Regulations Regarding Unified Electronic Information System of the Health Sector

Issued pursuant to

Section 78, Paragraph two of the Medical Treatment Law

I. General Provisions

1. This Regulation determines the manager of the unified electronic information system of the health sector (hereinafter – health information system), the data to be stored in the health information system and the procedures for processing them, as well as the procedures for issuing data.

2. The National Health Service shall be the manager of the health information system.

3. The manager of the health information system shall:
   3.1. determine the following standardised procedures for data exchange in the health information system:
       3.1.1. exchange structure standards of health care related data;
       3.1.2. requirements for accessing the health information system;
       3.1.3. classifiers to be used;
       3.1.4. security and technical standards;
   3.2. ensure storage of medical documents drawn up in the health information system and accessibility thereof in the health information system:
       3.2.1. for medical documents referred to in Sub-paragraphs 7.1., 7.2., 7.3. and 7.4. of this Regulation – for 75 years after the last entry;
       3.2.2. for medical documents referred to in Sub-paragraph 7.5 of this Regulation – in conformity with the time period laid down in the laws and regulations regarding procedures for production and storage of prescription forms and procedures for writing out prescriptions;
   3.3. ensure that the information corrected and deleted from the health information system is stored in the archive of the health information system in conformity with the time period indicated in Sub-paragraph 3.2. of this Regulation.

4. The health information system shall ensure:
   4.1. centralised processing of data related to a person's health, needed for medical treatment referred to in this Regulation;
   4.2. processing of data referred to in this Regulation related to a person's health, that are required for provision of statistics and research;
   4.3. writing out electronic prescriptions and circulation between a medical practitioner and pharmacist or pharmacist assistant;
4.4. issue and circulation of sick-leave certificates between a medical practitioner and competent institution implementing state policy in the field of social insurance and State social benefits;
4.5. electronic booking of a patient's appointment by a medical practitioner;
4.6. electronic processing of referrals for receipt of a health care service;
4.7. electronic transmission of payment data on State funded health care services and medicinal products and medical devices to the payment settlement system for health care services “Management Information System” of the National Health Service.

II. Data to be Included in the Health Information System

5. Both general availability data and restricted access data shall be included in the health information system. Restricted access data on a patient shall be divided into master data and supplementary data.

6. The following restricted access master data on a patient shall be included in the health information system:
   6.1. given name (names), surname;
   6.2. personal identity number;
   6.3. nationality and type of the nationality;
   6.4. gender;
   6.5. date of birth;
   6.6. declared, registered place of residence or place of residence indicated by the person;
   6.7. status of the person (active/passive);
   6.8. information regarding restricted capacity to act or reassessment of restricted capacity to act;
   6.9. date of death;
   6.10. note on adulthood;
   6.11. information on the residence document received in Latvia – a residence permit, registration certificate or permanent residence certificate;
   6.12. information on establishment or termination of out-of-family care, or termination thereof, suspension, withdrawal or restoration of custody rights;
   6.13. contact information indicated by a person (telephone number, electronic mail address, actual residence address);
   6.14. data on the person or persons who are authorised to process data in the health information system on behalf of the patient:
      6.14.1. given name (names), surname, personal identity number of parents, guardians, persons carrying out duties of a foster family;
      6.14.2. contact information (telephone number, electronic mail address) of parents, guardians, persons carrying out duties of a foster family;
      6.14.3. name of the child care institution;
      6.14.4. contact information (telephone number, electronic mail address) of the child care institution;
      6.14.5. given name (names), surname, personal identity number, contact information (telephone number, electronic mail address) of the authorised person;
      6.15. given name (names), surname, contact information (name of the medical treatment institution, address, telephone number, electronic mail address) of the family doctor;

6.16.1. type of the document;
6.16.2. name of the issuing authority of the document;
6.16.3. identification number of the issuing authority of the document;
6.16.4. term of validity of the document;

6.17. health data:
6.17.1. allergies, date of diagnostics thereof;
6.17.2. diagnosed diseases and persistent health conditions in conformity with the current International Statistical Classification of Diseases and Related Health Problems, 10th revision (hereinafter – ICD-10), the date of diagnostics thereof;
6.17.3. implants and prostheses – time and medical treatment institution of implantation, type of the implant and prosthesis, manufacturer, name, number or series;
6.17.4. disability – the cause according to ICD-10, disability group, date and number of the State Medical Commission's for the Assessment of Health Condition and Working Ability decision, given name (names), surname of the official, date from which disability has been established, disability period;
6.17.5. surgeries performed – date, name and classification code of the surgical manipulations in accordance with the current version of the Classification of Surgical Procedures with the supplement (NCSP+) of the Nordic Medico-Statistical Committee (NOMESCO);
6.17.6. diseases diagnosed during the past 12 months in accordance with ICD-10 and prescribed and received medicinal products (name, strength, dosage, frequency of use);
6.17.7. regularly used medicinal products (name, strength, dosage, frequency of use);
6.17.8. other warnings related to the patient's health.

