MINISTRY OF HEALTH
SINGAPORE

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6 March 2026

All HCSA Licensees
All Retail Pharmacies
All Approved Users of NEHR

OVERVIEW AND IMPLEMENTATION OF THE HEALTH INFORMATION ACT

With the enactment of the Health Information Act (HIA), the Ministry of Health (MOH) is committed to support licensed healthcare providers, retail pharmacies, and approved users of NEHR in its implementation. This circular outlines the requirements that healthcare providers need to meet, implementation timelines, and support measures available.

Overview of HIA

2 The HIA establishes a comprehensive framework for managing, securing, and sharing key health information to improve healthcare delivery and patient outcomes. The Act governs:

a) **National Electronic Health Record (NEHR) Contribution and Access**: The HIA requires all licensed healthcare providers under the Healthcare Services Act 2020 (HCSA) and retail pharmacies under the Health Products Act 2007 to contribute key health information of Singaporeans, Permanent Residents, and patients with long-term immigration passes to the NEHR system and provides for their NEHR access.

b) **Cybersecurity and Data Security (CS/DS) Measures**: Licensed healthcare providers, retail pharmacies, approved users of the NEHR, and Health Information Management System (HIMS) providers must implement reasonable security measures to protect health information and systems and meet cybersecurity incidents / data breach notification obligations.

c) **Sharing of Non-NEHR Health Information**: The HIA enables the sharing of prescribed non-NEHR health information within the healthcare ecosystem to facilitate community-based care and outreach programmes. This is currently only applicable to public healthcare institutions, cluster HQs (i.e. National Healthcare Group Pte Ltd, National University Health System Pte Ltd and Singapore Health Services Pte Ltd), Agency for Integrated Care Pte Ltd and public agencies.

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Implementation Timelines

3 The implementation timelines for NEHR contribution and cybersecurity and data security requirements will be phased as shown in Table 1. This will enable patients to benefit from the data sharing and security measures as soon as possible, while taking into consideration the varying levels of readiness of the different sectors and complexity of the data types to be contributed. Providers can refer to the CS/DS Essentials for guidance on measures to put in place.

Table 1: Batched Implementation Timeline

	Batch 1	**Batch 2**	**Batch 3**
Service Type	• Outpatient Medical Service (GP) • Acute Hospital • Community Hospital • Clinical Laboratory • Radiology Laboratory • Nuclear Medicine Service	• Outpatient Medical Service (Specialist) • Nursing Home • Contingency Care Service • Outpatient Renal Dialysis	• Outpatient Dental • Ambulatory Surgical Centre • Assisted Reproduction • Retail Pharmacy
When healthcare providers can start accessing NEHR	Healthcare providers with existing access can continue using NEHR. Healthcare providers who wish to access can start applying for access now.		
Timeline to start contribution to NEHR, and implement cybersecurity and data security (CS/DS) measures	By September 2027	By September 2028	By March 2030

[Note: For licensees providing multiple service types, NEHR contribution requirements apply according to each service's respective implementation timeline.]

4 **For Other HCSA Licensees and Approved Users of NEHR**: HCSA licensees not listed in Table 1, which include cord blood banking, human tissue banking, emergency ambulance, and medical transport services, are not required to contribute to NEHR, but need to implement the cyber and data security measures by September 2028.

HIMS Selection and Preparation

5 To support licensed healthcare providers and retail pharmacies in meeting the NEHR contribution requirements, Synapxe will progressively update the list of HIA-compliant HIMS on its website. HIA-Compliant HIMS listed by Synapxe would be certified to meet NEHR connectivity requirements, have obtained Cyber Essentials (CE) certification from the Cyber Security Agency of Singapore (CSA), and commit to abide by data portability requirements. Adopting a HIA-compliant HIMS is necessary for your HIMS to meet the measures in the CS/DS Essentials that are marked with this icon , and fulfil the requirement relating to NEHR contribution.

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6 Today, there are 17 HIMS integrated to NEHR for GPs to onboard, of which 15 are CE certified. 8 more HIMS are in the process of being integrated to NEHR and CE certified. Collectively, these 25 HIMS support ~60% of the outpatient GP and specialist clinics. MOH and Synapxe are engaging and encouraging all HIMS providers to obtain CSA's CE certification before the end of 2026.

a) **For non-digitalised providers (i.e. those exclusively on pen and paper)**: Healthcare providers are strongly encouraged to digitalise their operations and adopt a HIA-compliant HIMS for more efficient and safer care delivery. Adopt a HIA-compliant HIMS (e.g. Clinic Management System) from this list. Synapxe will update the list as more HIMS become HIA-compliant. For clinics who have difficulties digitalising or require more time to digitalise, MOH will work with them on alternate modes of contribution.

b) **For digitalised providers but not NEHR-connected**: Check if your HIMS provider is on the approved list:

   i. If approved, contact your provider to initiate NEHR integration.

   ii. If your provider is not on the approved list, reach out to your vendor to check on their plans to be HIA-compliant or consider switching to a HIA-compliant HIMS.

