Cloud Service Provider (CSP) certified by Dubai Electronic Security Centre (DESC) in the UAE.

- c. All platforms must have HIPAA compliance certification.
- d. All platforms must have ISO 27001 compliance certification.
- e. For certain conditions, applicants may be required to meet a higher standard of compliance, such as providing HITRUST or SOC 2 certification with HIPAA alignment.

Note: It is not permitted to store, develop, or transfer data and health information outside the country that is related to health services provided within the country, except in cases mentioned in Article no. (2) of the Ministerial Decision no. (51) of 2021.

7.7. Any changes to the telehealth platform's core functions, data management practices, or ownership must be reported and approved by DHA.

7.7.1. The platform must cooperate fully with DHA investigations or audits, providing any requested information or data in a timely manner.

7.8. The role of the "telehealth platform" is limited to provide a DHA-approved technological tool that connects licensed health facilities to patients. Telehealth platforms are strictly prohibited from engaging in the following activities:

7.8.1. Telehealth platforms are not authorized to deliver direct clinical services to patients.

7.8.2. The telehealth platform license does not grant the authority to operate as a healthcare provider.

7.8.3. The telehealth platform is not permitted to recruit or contact healthcare professionals for the purpose of delivering clinical services through the platform.

## 7.9. Technology, Equipment, and Infrastructure Requirements

7.9.1. Health facilities providing telehealth services shall ensure all of the following requirements are met:

- a. Equipment and devices for distant site use are compatible in accordance with requirements for technology and technical safety and security for the UAE.
- b. Equipment and devices approved for medical use are in good functioning condition.
- c. Equipment maintained in accordance with the manufacturer's specifications to support all applicable telehealth services.
- d. Availability of integrated IT infrastructure with uninterrupted connectivity and adequate bandwidth.
- e. The IT infrastructure must have the capability to integrate with healthcare provider electronic health records (EHR) system. The health records system shall integrate with Nabidh to ensure full integration of HER in Dubai.
- f. Provision of necessary systems and software to comply with the relevant telehealth requirements.
- g. Provision of uninterrupted/backup power supply.

- h. Provision of secure servers located in the UAE with relevant data backup.
- i. Provision for technical systems to record and document patient information and telehealth services.
- j. Protection of information stored in the electronic health records.
- k. Secure, private and soundproof workspaces to safeguard patient privacy and confidentiality and limit access to authorised and responsible staff.

Patient privacy must include:

- i. Privacy of personal information.
- ii. Privacy of personal communications.
- iii. Privacy of consulting space.
- l. Ensure alternative ways of communication between the healthcare service provider and patient are in place.

## **8. STANDARD FOUR: HEALTH FACILITY MANAGEMENT RESPONSIBILITIES**

8.1. The management team of the DHA licensed health facility providing telehealth services shall ensure:

8.1.1. Compliance with applicable UAE federal and local laws regulations including:

- a. NESAS IAS Standards and any specific IAS standards related to telehealth services.
- b. TDRA registration and approval of Radio and Telecommunications Terminal Equipment (RTTE) and devices.
  - i. Compliance with Data Centre and hosting services

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- ii. Communication channels related to voice over IP and video conferencing.
  - c. MOHAP registration and approval of medical devices and pharmaceuticals.
  - d. DHA interoperability Standards.
  - e. DHA requirements for electronic platforms including machine learning and artificial intelligence technologies.
- 8.2. Governance and clinical oversight of telehealth services:
- 8.2.1. Provision of adequate supply and qualified human resources to provide telehealth services.
    - a. Telehealth service management must not compromise staffing requirements essential to provide ongoing healthcare face-to-face in person service(s).
  - 8.2.2. Employ or outsource professionals with suitable credentials, experience, skills and qualifications to train, assess and evaluate physicians and administration staff on an ongoing basis on the core competencies required for telehealth services. Training must always be documented and shall include:
    - a. Benefits and limitations to telehealth.
    - b. Legal, ethical and clinical aspects of telehealth.
    - c. Medical liability and the complaints management process.
    - d. Code of conduct of health professionals as per DHA requirements.
    - e. Use of IT and telehealth communication systems and processes.

f. Electronic health record keeping.

8.2.3. Management shall ensure physicians receive ongoing Continuing Professional Development (CPD) in order to ensure physicians maintain the necessary knowledge and competencies continuous effective, safe and high-quality telehealth services within the remit of their specialisation.

8.2.4. Management shall identify, develop and ensure compliance with operational policies and procedures essential for effective telehealth service delivery and ensure their periodic review.

8.2.5. Telehealth providers shall comply with patient privacy, consent, confidentiality, protection and security of data and maintain systems and processes for data collection, storage and backup of patient health information in accordance to UAE Federal and local laws and regulations. Management shall ensure:

- a. Validity and credibility of health data and information by maintaining safety protocols for vandalism, damage, modification, alteration or unauthorized deletion.
- b. The availability of health data and information to authorized staff, when needed.
- c. The information systems used and their interoperability are compatible with the exchange and compilation of health data and information.
- d. The storage, development, or transfer health data and health-related information outside the UAE is prohibited unless approved by DHA.

- e. The written consent of patient data is obtained for transfer of data or for its use for non-health related purposes.
- 8.2.6. Management shall have in place an electronic health record system that guarantees patient identification, authentication, collection of safe, secure and comprehensive patient information during the provision of telehealth services, including voice recording for quality control and quality improvement.
- 8.2.7. The telehealth provider shall ensure all patient data and information is made available in the required format upon HRS request.
- 8.2.8. Develop and implement Standard Operating Procedures (SOPs) governing telehealth services.
- 8.2.9. Ensure policies are in place for billing, scheduling, cancellation and refunds.
- 8.3. Facilities providing telehealth services shall develop and implement a systematic quality improvement and performance management process that encompasses quality assurance and quality control. Management shall:
- 8.3.1. Provide an appropriate environment and culture to encourage physicians and administrative staff to report and document incidents.
- 8.3.2. Develop and implement a process to effectively identify and manage incidents and rectify any issues in an integrated manner, including serious incidents.
- 8.3.3. Report all sentinel events and major incidences to the DHA Medical Complaints Section.

8.3.4. Have in place formal complaint and grievance process to resolve any potential ethical concerns or issues related to provision of telehealth services.

8.3.5. The facility shall ensure access to Telehealth services does not exclude People of Determination.

8.4. Telehealth providers shall ensure public transparency and accessibility. Management shall:

8.4.1. Ensure the following information for the bespoke telehealth service(s) are available online for the public:

- a. Health facility name, location, contact details, catalogue of services provided, days and hours of operation etc.
- b. Appropriate uses and limitations of telehealth services, especially emergency cases.
- c. Information on physicians privileged to provide telehealth services, including licensure title, the licensing authority, qualifications, training, experience, specialisation and contact details.
- d. Medical conditions that could be treated using the telehealth services
- e. Timeframe for responding to enquiries received in writing or by other means of electronic communication.
- f. Circumstances in which patient health information may be disclosed.
- g. Rights of patients with respect to patient health information.
- h. Feedback regarding the site and the quality of information and services.

- i. Mechanism to register complaints, including information regarding filing a complaint.
- j. All service fees, payment options and refund Policy.
- k. Terms and conditions for the service
- l. Disclosure for any product or service information provided through third party agreements.

## 9. STANDARD FIVE: HEALTHCARE PROFESSIONALS REQUIREMENTS

- 9.1. Physicians, nurses and allied health professionals shall only provide telehealth services through one of the available telehealth licensing categories set out in standard 3.
- 9.2. Telehealth services shall be physician led.
- 9.3. DHA licensed Physicians, nurses and allied health professionals must be privileged to provide Telehealth services as per DHA policy for Clinical Privileging.
  - 9.3.1. The service must be Physician-led and must comply with UAE federal and local laws and regulations and work within the scope of their license, specialty and granted privileges.
  - 9.3.2. Physicians providing telehealth services shall comply with the professional licensure requirements set out in Appendix 2.
  - 9.3.3. Nurses and allied health professionals may provide telehealth services under the direction and clinical supervision of the treating physician.
- 9.4. Training on the use of telehealth services shall be documented and will include core competencies to ensure quality and patient safety.