7. The following medical documents containing restricted access supplementary data on a patient shall be included in the health information system:
7.1. an overview of outpatient examination/medical treatment of a patient (Annex 1);
7.2. referral for receipt of an out-patient/in-patient service (Annex 2);
7.3. discharge – epicrisis (Annex 3);
7.4. sick-leave certificate (Annex 4);
7.5. electronic prescription (Annex 5).

8. The following restricted access data on a user of the health care information system, who processes data on behalf of a medical treatment institution or a pharmacy, shall be included in the health information system:
8.1. given name (names), surname;
8.2. personal identity number;
8.3. identifier and speciality of a medical practitioner or medical treatment support person;
8.4. pharmacist's and pharmacist assistant's registration number in the Register of Pharmacists and Pharmacist Assistants;
8.5. position.

9. The following restricted access data on a person who has processed data of a patient in the health information system shall be included in the health information system:
9.1. given name (names), surname, for medical practitioners and medical treatment support persons – identifier of a medical practitioner or medical treatment support person
9. The following general accessibility data on the health care institution shall be included in the health information system:

9.1. health care services funded from the health care State budget resources and from the resources of the recipient of a service (patient fee, co-payment), which are provided by the medical treatment institution;
9.2. name of the institution, for medical treatment institutions – also the code in the Register of Medical Treatment Institutions and address;
9.3. date and time of data processing;
9.4. type of data processing.

10. The following general accessibility data on the health care institution shall be included in the health information system:

10.1. health care services funded from the health care State budget resources and from the resources of the recipient of a service (patient fee, co-payment), which are provided by the medical treatment institution;
10.2. health care services funded by the resources of the recipient of the service, which are provided by the medical treatment institution;
10.3. appointment times of medical practitioners;
10.4. possibility to make an appointment to receive a health care service.

III. Procedures for Data Processing and Issue Thereof in the Health Information System

11. Data shall be provided to the health information system online by:

11.2. the National Health Service – current data abovementioned in Sub-paragraphs 6.10., 6.15., 6.16. and Paragraph 9 of this Regulation;
11.3. the State Medical Commission for the Assessment of Health Condition and Working Ability – data referred to in Sub-paragraph 6.17.4. of this Regulation and in Paragraph 20 of Annex 4 to this Regulation;
11.4. a medical treatment institution:
   11.4.1. data referred to in Sub-paragraphs 6.13., 6.14.2., 6.14.4. of this Regulation and in Annex 1 and 2 to this Regulation – immediately but no later than within five working days after provision of a health care service to a patient in an out-patient institution, and within 14 days – in an in-patient medical treatment institution;
   11.4.2 data referred to in Annex 3 to this Regulation immediately, but no later than within 14 days after discharging a patient from an in-patient medical treatment institution;
   11.4.3. data referred in Annex 4 to this Regulation, with the exception of the data referred to in Paragraph 20 of Annex 4 to this Regulation, in conformity with the laws and regulations regarding procedures for issuance of sick-leave certificates;
   11.4.4. data referred in Paragraphs 1, 2, 3, 4, 5, 6 and 7 of Annex 5 to this Regulation in conformity with the laws and regulations regarding manufacture and storage of prescription forms, and also regarding writing out and storage of prescriptions;
   11.4.5. data abovementioned in Sub-paragraph 8.5. of this Regulation – by assigning user right to a person who processes patient data in the health information system on behalf of a medical treatment institution;
   11.4.6. current data abovementioned in Paragraph 10 of this Regulation – as needed;
11.5. a family doctor – data indicated in Sub-paragraphs 6.17.1., 6.17.2., 6.17.3., 6.17.5., 6.17.6., 6.17.7. and 6.17.8. of this Regulation on patients who are registered with the relevant family doctor;
11.6. pharmacy (pharmacy branch) – data referred to in Paragraph 8 of Annex 5 to this Regulation – immediately, but no later than within three working days after issuing of the respective medicinal products or medical devices;

11.7. the State Land Service – data of the National Address Register Information System for ensuring compliance of all addresses included in the health information system;

11.8. the Health Inspectorate – data indicated in Sub-paragraph 8.3. of this Regulation;

11.9. the Latvian Pharmacists Association – data indicated in Sub-paragraph 8.4. of this Regulation.

12. the National Health Service shall ensure access to the health information using the following types of access:

12.1. user interface of the health information system;

12.2. user interface of the Latvian State portal www.latvija.lv;

12.3. information system used by a medical treatment institution or pharmacy, if it is integrated in the health information system;

12.4. integrator of the State information systems.