7 Healthcare providers deploying HIMS that have obtained the CE for HIMS Vendors Certification can expect that some of the cybersecurity requirements have been built into their certified HIMS product or system (e.g. timely software updates, multi-factor authentication). For the remaining IT systems, policies and processes, MOH will also be providing guides (including templates) to help healthcare providers implement the appropriate CS/DS measures.

Funding Support

8 The NEHR Connect Grant (NCG) is a one-off funding support specifically designed for healthcare providers required to contribute data to NEHR. The NCG is available to all healthcare providers and retail pharmacies, except those who previously received funding support for NEHR contribution, such as the Early Contribution Incentive (ECI) or the GP IT Enablement Grant (ITEG). Healthcare providers already contributing to NEHR but who have not received Government funding for contribution will be eligible for the NCG. More details on eligibility and funding quantum can be found here.

9 The funding support is structured to meet the differing needs across healthcare sectors. For healthcare providers using subscription-based HIMS, which represents the majority of smaller practices, NCG provides funding to cover approximately 2 years of subscription costs for HIA-compliant systems. For providers with in-house systems requiring enhancements, the funding support covers approximately up to 40% of enhancement costs.

10 Licensed healthcare providers, retail pharmacies, and approved users of the NEHR will be able to tap other government grants to support the purchase of cybersecurity solutions, and engagement of consultancy services to help implement CS/DS measures where necessary.

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a. **Productivity Solutions Grant (PSG)**: Healthcare providers who are SMEs (refer to link for eligibility) can receive up to 50% co-funding for cybersecurity solutions including anti-malware and firewall through the Business Grants Portal at https://www.apply.gov.sg/grants/business;

b. **CSA**: MOH and CSA have jointly developed basic packages for healthcare providers. Small and Medium-sized (SME) healthcare providers can receive up to 70% co-funding support to engage cybersecurity and data security service providers through IMDA's CTOaaS portal at https://services2.imda.gov.sg/ctoaas/tag/hia
(Note: It is optional to engage professional services, including their retainer services,) to implement the CS/DS measures.); and

c. **NCSS Transformation Sustainability Scheme (TSS)**: Available for community care organisations that are members of the National Council of Social Services.

Implementation Resources

11 MOH also provides dedicated resources available at www.healthinfo.gov.sg:

Table 2: Overview of Implementation Resources

Resource	Purpose	Availability
1) Overview of HIA	Key Information for Healthcare Providers and Healthcare Professionals	Available now at HIA Website
2) CS/DS Essentials	Guidance on security measures to put in place for the proper storage, access, use and sharing of health information	
3) Guidelines on appropriate contribution, use and access to NEHR	Practical guidance and examples on core ethical principles and reasonable professional standards to adopt when contributing to, accessing or using NEHR	Stay tuned. Resources will be available at HIA Website from Mid - March 2026
4) CS/DS Infographics	Thematic infographics explaining cybersecurity and data security measures in bite-sized and manageable content	Stay tuned. Resources will be available at HIA Website by 2H March 2026
5) Training Course	Training course on cybersecurity and data security tailored for healthcare settings	Stay tuned. Details will be available at HIA Website by 2H March 2026
6) HIA Implementation Guide	A compendium guide for healthcare providers preparing for HIA implementation, issued in parts to provide guidance on NEHR onboarding and access, and CS/DS implementation	Stay tuned. Resources will be available at HIA Website from Early April 2026

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12 Some key matters that providers and users need to know can be found in Annex A and Annex B respectively. We are committed to partnering and supporting you through this transition. More resources will be progressively released, so please refer to www.healthinfo.gov.sg for the latest information and updates on HIA.

Enforcement Approach

13 We are cognisant that healthcare providers, retail pharmacies and approved users of the NEHR are concerned about the enforcement approaches that may be taken against them, should potential breaches occur. For any breaches, MOH will look at the facts of each case carefully. The HIA allows for a range of enforcement actions to be taken. Besides prosecution, other enforcement actions include the issuance of directions to rectify breaches, letters of warning or issuance of notices of composition. In relation to contribution, non-compliance with contribution requirements is not an offence in the first instance, as MOH recognises that there may be genuine challenges onboarding to NEHR. If non-contribution arises from technical difficulties, for instance, MOH will support healthcare providers and retail pharmacies to rectify the underlying issue. However, in the event of deliberate or reckless non-compliance or breaches of the HIA, directions may then be issued to the healthcare provider or retail pharmacy to ensure compliance or to rectify the breach. Failure to comply with such a direction could then result in enforcement action being taken.