- 9.5. The minimum number of CPD hours for telehealth shall match the provision of face-to-face in person services per speciality.
- 9.6. Physicians, nurses and allied health professionals are obligated to:
- 9.6.1. Inform and educate the patient (or their legal guardian) of all relevant information before starting telehealth services, such as:
- Scope of services
  - Structure and timing of services
  - Health record keeping
  - Privacy and confidentiality
  - Potential risks
  - Future communication and follow-up
- 9.6.2. Inform the patient (or their legal guardian) about the conditions under which telehealth services may be terminated and when patient referral is required for face-to-face in person consultation.
- 9.6.3. Provide the patient (or their legal guardian) information in a language that can be easily understood.
- 9.6.4. Respect the patient (or their legal guardian) requests for face-to-face referral.
- 9.6.5. Engage the patient (or their legal guardian) to participate in their care plan.
- 9.6.6. Recognise and abide by DHA requirements for patient rights and responsibilities.

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- 9.6.7. Maintain the highest degree of professionalism as per DHA professional code of conduct and place the welfare of the patient first.
- 9.6.8. Take appropriate steps to establish a professional patient relationship.
- 9.6.9. Ensure all appropriate evaluations and history of the patient are performed and documented in accordance with the requirements for provision of telehealth services.
- 9.7. The healthcare provider may opt to record video on an adhoc or time limited basis e.g., medical education, quality improvement or Tele-ICU. There must be documentation for this including but not limited to:
- 9.7.1. Compliance with UAE Law.
- 9.7.2. Purpose and justification.
- 9.7.3. The responsible person.
- 9.7.4. Protocol for capturing, anonymising, pseudonymising, storing, using video files.
- 9.7.5. Security measures (including encryption), backup plan to protect and safeguard video files.
- 9.7.6. Obtaining written consent.
- 9.7.7. Duration for storage and measures for its deletion.
- 9.7.8. Risk assessment plan for potential breaches and response measures.
- 9.8. Physicians must comply with the scope and rules for prescribing for telehealth services in accordance to UAE federal and local laws and regulations.

- 9.8.1. Physicians must be diligent when prescribing medications and consider frequent prescribing of medications that are addictive, unsafe or deemed unusual in their request or dosage or are contraindicated.
- 9.8.2. Limitations to prescribing without confirmatory laboratory testing shall be explained to the patient.
- 9.8.3. The patient must be made aware of medication groups that cannot be prescribed through telehealth.
- 9.8.4. The patient must be made aware of the risks associated with prescribed medications.
- 9.9. All patient engagement through telehealth services shall be documented for audit, quality improvement and inspection.

## **10. STANDARD SIX: PATIENT CONSENT**

- 10.1. The health professional shall obtain and document evidence of consent from the patient or legal guardian, for the use of telehealth services, which shall be embedded within the service workflow and maintained in the patients' health records.
- 10.1.1. Electronic consent is an acceptable method of obtaining patient consent to access teleconsultation services and to seek treatment with the provision of the following:
- a. The requirements for manual consent are met;
  - b. The requirements for patient identification are met; and
  - c. The obtained consent can be audited.

10.2. Patient consent should be tailored to the type of telehealth service(s) provided

(Appendix 4) and include but not be limited to the following:

10.2.1. Identification of the patient, which should include at least three identifiers:

Patients Full Name, Date of Birth, Emirates ID Number, Health Record Number  
or Personal Contact Number.

10.2.2. The treating physician(s) must sign the consent form where a procedure or  
monitoring is being performed through telehealth technology (telesurgery, tele-  
ICU or home monitoring)

10.2.3. Security measures taken for the use telehealth technologies such as data  
encryption, password protection, user identification and authentication  
protocols.

10.2.4. Potential benefits, constraints and risks.

10.2.5. Consent for audio recording, monitoring of health status, data storage or data  
transfer to another healthcare provider for further assessment as required.

a. Patients shall be informed on the measure taken and contingency plan in  
case of technology or equipment failure.

10.2.6. Inform the patient his/her right while receiving telehealth service, including the  
right to stop or refuse treatment.

10.2.7. Explain to the patient their responsibility when receiving telehealth services.

- 10.2.8. Physicians shall ensure the recommended treatment or therapy is understood by the patient (or their legal guardian) at the receiving site, and should be read back to ensure accuracy to the physician.
- a. If the patient is present with their physician (receiving site) and is in communication with another physician (host site), then the physician at the receiving site shall confirm and document they have understood the advice being provided by the physician from the host site.
- 10.3. Consent does not absolve the physician from liability associated with medical malpractice.
- 10.4. Consent to access telehealth services may be signed electronically or in person prior to the initiation of telehealth services.
- 10.4.1. Consent may include paper or electronic format.
- 10.4.2. Consent for treatment must be documented at each encounter.
- 10.4.3. Information collected by the service and any active or passive tracking mechanisms utilized requires consent.
- 10.5. Consent is not required for:
- 10.5.1. Health insurance or any provider of health services in respect of the health services received by the patient for purposes of auditing, approving or verifying the financial benefits related to those services and for patient transfer or treatment.

10.5.2. Scientific and clinical research, provided the patient's identity is not disclosed and ethical approval and rules for scientific research are met and followed by DHA.

a. All research must be approved by DHA ethics committee.

10.5.3. Preventive and curative measures related to public health, or to maintain the health and safety of the patients or any other persons in contact with them.

10.5.4. The request of the competent judicial authorities.

10.5.5. The request of the DHA for the purposes of inspection, supervision and protection of public health.

10.6. Patient consent is required if ambient AI tools are used to support encounter documentation where clinician reviews and e-signs, with the inclusion of general consent as per the below:

10.6.1. The treating DHA licensed physician shall consent to the use of ambient AI and always review any AI generated content before it becomes part of the permanent medical record.

10.6.2. AI-enabled apps and tools used in telehealth must follow documented clinical validation, ethical disclosure, and patient consent.

10.6.3. The facility shall acknowledge that the clinical information and recordings from this consultation may be securely stored and later processed manually or by advanced technologies such as artificial intelligence, for purposes that

support patient care, quality improvement, education, research, analytics, or approved product development within the DHA licensed facility.

10.6.4. All data will remain under strict confidentiality safeguards, reside on secure UAE based infrastructure unless permitted by applicable law, and be shared only with parties who are contractually bound to equal or stronger privacy standards.

## **11. STANDARD SEVEN: HEALTH RECORD MANAGEMENT**

11.1. Health facility management and physicians providing telehealth services must ensure complete documentation of information and communication in accordance with federal and local laws and regulations.

11.1.1. Refer to the UAE Federal Data Protection Law (Federal Decree-Law No. 45 of 2021) or the Dubai Health Data Law.

11.2. Health facility management and healthcare professionals providing telehealth services shall ensure complete, accurate, and timely documentation of all information and communications in accordance with applicable federal and local laws, regulations, and DHA standards.

11.3. Facilities providing telehealth services shall adhere to the detailed requirements provided in the DHA Guidelines for Electronic Medical Record in Health Facilities.

11.4. All telehealth encounters shall be transcribed into written documentation in the patients' medical records.

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- 11.5. All telephonic consultations must be reduced to writing into the patients electronic record.
- 11.6. The physician shall document each telehealth encounter in the patient’s medical records, including but not limited to:
- 11.6.1. The type of telehealth service provided, and technologies or platforms used.
  - 11.6.2. The name, professional license number, and role of all healthcare professionals involved in the encounter.
  - 11.6.3. The date, time, and geographic locations of the originating care site and, where applicable, the receiving care site (e.g., if a second physician is involved).
  - 11.6.4. Confirmation that patient consent was obtained and that confidentiality, privacy, and data security requirements were met according to DHA and legal standards.
  - 11.6.5. Relevant patient information to ensure continuity of care, shared appropriately with other healthcare professionals during handover, transfer, or discharge.
  - 11.6.6. Comprehensive patient details, including presenting complaints, signs, symptoms, and any observations made by the healthcare professional(s).
  - 11.6.7. Diagnosis, clinical decisions, recommended treatment plans, and therapies provided.
  - 11.6.8. Health records must include, when applicable, copies of all patient-related electronic communications, such as:

11.6.9. Physician-patient communications, prescriptions, laboratory and diagnostic test results, evaluations, consultations, historical care records, and instructions linked to telehealth services or alternative communication means.