13. Restricted access data on patients in the amount laid down in Paragraphs 22, 23, 24, 25, 26, 27, 28 and 29 of this Regulation stored in the health information system may be accessed by a pharmacy (pharmacy branch), which holds a valid licence for pharmaceutical activity, and by a medical treatment institution registered in the Register of Medical Treatment Institutions, which has concluded an agreement with the National Health Service either in the paper form or in the form of an electronic document, provided that the electronic document has been drawn up in conformity with the requirements for drawing up of an electronic document laid down in the laws and regulations, on the use of the health information system, and this agreement stipulates the security and technical requirements for using the health information system, and the user of the health information system has authenticated him/herself in the health information system, by using:

13.1. one of the authentication types offered by the Latvian State portal www.latvija.lv;

13.2. means of authentication of the information system of a medical treatment institution or pharmacy (pharmacy branch), which corresponds to the security and technical requirements included in the agreement abovementioned in this Paragraph;

13.3. identity card.

14. Upon entering into the agreement indicated in Paragraph 13 of this Regulation regarding the use of the health information system with a medical treatment institution or pharmacy (pharmacy branch) which accesses the health information system in conformity with Sub-paragraph 12.3. of this Regulation, the National Health Service shall in the abovementioned agreement intend an obligation for the medical treatment institution or pharmacy (pharmacy branch) to ensure that the information system used by the medical treatment institution or pharmacy (pharmacy branch), which is integrated in the health information system, does not allow massive data replication and the following general security and technical requirements are complied with:

14.1. the documents on general security requirements for State information systems laid down in the laws are regulations have been developed;

14.2. the information system uses software which is used to make audit records, registering data on events in the information system, in order to provide an opportunity to assess their impact on security of the information system;

14.3. information and technical resources of the information system have been determined in conformity with the laws and regulations governing the circulation and storage of electronic documents;
14.4. compliance of the compatible system and the integrator has been ensured with at least the following infrastructure protection requirements for the compatible system and the integrator:

14.4.1. compatible system and integrator infrastructure (servers, disk arrays, switches, which are related to the system servers) shall be protected against unauthorised access, thefts and intentional or unintentional damage (e.g. flood, fire);

14.4.2. the security manager of the compatible system and integrator shall be responsible for ensuring that the premises of the compatible system and integrator infrastructure are accessed only by persons who need physical access to the compatible system and integrator infrastructure for carrying out their work duties;

14.4.3. the premises of the compatible system and integrator infrastructure shall be equipped with an alarm system (detectors, which record unauthorised opening of doors and windows), smoke and fire detectors, automated gas fire extinguishing system, or shall be provided with fire-extinguishers;

14.5. conformity of the compatible system and integrator shall been ensured with the following logical protection requirements for the compatible system and the integrator:

14.5.1. internal computer networks of the compatible system and integrator shall be separated from the internet by means of a firewall;

14.5.2. infrastructure (servers, disk arrays) of the compatible system and integrator shall be separated in a separate sub-network or by means of a firewall;

14.5.3. if the technical solution permits, anti-virus protection of the compatible system and integrator shall be ensured. Anti-virus programme database shall be updated at least once a day;

14.5.4. continuous protection against work environment safety risks of the compatible system and integrator shall be ensured by means of intrusion attempt detection and a protection system;

14.5.5. by using only encrypted connection and multi-factor authentication, remote access restriction shall be ensured for administration of the compatible system and integrator;

14.5.6. a separate testing of improvements of the compatible system and integrator shall be organised in a test environment established for these needs, and separated from the compatible system and integrator at physical or logical level. Protection requirements of the test environment infrastructure shall comply with the provisions of Sub-paragraph 14.4. of this Regulation;

14.5.7. access to the compatible system and integrator for the purpose of administration and management functionality shall be granted only to those persons who need the information contained in the compatible system and integrator in an appropriate scope for performing their work duties;

14.6. the employment contract or work description of the person serving the compatible system or integrator shall contain a condition of compliance with the confidentiality requirements in relation to the data that comes into the possession of this person in the performance of his or her work duties. If the compatible system or integrator is serviced by a third party, confidentiality requirements shall be defined in the document, which establishes a legal relationship;

14.7. the person abovementioned in Sub-paragraph 14.6. of this Regulation before taking up his or her work duties shall certify with the signature that he or she has been acquainted with the security policy of the compatible system or integrator, security provisions of the compatible system or integrator and other documents regulating the operation of the compatible systems or integrator.

15. The National Health Service shall not enter into agreement with a medical treatment institution or pharmacy (pharmacy branch) on the use of the health information system, if:
15.1. the information system of the medical treatment institution or pharmacy (pharmacy branch) fails to comply with the requirements laid down in Paragraph 14 of this Regulation;

15.2. the medical treatment institution or pharmacy (pharmacy branch) has been imposed a coercive measure, which is related to the restriction of rights in the medical or pharmaceutical field, and it has not been fulfilled in accordance with the procedures laid down in the laws and regulations.

16. The National Health Service has the right to unilaterally terminate the agreement for the use of the health information system entered into with a medical treatment institution or pharmacy (pharmacy branch), if:

16.1. activity of the medical treatment institution has been suspended or terminated;
16.2. license for pharmaceutical activity has been suspended or revoked;
16.3. a court judgement or an injunction of a prosecutor regarding the application of a coercive measure has entered into force and it is related to the restriction of rights in the medical or pharmaceutical field.