14 Should you require any further information or clarification, please email us at HIA_Enquiries@moh.gov.sg

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Annex A

What Healthcare Providers Need to Know

A. NEHR Contribution Requirements

i. You will need to contribute key health information of Singaporeans, Permanent Residents and patients with long-term immigration passes (e.g. FIN holders) to NEHR.

ii. Contribution applies only to medical records prospectively, after your system is connected to NEHR. There is no requirement for you to upload historical records.

iii. The types of health information you are required to contribute will depend on your licence type(s). For Outpatient Medical Services (OMS) (which includes primary care and private specialist clinics), and Outpatient Dental Services (ODS), the following types of health information need to be contributed to NEHR:

Type of Health Information to be Contributed	OMS	ODS
Visit event	✓	✓
Adverse drug event history	✓	✓
Prescribed / Dispensed Medications / Medication List	✓	✓
Vaccines administered	✓	✓
Cardiac report (e.g. ECGs)	✓	✓
Surgical procedure notes	✓	✓
Visit diagnoses/reasons for visit or patient problem list	✓	✓
Referral memorandum	✓	✓
Dental notes	-	✓

iv. For more information on other licence types, please refer to the First Schedule of HIA for the data types that you need to contribute.

v. You are **NOT required** to upload detailed consultation and progress notes to NEHR.

vi. You only need to contribute information for Singaporeans, Permanent Residents, and FIN holders. Contribution of health information of transient visitors (e.g. tourists) is not required.

B. NEHR Access Requirements (only applies to providers who wish to access NEHR)

i. NEHR access is only granted to you and your authorised healthcare professionals for clinical care purposes.

ii. You should only access NEHR for patients whom you are providing patient care to.

iii. Individuals who only perform an administrative or corporate role, even if they are healthcare professionals, will not be given NEHR access.

iv. You must implement appropriate practices to ensure your healthcare professionals are properly trained and aware of appropriate NEHR use.

C. Liability for Data Breaches involving HIMS

i. In the event of any data or cybersecurity incidents, the circumstances surrounding the incident are salient to determining liability.

ii. Your use of a HIA-compliant HIMS and you having put in place reasonable cybersecurity and data security (CS/DS) safeguards, will be considered in determining if there will be liability for lapses arising from the HIMS.

iii. You will still need to develop and implement appropriate standard operating procedures (SOPs) and staff training to meet the CS/DS requirements.

iv. MOH will provide guidance, resources and support to providers in implementing the CS/DS measures.

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Annex B

What Healthcare Professionals Need to Know
A. Role of NEHR i. NEHR does not replace good clinical practice and professional judgment, which includes history-taking and physical examination. **You do not need to access NEHR for every single consultation.** ii. NEHR is a supplementary source of information for you if you require further clinical information about your patients, or if your patients cannot recall their information clearly. You should use NEHR and the information within in accordance with relevant professional standards in your Ethical Code and Ethical Guidelines. iii. MOH will publish a set of guidelines on the appropriate access and use of NEHR information to support healthcare professionals. This will complement existing professional ethical codes and be updated periodically. **B. When NEHR Can Be Used** i. You can only use NEHR for (i) delivery of patient care but not when it is related to insurance or employment; or (ii) conducting approved statutory medical examinations (list of approved statutory medical examinations in the Third Schedule of HIA). **C. When NEHR Cannot Be Used** i. You cannot access NEHR for insurance or employment-related purposes unless they are related to an approved statutory medical examination. MOH has published a circular to guide healthcare providers and professionals on the issue of disclosure of patient information to insurers. ii. You should not access NEHR for other non-patient care purposes such as research, audits, and teaching/education. **D. Respecting Patient Choice / Transparency** i. Patients can currently limit access to their NEHR information to all healthcare providers. In the later part of 2026, patients will be able to select the providers they want to share their health information with. Where such access restrictions are applied, only basic information (viz. allergies and vaccination records) will be available to healthcare providers to support continuity of care. ii. Patients may view the service provider(s) who accessed their NEHR information through HealthHub logs and report any inappropriate access to MOH. iii. Doctors may override access restrictions during medical emergencies where they have judged that accessing NEHR is needed, and such access will be audited. **E. Disclosure of NEHR Information** i. NEHR information may only be disclosed to other healthcare professionals involved in caring for the same patient, and only the NEHR information which is no more than necessary for patient care may be disclosed. ii. You may incorporate relevant information from NEHR into your patients' medical record where necessary. You should not be sharing printouts/screenshots of NEHR with third parties.

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