11.7. Health facilities shall maintain policies and procedures to ensure effective telehealth communication, guaranteeing that documentation of care, advice, or recommendations is complete, accurate, and consistently entered into electronic health records by all involved professionals.

11.8. All confidential electronic communications and health information must be securely stored and protected from unauthorized access in compliance with DHA privacy and security requirements.

11.9. Accessibility and retention of health records must comply fully with applicable federal and local laws, regulations, and DHA mandates.

11.10. Telehealth-related information, communication, and technology data shall be retained securely for a minimum period of twenty-five (25) years from the date of the last health encounter or as otherwise specified by DHA regulations.

## **12. STANDARD EIGHT: PATIENT ASSESSMENT AND CARE MANAGEMENT**

12.1. DHA licensed health facilities shall provide telehealth services in accordance with this standard to ensure accessible, efficient, and high-quality patient care.

12.1.1. Telehealth services shall be incorporated as a hybrid model in management of chronic diseases. (Appendix 1)

12.2. Clinical assessment of the patient shall only be undertaken by a DHA licensed physician to ensure current and ongoing needs of the patient are identified, documented and met.

12.2.1. Physicians shall determine and document the suitability for the use of telehealth services including but not limited to:

- a. Appointment scheduling.
- b. Consultation.
- c. Assessment.
- d. Care planning review.
- e. Investigation request.
- f. Patient Education.
- g. Counselling.
- h. Disease management.
- i. Prescription and issuance of refills.
- j. Medication management.
- k. Follow up.
- l. Patient referral.
- m. Sick leave.
- n. Remote patient monitoring.
- o. Pre and Post operative Assessments.

12.3. Patients should be able to seek follow up care or information from their physician or their physician designee or be offered continuity of care through an alternative service provider.

12.3.1. If an alternative service provider is recommended, the physician must ensure all necessary patient information and data is transferred through patient consent.

12.4. Telehealth providers must ensure policy and procedures are in place for emergency requests. The policy and procedures shall include:

12.4.1. A written protocol appropriate to the telehealth services being provided.

- a. The protocol should be tested on a regular basis.
- b. The outcome of the testing and improvement plan should be documented.

12.4.2. Service contact number for emergency care and management.

12.4.3. Contact number for local emergency services.

### **13. STANDARD NINE: INSURANCE AND REIMBURSEMENT FOR TELEHEALTH SERVICES**

13.1. Insurance Companies shall establish and disclose clear policy provisions regarding the eligibility of claims for telehealth services delivered outside the UAE.

13.1.1. Such provisions must specify coverage conditions and applicable limits, and documentation requirements.

13.2. Insurance Companies shall clearly define and disclose, within their policy documents and provider agreements, the scope of telehealth services requiring prior authorization.

- 13.2.1. All such requirements shall be transparent, must not impede patient access to medically necessary care, and must comply with the Dubai Health Insurance Corporation (DHIC) guidelines and the Unified Health Insurance Policy.
- 13.3. All licensed health insurance payers operating in Dubai must recognize and reimburse Telehealth services in accordance with the standards set by DHIC provided the services meet the standard terms and clinical necessity requirements.
- 13.4. Healthcare Providers shall verify a patient's health insurance eligibility prior to delivering any Telehealth service.
- 13.4.1. Additionally, providers are required to inform patients in advance of any expected out-of-pocket expenses based on the terms of their insurance coverage, ensuring full cost transparency.
- 13.5. Health facilities providing Telehealth services shall document and retain all claims-related data in accordance with DHIC requirements.
- 13.5.1. Facilities must ensure that clinical documentation, billing codes, and service records are aligned with billing protocols and are mapped accurately to the Electronic Health Record (EHR) systems.
- 13.6. Healthcare Providers shall ensure that all Telehealth services are coded using DHIC-approved ICD and CPT codes, consistent with the applicable billing and clinical documentation guidelines. Claims data must be submitted in eClaimLink to enable adjudication, audit, and reimbursement.

13.7. Patient referrals made electronically (E-referral) shall cover patient admission, transfer, and follow-up after treatment, and must always be carried out with the patient's consent.

13.7.1. However, referrals made through the e-claims system are an exception, as the platform provides a standardized framework that may eliminate the need for separate referral agreements.

13.8. Healthcare Providers delivering Telediagnosis services shall ensure that all services rendered are coded and documented in accordance with DHIC-approved billing guidelines.

13.8.1. Where such services are covered under the insured patient's health plan, claims must be submitted through eClaimLink, and Insurance Companies shall process them in alignment with applicable benefit policies and Telehealth reimbursement standards.

#### **14. STANDARD TEN: TELECONSULTATION (SYNCHRONOUS AND ASYNCHRONOUS)**

14.1. Teleconsultation services shall:

14.1.1. Ensure efficient access to the treating physician through a web-based system.

14.1.2. Ensure patient identification, authentication, verification and consent.

14.1.3. Facilities may include asynchronous "chat based consultation" option.

14.1.4. Be provided by a DHA licensed physician with appropriate skills, competencies training and knowledge in relevant technologies and tools to provide consultation services.

- a. The treating physician is responsible for patient assessment, treatment and follow-up.
  - i. Physicians providing teleconsultation should not exceed their scope of practice, privileges or agree protocols for managing patient acuity; and
  - ii. Complex or Emergency patients shall be referred for face consultation or emergency services.
- b. Where necessary the patient shall be advised or referred on for further assessment and treatment.
- c. Advice to seek emergency services or referral for emergency treatment shall not be delayed irrespective of the patient's insurance plan.

14.1.5. Be accessible to patients seeking telehealth services and provide appropriate healthcare on the basis of clinical need.

- a. Provisions shall be put in place for People of Determination.

14.1.6. Telehealth consultation should be offered in at least Arabic and English languages.

- a. The healthcare provider is encouraged to inform patients of all available languages offered for telehealth services.
- b. The healthcare provider is encouraged to make use of interpretation services to assure patient groups that can benefit from telehealth services are not excluded.

- 14.1.7. Safeguard and preserve patient rights and treat patients with respect and dignity.
- 14.1.8. Assure professionalism and confidentiality during the provision of healthcare services to the patient.
- 14.1.9. Offer open, honest and courteous communication with patients, physicians, healthcare professionals and administrative staff.
- 14.1.10. Include a satisfaction assessment at the end of the teleconsultation.
- 14.2. Virtual second opinions provide advisory consultations for complex or specialist medical cases through telehealth. These services enable DHA-licensed specialists or consultants to offer expert guidance remotely without issuing prescriptions or medical orders.  
(Appendix 2)
- 14.3. Models of Virtual Second Opinion include:
- 14.3.1. Treating physician to DHA-Licensed specialist: The local treating physician requests a second opinion from a DHA-licensed specialist.
- 14.3.2. Treating physician and Patient with DHA-Licensed specialist: The treating physician and patient jointly consult the DHA-licensed specialist for advisory input.
- 14.3.3. Direct Patient Request: The patient directly seeks a second opinion from a DHA-licensed specialist.

14.4. Key Requirements for virtual second opinion include:

14.4.1. Patient records and relevant clinical information must be uploaded securely via DHA-approved encrypted platforms to protect confidentiality and data integrity.

14.4.2. The DHA-licensed physician providing the second opinion issues a detailed advisory report based solely on the information reviewed.

14.4.3. The current treating physician retains full clinical responsibility for patient care and treatment decisions.

14.4.4. Both patient consent and the issued report must explicitly state that the consultation is advisory only, and that the local treating physician and jurisdiction remain accountable for all clinical management and legal responsibility.