17. The head of a medical treatment institution shall, within 30 days after entering into agreement with the National Health Service, determine the user, who on behalf of the medical treatment institution in the amount laid down in this Regulation shall process data in the health information system:

17.1. the user rights for a medical practitioner shall be determined in the health information system concurrently with the following provisions:

17.1.1. a medical practitioner shall be registered in the Register of Medical Practitioners and Medical Treatment Support Persons;
17.1.2. a medical practitioner shall be engaged in medical treatment in a medical treatment institution;

17.2. the user rights for a medical treatment support person shall be determined in the health information system concurrently with the following provisions:

17.2.1. medical treatment support person shall be registered in the Register of Medical Practitioners and Medical Treatment Support Persons;
17.2.2. a medical treatment support person shall be directly involved in the provision of health care process in a medical treatment institution, and his or her responsibilities shall include processing of patient data;

17.3. the user rights for an employee of a medical treatment institution, who is not a medical practitioner or medical treatment support person, shall be determined in the health information system in the amount that is needed to perform his or her work duties to ensure administration of the financial resources or processing of the statistical data.

18. The user rights assigned to a medical practitioner, medical treatment support person or an employee of a medical treatment institution who is not a medical practitioner or medical treatment support person, shall be cancelled:

18.1. by a medical treatment institution, if:

18.1.1. the medical treatment institution terminates the employment relationship with the relevant person;
18.1.2. the work duties of the relevant person do not include processing of personal data anymore;
18.1.3. a person has been imposed a security measure related to prohibition of certain occupations in the field of medical treatment, and it has not been amended or repealed in accordance with the procedures laid down in the laws and regulations;
18.1.4. a person has been imposed a criminal punishment related to the restriction of the rights in the field of medical treatment, and it has not been enforced in accordance with the procedures laid down in the laws and regulations;

18.2. By the National Health Service, if:

18.2.1. operation of a unit of a medical treatment institution has been suspended or terminated;

18.2.2. the relevant person for more than three subsequent months does not process the data stored in the health information system;

18.2.3. a medical practitioner or a medical treatment support person is excluded from the Register of Medical Practitioners and Medical Treatment Support Persons;

18.2.4. the relevant person fails to comply with the requirements of this Regulation in processing data in the health information system;

18.2.5. a person has been imposed a security measure related to prohibition of certain occupations in the field of medical treatment, and it has not been amended or repealed in accordance with the procedures laid down in the laws and regulations;

18.2.6. a person has been imposed a criminal punishment related to the restriction of the rights in the field of medical treatment and it has not been enforced in accordance with the procedures laid down in the laws and regulations.

19. The head of a pharmacy (pharmacy branch) shall, within 30 days after entering into agreement with the National Health Service, determine the user, who on behalf of the pharmacy (pharmacy branch) in the amount laid down in this Regulation shall process data in the health information system, by assigning the user rights to a pharmacist or pharmacist assistant, where the following conditions exist concurrently:

19.1. a pharmacist or pharmacist assistant shall be registered in the Register of Pharmacists and Pharmacist Assistants;

19.2. a pharmacist or pharmacist assistant shall ensure pharmaceutical care in a pharmacy or its branch.

20. The user rights assigned to a pharmacist or pharmacist assistant shall be cancelled:

20.1. by a pharmacy, if:

20.1.1. it terminates the employment relationship with the relevant person;

20.1.2. a person has been imposed a security measure related to prohibition of certain occupations in the pharmaceutical field, and it has not been amended or repealed in accordance with the procedures laid down in the laws and regulations;

20.1.3. a person has been imposed a criminal punishment related to the restriction of the rights in the pharmaceutical field, and it has not been enforced in accordance with the procedures laid down in the laws and regulations;

20.2. by the National Health Service, if:

20.2.1. a pharmacist or pharmacist assistant ceases to practice;

20.2.2. registration of a pharmacist or pharmacist assistant is suspended or the person is excluded from the Register of Pharmacists and Pharmacist Assistants;

20.2.4. a pharmacist or pharmacist assistant fails to comply with the requirements of this Regulation in processing data in the health information system;

20.2.5. a person has been imposed a security measure related to prohibition of certain occupations in the pharmaceutical field, and it has not been amended or repealed in accordance with the procedures laid down in the laws and regulations;

20.2.5. a person has been imposed a criminal punishment related to the restriction of the rights in the pharmaceutical field, and it has not been enforced in accordance with the procedures laid down in the laws and regulations.

21. When processing data in the health information system:
21.1. a medical treatment institution shall have the following obligation:
   21.1.1. after entering into the agreement abovementioned in Paragraph 13 of this Regulation use the options available in the health information system in conformity with the specialisation of the medical treatment institution and the requirements laid down in this Regulation;
   21.1.2. process electronic appointments, if a medical treatment institution has agreed with the National Health Service on the use of electronic appointments in the agreement abovementioned in Paragraph 13 of this Regulation regarding the use of the health information system;

21.2. a medical treatment institution has the right to:
   21.2.1. cancel a sick-leave certificate issued by the medical treatment institution, if an opinion of the competent institution has been received stating unjustified issue of the sick-leave certificate;
   21.2.2. impose restrictions on electronic booking of an appointment by a medical practitioner, if the medical institution provides the relevant service.

22. A medical practitioner, who has authenticated himself or herself in the health information system in accordance with the procedures laid down in Paragraph 12 of this Regulation, is entitled to process restricted access data on a patient included in the health information system in the amount specified in this Regulation in order to achieve the medical treatment objectives.

23. A family doctor is entitled to process all restricted access data stored in the health information system (with the exception of data indicated in Paragraph 9 of this Regulation) on his or her registered patients, but data on short-term patients – only if their informed consent (a written authorisation for a medical practitioner to process data on a patient stored in the health information system) has been received.

24. A medical practitioner who provides out-patient dynamic observation of a patient, starting from the first visit of a patient to the medical practitioner until the completion of the relevant out-patient dynamic observation, and also in processing the patient's electronic appointment for receiving a health-care service, is entitled to process all data regarding the patient stored in the health information system related to the provision of the relevant health service, with the exception of the data abovementioned in Paragraph 9 of this Regulation.

25. A medical practitioner providing out-patient health care services, on the day of an out-patient visit of a patient and five working days after it, and also in processing the patient's electronic appointment for the receipt of a health-care service, is entitled to process all data on a patient stored in the health information system related to the provision of the respective health service, with the exception of the data abovementioned in Paragraph 9 of this Regulation. A medical practitioner who has issued a referral for a patient to a health care service, is entitled to access the data on the respective health care service at any time.

26. A medical practitioner providing in-patient health care services, during the time period when the patient is in the relevant in-patient medical treatment institution and 14 days after discharge from this institution, is entitled to process all patient data stored in the health information system related to the provision of the relevant health care service, with the exception of the data abovementioned in Paragraph 9 of this Regulation.

27. A medical practitioner providing emergency medical assistance, within one day of receiving the call or providing assistance, is entitled to process all patient data stored in the
health information system related to the provision of the relevant health care service, with the exception of the data abovementioned in Paragraph 9 of this Regulation.

28. A medical practitioner or an employee of a medical treatment institution, who is not a medical practitioner or medical treatment support person, is entitled to access data indicated in Sub-paragraphs 6.1 and 6.2 of this Regulation, stored in the health information system, and also to process the patient data he or she has entered in the health information system.

29. A pharmacist or pharmacist assistant, in performing pharmaceutical care, is entitled to access data indicated in Paragraphs 1, 2, 3, 4, 5, 6 and 7 of Annex 5 to this Regulation, and also to process data indicated in Paragraph 8 of Annex 5 to this Regulation, ensuring fulfilment of Sub-paragraph 11.6. of this Regulation.

30. State administrative institutions referred to in the Law On the Rights of Patients are entitled to process patient data in the health information system in the amount that is needed to achieve the objective of patient data processing laid down in the Law On the Rights of Patients.

31. A patient may access data contained in the health information system by authenticating himself or herself by using an identity card.

32. A patient has the right to take the following actions in the health information system if they relate to the patient himself or herself, to a person who has authorised the patient and to minor children of the patient or a person under guardianship of the patient:

32.1. to access to all data stored in the health information system, with the exception of the health data access to which by the person has been denied by a doctor;
32.2. to provide online data abovementioned in Sub-paragraphs 6.13, 6.14.2 and 6.14.5 of this Regulation in the health information system and to edit them;
32.3. to book and cancel an appointment to a medical practitioner according to the options offered by a medical treatment institution, if the medical treatment institution ensures electronic booking of an appointment by a medical practitioner;
32.4. to deny access to the data stored in the health information system in the following amount:
   32.4.1. by prohibiting access for all medical treatment institutions to all data stored in the health information system;
   32.4.2. by prohibiting access for all medical treatment institutions to individual data stored in the health information system;
   32.4.3. by prohibiting access for individual medical treatment institutions to all or individual data stored in the health information system;
   32.4.4. by prohibiting access for individual medical practitioners and medical treatment support persons to all or individual data stored in the health information system;
32.5. to register with a family doctor;
32.6. to lodge a submission for the receipt of the European Health Insurance Card.

33. Upon a prior agreement, patients who do not have access to the health information system in accordance with the determined types of authentication, may become familiar with the information stored in the health information system regarding himself or herself, a person who has authorised the patient and regarding minor children of the patient or a person under guardianship of the patient, in the presence of the family doctor of the relevant person or in the presence of a medical practitioner working in the practice of the family doctor. In such case, informed consent of the patient is required.
IV. Closing Provisions

34. By 31 December 2015 the Centre for Disease Prevention and Control shall provide the National Health Service with the data contained in the register of patients suffering from definite diseases, in order to ensure inclusion of such data in the health information system.