14.5. The provision of Telediagnosis services shall adhere to the following:

14.5.1. Ensure equipment and tools, software and hardware are appropriate for Telediagnosis in the related field and scope which may include but not limited

to:

- a. High definition medical camera.
- b. Digital Stethoscope (General Medical).
- c. Digital Derma scope (Dermatology).
- d. Digital Otoscope (ENT).
- e. Digital Iriscope (Eye).

f. Ultrasound (Gynaecology, Sonology).

g. ECG (Cardiology).

h. X-Ray Scanner (Radiology).

i. Digital Notepad (Prescription Writing).

14.5.2. Diagnostic equipment must be checked and calibrated with documentation on a regular basis.

14.5.3. Ensure professional training and competencies are assured prior to the provision of teleradiology services.

14.5.4. Ensure high quality audio-visual equipment and software is used for continuous two-way communication.

a. Processing of information and data should not be interrupted or be subject to delay affecting clinical assessment and diagnosis during live consultation.

14.5.5. Ensure patient identity is verified and consent is granted prior to diagnosis.

14.5.6. Ensure data is captured through routine workflow and the data collection system is automated and integrated into the telehealth system. As a minimum, the system should capture:

a. Diagnostic images (high definition).

b. Vital signs.

c. Clinical prescriptions.

d. Laboratory reports.

e. Physician assessment report and recommendations with date and time.

14.5.7. Telediagnosis may include consultation with multidisciplinary professionals where the lead physician seeks expert opinion from other professionals to determine the underlying causes or illness or disease.

14.5.8. Patients should be referred onto more specialized diagnostic testing where an anomaly is suspected or further diagnostic testing is required.

14.5.9. The healthcare provider must ensure secure and safe transmission and storage of relevant patient information in accordance with UAE federal and local Laws and regulations.

## **15. STANDARD ELEVEN: TELEMONTORING (SYNCHRONOUS AND ASYNCHRONOUS)**

15.1. Only DHA licensed facilities with telehealth services can provide telemonitoring services and shall adhere to the requirements in this standard.

15.2. Telemonitoring/Patient Remote Monitoring (PRM) services include remote monitoring of patients through DHA approved telehealth platforms and MOHAP approved medical devices.

15.2.1. All PRM devices shall be tested with the patient prior to their use.

15.2.2. All PRM devices shall be used for their intended purpose and maintained as per the manufacturer's instructions and specifications.

15.2.3. Faulty PRM devices shall be reported to MOHAP.

15.3. The DHA licensed Physician is the responsible lead for the provision of PRM services.

15.3.1. PRM services should be accessible to eligible patients determined by the treating physician, after a face-to-face in person assessment in the healthcare facility, or through teleconsultation.

a. The treating physician must consider clinical risks related to PRM.

15.4. PRM providers are responsible to procure and provide Information and Communication Technology (ICT) technologies that comply with TRA requirements, UAE ICT Law (2019) and DHA interoperability Standards.

15.4.1. Criteria for procurement of telemonitoring devices shall include but not be limited to:

- a. Safety (including alert features during abnormal/unexpected behaviour of the device)
- b. Quality (monitoring and diagnostic).
- c. Infection control.
- d. User compatibility and acceptability.
- e. Installation and portability.
- f. Means of communication and speed of monitoring.
- g. Accuracy and reliability.
- h. Durability.
- i. Conformity to Internationals Standards.
- j. Robustness.

- k. Data security, data protection, patient and user authentication including but not limited to:
- i. The ability to identify and restrict/prevent hack attempts
  - ii. During transmission and storage of data
  - iii. Authentication and authorization of access and privileges
  - iv. Ability to fix weakness (vulnerabilities) within device through controlled mechanism
  - v. Ability of the device to prevent new threat to the connected/integrated environment).
- l. Reporting capability (for errors, investigation and analysis).
- m. Maintenance and support (testing features, network requirements, hardware and software maintenance, calibration and training).
- n. Interoperability and Compliance with UAE Laws.

15.4.2. Technology and medical equipment should be incorporated into healthcare provider clinical processes to optimise service integration, clinical decision making and clinical governance.

15.5. PRM provider shall ensure Contracts and Service Level Agreements are in place where support services are being used.

15.6. The application/order to provide PRM must be supported with evidence and signed and dated by the treating physician and the patient.

15.7. Patients may be monitored on an adhoc or ongoing basis by a RN.

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- 15.7.1. Frequency of monitoring shall be determined by the treating physician.
- 15.8. The RN may be nominated as the responsible person to provide an update on the patients' health status to the treating physician and document medical errors.
- 15.9. Telemonitoring should not be solely used to assess and determine the patient plan of care.
- 15.10. Physicians offering PRM shall:
- 15.10.1. Uphold standards of care to ensure patient safety.
  - 15.10.2. Determine the clinical suitability of the patient for PRM services.
  - 15.10.3. Follow up to date evidence-based practice.
  - 15.10.4. Ensure they receive sufficient training on the use of PRM devices in addition to action to be taken in case of service or data disruption.
  - 15.10.5. Adopt a systematic approach for measuring clinical quality outcomes.
  - 15.10.6. Ensure patients are made aware and consent for monitoring devices that collect information related to patient location or other non-health patient data.
  - 15.10.7. Communicate, educate and orient the PRM patient (or their legal guardian) to enable them to optimize the benefits of PRM and how to manage emergency scenarios.
    - a. Communication and education must include:
      - i. A patient feedback loop on the approach and level of communication.

- ii. Self-identification of a problem or error with the monitoring device.
- iii. Contact and support information and emergency contact details.

15.10.8. Patient's reserve the right to stop or refuse PRM services.

- a. A discharge form must be documented at the end of the PRM period.
- b. A Left Against Medical Advice (LAMA) form must be issued and signed by the patient (or their legal guardian) where discontinuity of PRM service is requested placing the patient at serious risk of deterioration or emergency service admission.

15.10.9. PRM devices should be frequently checked and assessed to ensure data frequency, accuracy and reliability is not compromised.

15.10.10. Sensors and equipment used should not cause skin irritation, lead to infections, pose a risk when swallowing or cause harm.

15.11. Providers offering telemonitoring services must establish and maintain clear protocols and policies to manage emergencies effectively. These protocols should include:

15.11.1. Procedures for timely identification and escalation of urgent or critical patient conditions detected via remote monitoring.

15.11.2. Clear communication pathways to notify patients, caregivers, and emergency services when necessary.

15.11.3. Defined roles and responsibilities for healthcare professionals involved in telemonitoring and emergency response.

15.11.4. Documentation and regular review of emergency incidents to ensure continuous quality improvement.

15.11.5. Compliance with all relevant DHA regulations and standards.

15.12. PRM services shall ensure the following:

15.12.1. There is a written policy for data collection, use and storage.

- a. The policy must set out the protocol and frequency for data collection.
- b. The policy must clarify the security and confidentiality measures that must be maintained when monitoring patients.
- c. The policy must set out the response measures and time for data interruptions.

15.12.2. Maintenance and servicing of PRM equipment and devices should be undertaken and documented on a regular basis.

15.12.3. There is an authentication and synchronisation system for data collection that includes the date and time when data is either sent or received.

- a. PRM data collection must be reliable, valid, accurate and timely.
- b. PRM data should form part of the electronic health record.
- c. The authentication and synchronisation system must entail an alert feature for:
  - i. Service interruptions.
  - ii. Data interruptions.
  - iii. Data disconnectivity or loss.

- iv. Breaches in expected thresholds for patient monitoring and management.
- v. Provider initiated alerts.
- vi. Device initiated alerts.
- vii. Patient initiated alerts.