35. By 31 December 2015 the National Health Service shall include those data, that are contained in the payment settlement system “Management Information System” of the National Health Service.

36. By 31 December 2015 medical treatment institutions shall issue to a patient medical documents abovementioned in Sub-paragraphs 7.2., 7.3., 7.4. and 7.5. of this Regulation and drawn up in the health information system, but the document abovementioned in Sub-paragraph 7.1. of this Regulation shall be issued only in case if it is intended to be submitted to another medical treatment institution.

37. From 1 January 2016 family doctors are obliged to submit online the data abovementioned in Sub-paragraph 11.5. of this Regulation to the health information system.

38. By 31 December 2015 medical treatment institutions and pharmacies shall enter into the agreement abovementioned in Paragraph 13 of this Regulation with the National Health Service.

39. Sub-paragraphs 6.14.1., 6.14.3., 32.4.3. and 32.4.4. of this Regulation shall come into force on 1 January 2016.

40. The State Medical Commission for the Assessment of Health Condition and Working Ability shall submit online the data referred to in Paragraph 20 of Annex 4 to this Regulation to the health information system from 1 January 2016.

41. Sub-paragraphs 13.1 and 13.2 of this Regulation shall remain effective by 31 December 2016.

42. Sub-paragraph 13.3. of this Regulation shall come into force on 1 January 2017.

43. Paragraph 31 of this Regulation shall come into force on 1 January 2017. By 31 December 2016 a patient shall access the health information system by authenticating himself or herself in the health information system, by using one of the authentication types offered by the Latvian State portal www.latvija.lv.

44. This Regulation shall come into force on 1 April 2014.

Prime Minister               Laimdota Straujuma
Minister for Health           Ingrīda Circene
Overview of Out-patient Examination/Medical Treatment

1. Patient information:
   1.1. personal identity number*;
   1.2. given name (names), surname;
   1.3. declared, registered place of residence or place of residence indicated by the person;
   1.4. contact information indicated by the person (telephone number, electronic mail address, address of the actual place of residence);
   1.5. gender;
   1.6. date of birth;
   1.7. state.

2. Information on the performer:
   2.1. code of the medical treatment institution in the Register of Medical Treatment Institutions;
   2.2. name of the medical treatment institution;
   2.3. address of the medical treatment institution;
   2.4. given name (names), surname of the medical practitioner;
   2.5. Identifier of the medical practitioner granted by the Health Inspectorate;
   2.6. speciality of the medical practitioner;
   2.7. state of the medical practitioner.

3. Name and code of the health care service*.

4. Classification code of the surgical manipulations in accordance with the current version of the Classification of Surgical Procedures with the supplement (NCSP+) of the Nordic Medico-Statistical Committee (NOMESCO)*.

5. Notes*.

6. Diagnoses*:
   6.1. code and name of diagnosis (in conformity with the current International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10));
   6.2. type of diagnosis.

7. Medical treatment recommendations*.

8. Recommendations for rehabilitation*.

9. Recommendations for work regime *.

10. Recommendations for the social service *.

11. Service execution date.
Note. * To be completed by the medical treatment institution.

Minister for Health

Ingrīda Circene
Referral for Receipt of an Out-patient/In-patient Service

1. Patient information:
   1.1. personal identity number*;
   1.2. given name (names), surname;
   1.3. declared, registered place of residence or place of residence indicated by the person;
   1.4. contact information indicated by the person (telephone number, electronic mail address, address of the actual place of residence);
   1.5. gender;
   1.6. date of birth;
   1.7. state.

2. Referrer:
   2.1. code of the medical treatment institution in the Register of Medical Treatment Institutions;
   2.2. name of the medical treatment institution;
   2.3. address of the medical treatment institution;
   2.4. given name (names), surname of the medical practitioner;
   2.5. Identifier of the medical practitioner granted by the Health Inspectorate;
   2.6. speciality of the medical practitioner;
   2.7. state of the medical practitioner.

3. Name and code of the required health care service*.

4. Diagnoses*:
   4.1. code and name of diagnosis (in conformity with the current International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10));
   4.2. type of diagnosis.

5. Brief medical history*.

6. Date of referral.

Note. * To be completed by the medical treatment institution.

Minister for Health

Ingrīda Circene
Discharge – Epicrisis

1. Patient information:
   1.1. personal identity number;
   1.2. given name (names), surname;
   1.3. address of the declared, registered place of residence or place of residence indicated by the person;
   1.4. contact information indicated by the person (telephone number, electronic mail address, address of the actual place of residence);
   1.5. gender;
   1.6. date of birth;
   1.7. workplace (name, phone).

2. Provider of the in-patient service:
   2.1. code of the medical treatment institution;
   2.2. name of the medical treatment institution;
   2.3. legal address of the medical treatment institution;
   2.4. contact information (telephone number, electronic mail address) of the medical treatment institution;
   2.5. address of the branch of the medical treatment institution (if the medical treatment institution has a branch, and the patient has been registered at the branch);
   2.6. contact information (telephone number, electronic mail address) of the branch of the medical treatment institution;
   2.7. given name (names), surname of the medical practitioner (one or several) providing medical treatment;
   2.8. identifier of the medical practitioner granted by the Health Inspectorate of the medical practitioner (one or several) providing medical treatment;
   2.9. state of the medical practitioner (one or several) providing medical treatment;
   2.10. given name (names), surname of the signer of the document – head of the unit;
   2.11. identifier of the signer of the document – head of the unit, granted by the Health Inspectorate.

3. Family doctor of the patient:
   3.1. given name (names), surname;
   3.2. Identifier of the medical practitioner granted by the Health Inspectorate;
   3.3. state of the medical practitioner;
   3.4. code of the medical treatment institution;
   3.5. name of the medical treatment institution;
   3.6. address of the medical treatment institution;
   3.7. contact information (telephone number, electronic mail address) of the medical treatment institution.

4. Information regarding the referrer of the patient (information regarding the medical practitioner who has referred the patient to an in-patient institution):
   4.1. given name (names), surname of the medical practitioner;
4.2. Identifier of a medical practitioner granted by the Health Inspectorate;
4.3. speciality of the medical practitioner;
4.4. state of the medical practitioner;
4.5. code of the medical treatment institution;
4.6. name of the medical treatment institution;
4.7. address of the medical treatment institution;
4.8. contact information (telephone number, electronic mail address) of the medical treatment institution.

5. Stay in the in-patient institution (information containing a summary of the stages of the patient's stay in the in-patient medical treatment institution):
   5.1. admittance date and time:
      5.1.1. type of movement;
      5.1.2. unit;
      5.1.3. number of days;
   5.2. discharge date.

6. Diagnosis (information on the diagnoses (upon referral, admittance, clinical, final (main, additional)), recorded in relation to the patient's hospitalisation in the in-patient medical treatment institution):
   6.1. code and name of diagnosis (in conformity with the current International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10));
   6.2. type of diagnosis.

7. Objective condition.

8. Medical history.

9. Analyses (information regarding all significant analyses summarised in the form of a text).

10. Diagnostic tests (information regarding all significant tests summarised in the form of a text).

11. Medical procedures, surgeries, therapy (information regarding all procedures, surgeries and medicinal products used for therapy summarised in the form of a text):
   11.1. classification code of the surgical manipulations in accordance with the current version of the Classification of Surgical Procedures with the supplement (NCSP+) of the Nordic Medico-Statistical Committee (NOMESCO);
   11.2. name of the surgery;
   11.3. date of the surgery.

12. Allergic reactions (information in the form of a text regarding allergies recorded at hospitalisation).

13. Information regarding the fact of vaccination (if the patient was vaccinated at hospitalisation).


15. Medical treatment recommendations and medicinal products prescribed.

17. Recommendations for work regime.

18. Recommendation for the social service.

19. Date.

Minister for Health                          Ingrīda Circene
Sick-leave Certificate

1. Recipient of the sick-leave certificate:
   1.1. personal identity number*;
   1.2. given name (names), surname;
   1.3. gender;
   1.4. date of birth;
   1.5. address of the declared, registered place of residence or place of residence indicated by the person;
   1.6. type of a person – child or ward*;
   1.7. personal identity number of the child or ward*;
   1.8. given name (names), surname of the child or ward*;
   1.9. date of birth of the child or ward;
   1.10. name of workplace*.

2. Medical treatment institution and medical practitioner who processed (registered, opened, closed, revoked, extended the period of work disability, made notes on regime infringement) the sick-leave certificate:
   2.1. code of the medical treatment institution in the Register of Medical Treatment Institutions;
   2.2. name of the medical treatment institution;
   2.3. address of the medical treatment institution;
   2.4. given name (names), surname of the medical practitioner;
   2.5. Identifier of the medical practitioner granted by the Health Inspectorate.

3. Type of the sick-leave certificate issued – initial or continuation*.

4. Type of the sick-leave certificate issued – certificate A or certificate B*.

5. Registration number of the sick-leave certificate.
Format of the registration number of the sick-leave certificate – MTI–T–YY–X, where
* MTI – code of the medical treatment institution in the Register of Medical Treatment Institutions;
* T – type of the sick-leave certificate (A or B);
* YY – last two digits of the year;
* X – serial number of the sick-leave certificate within the framework of the medical treatment institution and the year.
Example. 000111000-B-11-12345.

6. Registration number of a paper form of the sick-leave certificate (shall be indicated if the sick-leave certificate has been issued in a paper form)*.

7. Registration number of the previous sick-leave certificate (if the type of the sick-leave certificate is “Continuation”)*.
8. Registration number of the previous sick-leave certificate (if the type of the sick-leave certificate is “Continuation”, and the previous sick-leave certificate has been issued in a paper form)*.