15.12.4. PRM services shall be available throughout the day and night (24/7).

15.12.5. Service continuity measures must be in place to avoid service interruptions.

## **16. STANDARD TWELVE: TELEDIAGNOSTICS**

- 16.1. Telediagnostics encompasses remote diagnostic services such as teleradiology and telelaboratory testing, which play a critical role in enhancing healthcare access and efficiency.
- 16.2. All telediagnostic services must be provided by licensed healthcare professionals in DHA licensed health facilities.
- 16.3. Service providers must be affiliated with DHA-licensed health facilities that oversee and ensure compliance with all applicable UAE federal and local laws and regulations.
- 16.4. A formal written agreement or Memorandum of Understanding (MOU) should exist between all entities involved, clearly defining roles, responsibilities, data sharing protocols, and quality assurance measures.
- 16.5. Patient confidentiality and data security must be maintained at all times, with the use of DHA-approved encrypted platforms for transmission and storage of diagnostic data.

16.6. All telediagnostic reports and records must be accurately documented, securely stored, and made accessible only to authorized healthcare providers and the patient as appropriate.

#### 16.7. Teleradiology Requirements

16.7.1. Radiologists providing remote interpretations must hold a valid DHA license.

16.7.2. The imaging facility must ensure that the imaging equipment is regularly calibrated and maintained according to manufacturer and DHA guidelines.

16.7.3. Turnaround times for reporting must be established in accordance with clinical urgency and facility policies.

16.7.4. Quality assurance programs must be implemented to regularly audit diagnostic accuracy, report turnaround times, and compliance with the DHA Standards for Diagnostic Imaging Services.

#### 16.8. Telelaboratory Requirements:

16.8.1. Laboratory professionals conducting remote consultations or interpretations must be DHA licensed as per the DHA Standards for Clinical Laboratory Services.

16.8.2. Licensed Clinical Laboratories may accept walk-in patients for specific laboratory tests that do not require a physician's order. Refer to the list of services permitted elaborated in the DHA Standards for Clinical Laboratory Services.

16.8.3. Critical laboratory results shall be reported clearly to the patient.

16.8.4. The laboratory should direct the patient to seek further medical advice.

16.8.5. The laboratory shall keep record of the communication with the patient.

16.8.6. Laboratory test orders and results must be communicated using secure, encrypted platforms compliant with DHA data protection policies.

## 17. STANDARD THIRTEEN: TELEPHARMACY

17.1. Telepharmacy services refers to the dispensing of prescribed medications only and does not include vending machines, delivery services, online pharmacy, and dispensing of nonprescription medication.

17.2. Telepharmacy platforms may operate between a pharmacy and a healthcare facility/facilities, or between a pharmacy and a patient.

17.3. DHA licensed health facilities seeking to provide telepharmacy services must meet the licensure, privileging, medical equipment, patient assessment, data protection, security and confidentiality requirements as per UAE federal and local laws and regulations.

17.3.1. The health facility shall authenticate, validate and encrypt patient information to avoid any intended or accidental leakage to any unauthorized access.

- a. The telepharmacy provider shall assure users of data protection, security and website integrity and encryption through online security certificate.
  - i. Protocols must be in place for online sales and transactions.
  - ii. Patients must be made aware in advance of all transaction (and delivery) costs.

- b. Telepharmacy services provided through direct service provision or through a third party entity shall have in place a mutual written agreement.
    - i. Obligations of both parties and the pharmacist(s) who operate telepharmacy services must be agreed upon and documented.
    - ii. Patients must be made aware where a third party is involved in the provision of telepharmacy services.
  - c. The pharmacist must verify and validate the drug order, its origin (prescribing physician) and the patient.
  - d. All prescriptions should be documented in the patient health record.
  - e. Controlled, Semi-Controlled and Narcotic medication cannot be prescribed or dispensed through telehealth services.
- 17.4. Telepharmacy service providers must include an electronic pharmacy system to manage transaction information and track movement of medications.
- 17.4.1. The system should be able to track and segregate recalled medicines and products.
- 17.5. The pharmacist in-charge shall maintain a separate record for telepharmacy medications and products dispensed to the patient.
- 17.5.1. Monthly inspection of records should be reviewed by the pharmacist in-charge.
- 17.6. The telepharmacy provider must ensure service continuity systems are in place to avoid service disruption and maintain data security.

17.7. The telepharmacy provider shall adhere to consumer rights and shall not restrict or limit patient choice to receive medications and products from a DHA licensed pharmacy.

#### 17.8. Health Advertisements and Online Information

17.8.1. Information and services related to the telepharmacy and online services shall be displayed to the community in a friendly manner and shall comply with all federal and local laws and regulations related to health advertisement and social media.

17.8.2. Online information for telepharmacy services shall include but not be limited to:

- a. The name of pharmacy as per the DHA license.
- b. The name of the pharmacy manager or pharmacist-in-charge.
- c. The name of the licensed pharmacists providing the services.
- d. The physical location of the pharmacy(s) and telephone number(s).
- e. Contact details in the event of an enquiry, technical difficulty or emergency.
- f. Disclaimer notice prohibiting prescriptions issued outside the Emirates.

#### 17.9. Telepharmacy Service Management

17.9.1. Telepharmacy prescribing, ordering, transcribing and medication management shall be guided by UAE federal and local laws and local regulations.

17.9.2. The Pharmacist shall be cautious and careful when dispensing medications in particular:

- a. Frequent dispensing of medications that accumulate in the body.
- b. Drugs that are habit-forming.

- c. Unusual dosages.
- d. Contraindications.
- e. Medications prohibited for telehealth (Controlled, Semi-Controlled and Narcotic medication).

The pharmacist shall communicate with the prescribing physician in circumstances where frequency or type of drug is inaccurate or prohibited.

17.9.3. The pharmacist may discuss prescriptions with patients over the phone while sharing data on computer screens, as well as off-site order review by remotely located pharmacists.

#### 17.10. Electronic Pharmacy Services

17.10.1. Pharmacists providing Electronic Pharmacy Services are permitted to:

- a. Maintain prescription documentation and dispense prescriptions as per the UAE federal laws and DHA local regulations.
- b. Store medications and products in accordance with the manufacturer's specifications and requirements.
- c. Review and interpret doctor's prescriptions and flag up any anomalies or contraindications to the prescribing physician.
- d. Assess patients and their medication-related needs.
- e. Perform medication reconciliation and detect medications incompatibilities.
- f. Educate patient and/or carer in real-time regarding all relevant information related to the medications.

- g. Recommend medications where appropriate and ensure they are within the professional scope of practice and duties.
- h. Refer the patient to an existing pharmacy or health facility, if dispensing the medicine requires the patient to be physically present, or if their symptoms require special medical advice.
- i. Communicate with the doctor, who wrote the prescription, to clarify details or in order to alter the prescription.
- j. Authorize the removal of the medication from the system only after reviewing the patient profile for potential contraindications.
- k. Prepare and dispense the medication as per the physician orders, label the medicine container or box and provide instructions for its use.
  - i. The physician and pharmacist name shall be listed on the medicine.
- l. Communicate with insurer companies for any required approvals.

17.11. Telepharmacy Services May Include but Not Be Limited to:

17.11.1. Teleprescribing (physician only)

17.11.2. Teledispensing

17.11.3. Telephonic Patient Counselling and Medication Therapy Management (MTM)

17.12. Teleprescribing (Physician Only)

17.12.1. A DHA licensed physician employed in a DHA licensed health facility shall only offer Teleprescribing.

- 17.12.2. The treating physician who prescribes the medications should examine the patient electronically by using the appropriate telehealth equipment and devices that support the diagnostic needs for the case.
- 17.12.3. The treating physician is responsible to assess the patient and ensure no contraindication between the prescribed medication and the diagnosis of the case or between the prescribed medication and another medication that the patient is using.
- 17.12.4. The patient shall be made aware of both the benefits and side effects/complications of the prescribed medication.
- 17.12.5. The physician should discuss the treatment plan with the patient (or their legal guardian) and obtain consent.
- 17.12.6. Prescribing medications shall be in accordance with UAE MOHAP drug list to protect the patients from any counterfeit or substandard medications.
- 17.12.7. The physician shall not prescribe Narcotic, Controlled or Semi-controlled medication through telehealth services.
- 17.12.8. Common drug classes and indications for Teleprescribing are provided in Appendix 5.
- 17.12.9. Issuance of sick leave is limited to a maximum of three (3) days per week as consecutive sick leave based on patient severity or as single sick leave(s) and as per DHA sick leave policy.