9. Cause of temporary work disability in accordance with the laws and regulations regarding the procedures for certifying temporary work disability of a person*.

10. Textual notes of the sick-leave certificate*.

11. Date when disability data were transmitted to the State Social Insurance Agency.

12. Date by which the work disability of the recipient of the sick-leave certificate will continue (it shall be indicated upon closing of the sick-leave certificate, if disability continues) *.

13. Date by which the recipient of the sick-leave certificate shall return to work (it shall be indicated upon closing of the sick-leave certificate, if disability does not continue)*.

14. Reason for opening a sick-leave certificate for the previous period (it shall be indicated if the initial date of work disability is earlier than the date of opening of the sick-leave certificate)*.

15. Reason for not referring to another doctor in accordance with the laws and regulations regarding the procedures for certifying temporary work disability of a person*.

16. Substantiation for cancelling of the sick-leave certificate*.

17. Actual status of the sick-leave certificate and status change history.

18. Work disability periods (there may be several periods for one sick-leave certificate)*:
   18.1. initial date of the period;
   18.2. last date of the period.

19. Notes on sending to the State Medical Commission for Expert-Examination of Health and Working Ability*.

20. Decision of the State Medical Commission for the Assessment of Health Condition and Working Ability:
   20.1. content of the decision (to determine/ not to determine disability);
   20.2. date of the decision;
   20.3. number of the decision;
   20.4. Given name (names), surname of the officials of the State Medical Commission for the Assessment of Health Condition and Working Ability;
   20.5. date from which disability has been established.

21. Notes on infringement of the regime determined by a doctor*:
   21.1. description of the infringement;
   21.2. first day of the infringement of the regime;
   21.3. last day of the infringement of the regime.

22. Opinion of a supervisory authority on unjustified issue of a sick-leave certificate*:
   22.1. date of the opinion;
22.2. number of the opinion;
22.3. textual notes of the opinion;
22.4. institution issuing the opinion;
22.5. initial date of the period of cancelling of a sick-leave certificate;
22.6. last date of the period of cancelling of a sick-leave certificate.

23. The number of the cancelled sick-leave certificate on the basis of which a new sick-leave certificate has been opened*.

24. Note on replacement (if a sick-leave certificate is supplemented by a different medical practitioner)*.

Note.* To be completed by the medical treatment institution.

Minister for Health

Ingrīda Circene
E-prescription

1. Patient information:
   1.1. given name (names), surname;
   1.2. personal identity number;
   1.3. address of the declared, registered place of residence or place of residence indicated by the person;
   1.4. gender;
   1.5. date of birth.

2. Data of the person writing-out the e-prescription:
   2.1. code of the medical treatment institution in the Register of Medical Treatment Institutions;
   2.2. name of the medical treatment institution;
   2.3. address of the medical treatment institution;
   2.4. given name (names), surname of the medical practitioner;
   2.5. Identifier of a medical practitioner granted by the Health Inspectorate;
   2.6. speciality of the medical practitioner;
   2.7. state of the medical practitioner.

3. Main data of the e-prescription:
   3.1. identification number of the e-prescription;
   3.2. prescription form series and number;
   3.3. type (special prescription or ordinary prescription);
   3.4. e-form type (if the patient has a foreign patient identifier);
   3.5. writing out date;
   3.6. term of validity;
   3.7. duration of the medical treatment course (if the e-prescription is meant for a medical treatment course);
   3.8. a note on whether it is permitted to replace the medicinal products.

4. Diagnoses:
   4.1. code and name of diagnosis (in conformity with the current International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10));
   4.2. type of diagnosis.

5. Special conditions for issuing.

6. Prescribed medicine or medical devices:
   6.1. name of the medical products or active ingredient/name of the medical device;
   6.2. registration number of medicinal products;
   6.3. group of compensated medicinal products or medical devices;
   6.4. form of medical products;
   6.5. strength of medicinal product;
   6.6. unit of measurement of the strength of medicinal product.
6.7. quantity¹;
6.8. unit of measurement of quantity¹;
6.9. payer for the compensated medicinal products or medical devices;
6.10. amount of compensation.

7. Instructions for use¹.

8. Information regarding medicinal products or medical devices issued to the person, based on the e-prescription²:
   8.1. registration number of medicinal products;
   8.2. name;
   8.3. number of issued packages of medicinal products or medical devices;
   8.4. price of one package (medicinal products or medical devices distributed within the framework of the compensation scheme);
   8.5. date of issue of the medicinal products or medical devices;
   8.6. information whether the person has been granted the status of a person in need;
   8.7. given name (names) of the pharmacist or pharmacist's assistant and registration number in the Register of Pharmacists and Pharmacist's Assistants;
   8.8. name, registration code, address of the pharmacy (a branch of the pharmacy).

Notes.
¹ To be completed by the medical treatment institution.
² To be completed by the pharmacy.

Minister for Health

Ingrīda Circene