### 17.13. Teledispensing

#### 17.13.1. Requirements for Teledispensing:

- a. Must be a DHA licensed pharmacy and apply for addition of Teledispensing.
- b. The pharmacy must have in place policies and procedures that ensure the integrity, legitimacy, and authenticity of the online prescription.

Teledispensing and associated telecommunication technology must:

- i. Obtain and maintain patient information necessary to facilitate review of drug utilization and counselling of patients pursuant to any applicable statutes.
  - ii. Assure record keeping related to the patients served by the pharmacy.
  - iii. Ensure proper purchasing, sale and dispensing of authorised medications and medical products by MOHAP.
  - iv. Have the capability for the dispensing pharmacist to keep hold of the original copy of the prescription.
  - v. Ensure patient confidentiality and protect patient-specific information when their information is transmitted using telehealth technology.
  - vi. Compliance and maintenance of its technology system and controls to prevent unauthorized or unlawful access to confidential patient information and data.
- c. The pharmacist must conduct a prospective drug use review prior to medication dispensing.

- 
- d. Prescriptions must be issued through an online prescription system that entails electronic transfer of the prescription to the pharmacist by the treating physician or the prescription being uploaded online. The online system must be able to:
- i. Verify the DHA licensed physician and the prescription.
  - ii. Verify the patient.
  - iii. Verify the pharmacist handling the prescription.
- e. The prescription must be filled in accurately and comply with applicable UAE federal and local laws and regulations.
- i. Price of medicines or medical products must confirm to the MOHAP/DHA Price list.
- f. Have in place strict protocols that prevent drug orders from being submitted and filled by multiple pharmacies within the same health facility name.
- i. The pharmacist must not fill in any prescription which has been previously filled in by another pharmacist.
- g. The pharmacy shall communicate to the patient or prescribing physician any delay that might jeopardize or alter the drug therapy of the patient.
- i. The dispensing pharmacy will take responsibility to inform patients and the prescribing physician of any medication or medical device recalls.

- h. The pharmacy shall develop and enforce policies and procedures that require pharmacists to offer consultative services to patients.
- i. The pharmacy shall develop a system for reporting of adverse drug reactions and errors.

#### 17.14. Patient Counselling and Medication Therapy Management (MTM)

17.14.1. MTM services should be documented in a consistent manner that is sufficient and appropriate for evaluating the patient's progress, billing purposes, and informing other healthcare providers about the care provided to the patient.

17.14.2. The pharmacist should monitor the patient's medication therapy on an ongoing basis and discuss any anomalies with the patient's prescribing physician.

- a. The prescribing physician may take responsibility to manage the patient's medication therapy.

17.14.3. Patients with hearing, linguistic or cognitive problems seeking Counselling and MTM should be offered a face-to-face in-person appointment or referred on for a physician face-to-face in-person assessment.

17.14.4. Patient Counselling and MTM services include:

- a. A review of all medications prescribed by all prescribing physicians providing care to the patient, and any over-the-counter and herbal products the patient may be taking to identify and address medication problems.

- b. In-depth, medication-related education, consultation, and advice provided to patients (or their legal guardian) to help assure proper use of medications.
- c. Collaboration with the patient, physician, and other healthcare providers to develop and achieve optimal goals of medication therapy.

## **18. STANDARD FOURTEEN: TELEROBOTICS AND ROBOT ASSISTED SERVICES**

### **18.1. Telesurgery (non-autonomous)**

18.1.1. Telesurgery services shall be consultant-led and meet the licensure privileging, patient assessment, medical equipment, data protection, security and confidentiality requirements as per UAE federal and local laws and regulations.

- a. Certified compliance for use of medical devices for telesurgery is required with FDA and Quality System Regulation or CE Marking and ISO 9001 and ISO 9002 Standards is required.

18.1.2. Telesurgery devices should entail a bilateral master-slave system (expert site and remote manipulator site) with direct control by the user.

- a. Master control unit (robot command station) shall be operated by the physician using hand and foot control while watching surgery on a high-quality 3D monitor.
- b. The master control unit may be located away from the operating room.
- c. A slave unit containing robotic arms should be present to operate on the patient.

d. Support staff must be present at the patient site.

18.1.3. High-speed connectivity or Local Area Network and information management system must be in place with high-definition visual and audio capability to enable time-bound and accurate intervention and exchange of information.

a. The network must support:

- i. Real-time control data.
- ii. Medical video stream.
- iii. High-level management data.

b. Physicians must be trained on telesurgery to include competencies for force (haptic) feedback, time delay and depth perception management systems.

- i. Auxiliary control functions should be in place such as motion scaling, biomotion compensation and hand-tremor filtering.
- ii. Internal and external joint position and forces sensors with a feedback loop must be in place for the physician (manipulator).

c. Medical equipment and devices for the type of Telesurgery (general, thoracic, cardiac, gastrointestinal and colorectal, gynaecology/echography and ultrasonography, urological, neurosurgery, spinal, ophthalmology, and ear neck and throat) shall be used to include robot assisted arm (and arm cart).

- i. The mechanical design classification of robots and robotic systems must be suitable for the type of telesurgery being undertaken.

- d. Ancillary equipment including but not limited to monitors, keyboards, joysticks, and other input/output devices, 3D display screen and routers and data storage server should be checked prior to use.
- e. The environment set up should be tested and outcome of testing documented prior to provision of telesurgery.
- f. There must be a risk management plan in place for all short and long-distance surgeries to include delay in synchronisation of commands and data packets exchanged between the two sites and operating systems.

## 18.2. Telepresence and Video Conferencing (Robot Assisted Services)

18.2.1. Telepresence and video conferencing shall be physician-led and meet all the licensure requirements, privileging requirements, patient assessment requirements and data protection, security and confidentiality requirements as per UAE federal and local laws and regulations.

18.2.2. Requirements for telepresence and video conferencing include:

- a. Secure high-speed internet connectivity.
- b. Visual Display Panel.
- c. Desktop head and neck robots or drivable robots.
- d. Pan, tilt and zoom cameras.
- e. Off-site medical professionals to move, look around, communicate, and participate from remote locations.
- f. Feedback loop sensory system to the operator.

- g. Mobile robot avatar for remote patient consultation.
- h. Maintenance and software upgrade schedule.
- i. Integrated document management system.

## **19. STANDARD FIFTEEN: KEY PERFORMANCE INDICATORS (KPIs)**

19.1. Key Performance Indicators shall be captured by Telehealth providers and reported to

HRS each quarter. Submission will reflect the following domains:

- 19.1.1. Access.
  - 19.1.2. Quality
- 19.2. For further information on reporting requirements, refer to the DHA Guidelines for Reporting Telehealth KPIs, available on the DHA website.

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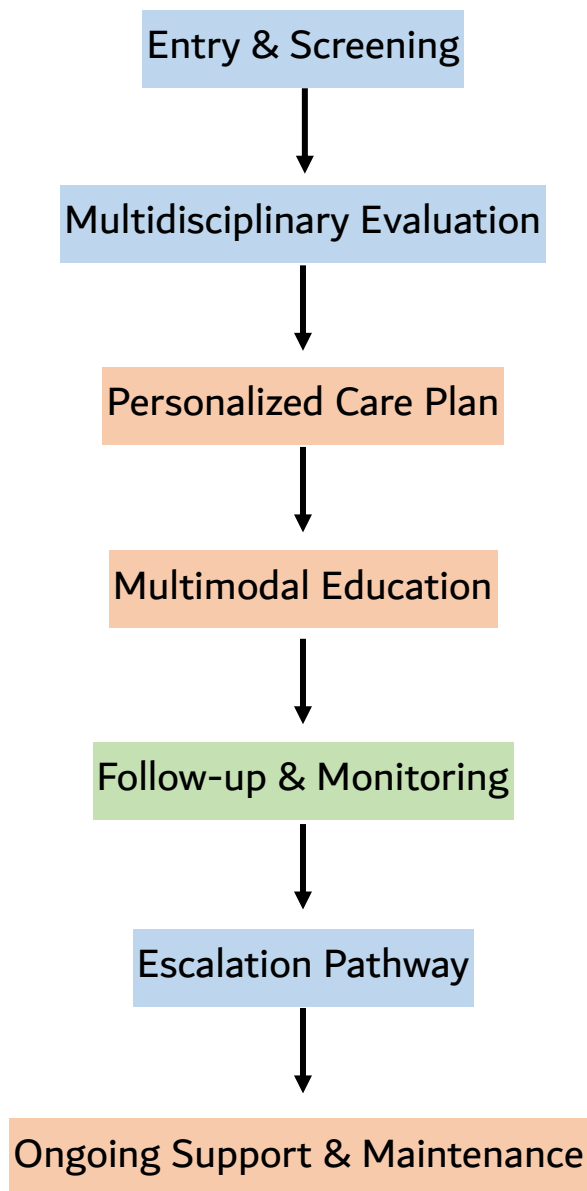
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## APPENDIX

### APPENDIX 1: HYBRID CHRONIC DISEASE CARE MODEL WITH IN-PERSON & TELEHEALTH PATHWAYS



In-person

Telehealth

Hybrid

## APPENDIX 2: REQUIREMENTS FOR PROFESSIONAL LICENSURE

No.	Scenario	DHA Licensed	Comply with other regulatory authority requirements
1.	A Physician within DHA Jurisdiction providing telehealth services to a patient in Dubai.	✓	Not Applicable
2.	A Physician within DHA Jurisdiction providing telehealth services to a patient outside the Emirate of Dubai.	✓	✓
3.	A Physician outside DHA Jurisdiction providing telehealth services to a patient in Dubai.	✓	✓
4.	A Physician outside DHA Jurisdiction providing telehealth services to a patient outside Dubai.	x	✓
5.	A Treating Physician-to- Specialist Physician using telehealth within DHA Jurisdiction <i>in the same medical field</i> .	✓	Not Applicable
6.	A Treating Physician and patient-to- Specialist Physician using telehealth within DHA Jurisdiction <i>in the same medical field</i> .	✓	Not Applicable
7.	Direct Patient Request	✓	Not Applicable
8.	A Physician (A) using telehealth within DHA Jurisdiction to consult with an expert physician (B) outside DHA Jurisdiction <i>in the same medical field</i> .	(A) ✓	(B) ✓

## APPENDIX 3: TELEHEALTH IN MEDICAL TOURISM

This applies to all DHA-licensed healthcare facilities and providers offering telehealth services as part of medical tourism.

### 1. Initial Teleconsultations and Pre-Travel Assessments:

- Telehealth consultations for international patients must be conducted remotely by DHA-licensed physicians via DHA-approved secure and encrypted platforms.
- These consultations shall include comprehensive medical history taking, risk assessment, and suitability evaluation for treatment in Dubai.
- Explicit informed consent must be obtained prior to telehealth services, including details on scope, limitations, and confidentiality.

### 2. In-Person Treatment:

- All medical procedures and treatments are to be performed exclusively by UAE-licensed healthcare professionals at DHA-licensed facilities.
- Patient care must comply with all DHA standards and local regulatory requirements.

### 3. Post-Treatment Follow-Up:

- Telehealth may be used for limited post-treatment follow-up to support patient recovery and monitor outcomes.
- Follow-up consultations must be conducted by DHA-licensed physicians on DHA-approved secure telehealth platforms.

### 4. Telehealth Triage and Advisory Services:

- Facilities offering medical tourism must ensure telehealth triage and advisory services are delivered exclusively by DHA-licensed physicians using DHA-compliant encrypted platforms.

- 
- Complete documentation of all telehealth interactions must be maintained according to DHA EMR Guidelines and telehealth standards.

**Compliance:**

All providers and facilities must adhere to this policy to ensure patient safety, data security, and high standards of care in medical tourism telehealth services.

## APPENDIX 4: SAMPLE CONSENT FORM FOR TELECONSULTATION

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Emirates ID** \_\_\_\_\_

**Patient No:** \_\_\_\_\_ **Insurance No. (if applicable)** \_\_\_\_\_

- 1- **Purpose:** To obtain your consent to participate in a teleconsultation in connection with the following service(s) and/or procedure(s)
  - Patient Health Records
  - Medical Images
  - Live audio and video interaction
  - Output data from medical devices and sound and video files
- 2- **Electronic systems:**

Electronic systems used will incorporate network and software security protocols to protect confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional and unintentional corruption in accordance to UAE Laws and Regulations.
- 3- **Nature of Teleconsultation:** During the teleconsultation
  - a. Details of your medical history, examinations, x-rays and tests may be discussed with other healthcare professionals with interactive videos, audio and telecommunication technology.
  - b. A physical examination may need to take place.
  - c. A non-medical technical person may be present in the telehealth studio to aid in the video transmission.
  - d. Audio and/or photo recordings may be taken for accurate diagnosis, treatment and quality control.
- 4- **Medical Information and Records:** All existing federal laws and local regulations/policies/guidelines regarding access to medical information and copies of your Health Records apply to this teleconsultation. Dissemination of any patient identifiable images or information for this telehealth interaction to other entities will not take place without your consent.
- 5- **Confidentiality:** Responsible and appropriate efforts have been made to eliminate any confidentiality risks associated with the teleconsultation and all existing confidentiality protections under UAE federal laws and local regulation apply to information disclosed during this teleconsultation.
- 6- **Rights:** You may withhold or withdraw consent to teleconsultation at any time without affecting your right to future care or treatment.
- 7- **Disputes:** You agree that any disputes that arise from the teleconsultation will be resolved as per UAE laws and regulations and will be raised with the telehealth provider in the first instance.
- 8- **Expected Benefits:**
  - a. Improves access to medical care by enabling a patient to remain in their home, office (or a remote site) while your DHA licensed physician obtains test results and consults with other DHA licensed physicians at distant/ other sites.

- b. More efficient medical evaluation and management.
- c. Access to expertise from distant specialist in the UAE or experts outside.

9- **Possible Risks:**

As with any medical procedures there are potential risks associated with the use of Telehealth, which may include, but not limited to the following:

- a. Information transmission may not be sufficient (e.g. poor resolution of images) to allow appropriate decision making by the consulted physician.
- b. Delays in medical evaluation and treatment could occur due to deficiencies or failure of equipment.
- c. In rare instances, security protocol could fail causing a breach of privacy of personal medical information.
- d. In rare cases, a lack of access to complete health records may result in adverse drug interactions, allergic reactions, or other judgement errors.

10- **Expected Benefits and Possible Risks:** You have been advised of all the risks, consequences and benefits of telehealth. Your treating physician has discussed with you the information provided in a language you can understand. You have had the opportunity to ask questions about the information presented in this form and about the teleconsultation. All your questions have been answered and you understand the written information provided above.

I **agree** to participate in the teleconsultation for the service(s)/procedure(s) mentioned above.

**Signature:** \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

I **refuse** to participate in the Teleconsultation for the service(s) / procedures(s) mentioned above.

**Signature:** \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

## APPENDIX 5: COMMON DRUG CLASSES AND INDICATIONS FOR TELEPRESCRIBING

Type of Telepharmacy Service	Indications	Drug Class	Recommended Tests
Teleprescribing	<b>Respiratory System:</b> Respiratory system infections	Antibiotics	<ul style="list-style-type: none"> <li>• Throat swab or culture.</li> <li>• Pneumonia – chest x-ray <b>(Mandatory)</b></li> </ul>
	Allergic conditions	Decongestants Antihistamine	
	Cough and congestion	Cough syrups and Lozenges	
	Anti-infective	Antiviral Medications	Influenza Antigen Test (A and B Test) <b>(Recommended)</b>
	Airway disease, obstructive	Beta-2 Agonists Long-acting beta agonists Leukotriene modifiers Inhaled and oral corticosteroids	<p>Auscultation of chest <b>(Recommended)</b></p> <p>Established diagnosis of disease documented by prior medical reports OR spirometry or PEFr improvement <b>(Recommended)</b></p> <p>high dose corticosteroids prescriptions after physical evaluation <b>(Mandatory)</b></p>

	<p><b>Genito-urinary system:</b></p> <p>Urinary tract infections</p> <p>Bladder and urinary disorders (Urinary frequency, enuresis, and incontinence)</p> <p>Contraception</p> <p>Gynaecological conditions Dysmenorrhoea</p>	<p>Antibiotics</p> <p>Alkalisating drugs Antimuscarinics Alpha blockers</p> <p>Oral contraceptives</p> <p>Analgesics - Non-steroidal anti-inflammatory drugs (NSAID)</p>	<p>Urine dipstick nitrite test <b>(Recommended)</b></p> <p>urine culture <b>(Recommended for AB resistance)</b></p>
	<p><b>Skin:</b></p> <p>Infections of the skin</p> <p>Inflammatory skin conditions</p>	<p>Topical and Oral Antibiotics</p> <p>Topical and oral Steroids</p> <p>Antihistamines Barrier creams Wound care products Imidazole antifungals Anti-Viral</p>	<p>High resolution photograph and/or video examination of the skin condition <b>(Mandatory)</b></p> <p>Oral Thrush scrapings <b>(Recommended)</b></p> <p>Tinea –scrapings <b>(Recommended)</b></p>
	<p><b>Musculoskeletal system:</b></p> <p>Rheumatoid Arthritis</p> <p>Hyperuricaemia and gout</p>	<p>NSAID Anti-rheumatic drugs</p> <p>Antigout agents</p>	<p>Refills based on established diagnosis of disease by specialist.</p> <p>Azathioprine/methotrexate recent labs <b>(Mandatory)</b></p> <p>High resolution photograph and/or video examination of the skin condition in accordance with telehealth guidelines. <b>(Mandatory)</b></p>

	<p><b>Nervous system:</b> Analgesics (pain) Headache and Migraines</p>	<p>Anti-pyretic/ Pain Killers NSAID Migraine Medication</p>	
	<p><b>Nutrition:</b> Vitamins Electrolytes and minerals</p>	<p>Vitamin deficiency</p>	<p>Laboratory tests for Iron and fat soluble vitamins <b>(Mandatory)</b></p>
	<p><b>Cardiovascular System:</b> Hypertension and Heart Failure  Hyperlipidaemia</p>	<p>Antihypertensive  Lipid modifying drugs</p>	<p>Recent blood pressure measurement result <b>(Recommended)</b>  Lipid-profile <b>(Mandatory)</b></p>
	<p><b>Endocrine system:</b> Diabetes mellitus  Thyroid Disorders  Hyperthyroidism Hypothyroidism</p>	<p>Blood glucose lowering drugs  Insulins  Antithyroid drugs Thyroid hormones</p>	<p>HbA1C and fasting glucose for monitoring and diagnosis <b>(Mandatory)</b>   Thyroid Hormones Test <b>(Mandatory)</b></p>
	<p><b>Gastro-intestinal system:</b> Disorders of gastric acid and ulceration Gastro-oesophageal reflux disease</p>	<p>Proton pump Inhibitors H2-receptor antagonists  Antispasmodics laxatives Antidiarrhoeals</p>	<p>Ulcers and H.Pylori: H. Pylori testing <b>(Recommended)</b></p>



Teleconsultation counselling	Indications	Drug Class	Recommended Tests
	Smoking Cessation Program (Nicotine dependence)	Nicotine Replacement therapy (NRT) e.g. Nicotine patch Nicotinic receptor agonists e.g. Varenicline	Transdermal patch that releases nicotine into the body through the skin. It reduces both craving for and decreases the pleasurable effects of cigarettes and other tobacco products.
	Weight Management (Obesity)	Lipase inhibitors e.g. Orlistat	lipase inhibitor, thereby reducing caloric intake

## APPENDIX 6: PHARMACY DELIVERY REQUIREMENTS FOR OVER THE COUNTER AND GENERAL ITEMS FOR OUT-PATIENT PHARMACIES.

“Pharmacy Delivery Service” for OTC medicines and General products offered by out-patient pharmacies in Dubai should be done by highly-skilled-licensed-pharmacists in managing effective non-face-to-face communications with patients. This service should be done in a safe and secure atmosphere.


1. DHA licensed out-patient Pharmacy.
2. Pharmacies shall seek DHA approval for dispensing medications via delivery system.
3. “Pharmacy delivery” service shall be conducted by Pharmacy staff “pharmacy courier” or by third parties, and in both cases; it is under the responsibility of the pharmacist in-charge.
  - a. “Pharmacy delivery” service done by third parties requires approval from the DHA: the pharmacy has to mention the third party’s name in their application form along with photos of the third party’s vehicle. In addition to a copy of their contract and an undertaking letter signed by the pharmacist in-charge that he is fully responsible for the delivered medications and items in case of damage or lost.
4. A telephone order must be reduced to writing or electronic record including time of the call, product/s ordered, customer details, delivery information, and pharmacist details.
5. The products should be sent in their original manufacturer packs with their original leaflets.
6. Delivering the products to customers through temperature and humidity-controlled containers according to the manufacturer instructions:
  - a. Passive shipping systems:
    - i. Insulated Styrofoam Coolers: the walls thickness should be at least  $\frac{3}{4}$  inch from all sides with a seal.
    - ii. Refrigerant Gel Packs: refrigerated temperature from 0 to 15 degrees Celsius. they are reusable, recyclable, and non-toxic.
    - iii. Cushioning, foam or Packing Peanuts: soft packaging materials to absorb shocks.


iv. Leak-proof bag and absorbent material to deliver glass bottles (example: cough syrups) safely.

7. Pharmacist should be able to supply documentary evidence that the pharmaceutical product has not exceeded the acceptable limits temperature and humidity, as determined by the manufacturer's instructions. A temperature-humidity logbook must be signed by the pharmacist in-charge upon sending the products and the patient once received.
8. The signed temperature-humidity logbook should be retained for at least 3 years as printed hard copies or retrievable electronic forms.
9. The order should be handled to the person who gave the order. If he/she are unable to receive it, another person who is 18 years old and above can receive the medications only after the customers approval.
10. It is prohibited to deliver Narcotic, Controlled and Semi-controlled medications via pharmacy delivery system.



Electronic Temperature Indicator (ETI).	
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**Suggested shipment labelling for Pharmacy:**


<b>1</b>	<b>Order details:</b> 
a	Order Number
b	Order Date
c	Time That The Order Was Sent From The Pharmacy
d	Time That The Order Was Received


<b>2</b>	<b>Suitable storage conditions</b> 	<b>Pharmacist signature</b>	<b>Customers signature</b>
a	Store Between 15-25°C <input type="checkbox"/>		
b	Store Between 2-8 °C <input type="checkbox"/>		


c	Store Below 2 °C	■		
d	Store Below -18 °C In A Deep Freezer	■		

<b>3</b>	<b>Details of the person ordering/receiving the product/s</b>  		
a	Name		
b	Address		
c	Signature		



<b>4</b>	<b>Pharmacy Details</b> 		
a	Pharmacy Name As Per DHA		
b	Facility ID		
c	Pharmacy Contact Details (Phone Number, Email)		

<b>5</b>	<b>Pharmacist details</b> 		
a	Name		
b	License Number		
c	Signature		

<b>6</b>	<b>A warning message</b> 		
The product must not be used if the parcel does not match the order, if it is opened or damaged, or if there is any chance the product may be defective.			

<b>7</b>	<b>Total amount to pay</b> 	
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a	Cash 	
b	Card 	

 Thank you for choosing our pharmacy.   
Kindly note that the delivered products cannot be returned or exchanged.