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OCR Finalizes Significant HIPAA Privacy Rule Changes

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On November 16, 2026, the U.S. Department of Health and Human Services (HHS), through its Office for Civil Rights (OCR), issued a long-awaited final rule modifying the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The final rule, titled HIPAA Privacy Rule: Changes to Support Coordinated Care and Individual Engagement and Reduce Regulatory Burdens, strengthens individuals' access to protected health information (PHI), facilitates care coordination and case management, and reduces certain administrative burdens on HIPAA-regulated entities.

For health care providers and health plans regulated by HIPAA (Covered Entities), the final rule will require significant changes to medical-records workflows, patient access procedures, Notices of Privacy Practices (NPPs), fee schedules for access rights, identity-verification procedures, and arrangements with release-of-information vendors and other business associates (including required amendments to many business associate agreements). At the same time, the rule eliminates certain administrative requirements and provides greater flexibility for sharing PHI with organizations that assist patients with care coordination and health-related social needs.

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Key Dates

- The final rule was published in the Federal Register on November 19, 2026. **The rule will become effective on January 19, 2027**, 60 days after publication.
- **Covered entities and business associates must comply with the applicable provisions by July 19, 2027,** 180 days after the effective date and 240 days after publication.
- Certain qualifying business associate agreements may remain compliant during a transition period lasting until the earlier of the agreement's renewal or modification on or after July 19, 2027, or January 19, 2028.[1]

Shorter Deadline for Responding to Access Requests

One of the most consequential changes for Covered Entities is a shorter deadline for

responding to an individual's requests to inspect or obtain copies of PHI. The final rule reduces the current response period from 30 calendar days to 15 calendar days. Covered Entities must act "as soon as practicable," with 15 days serving as the outer limit rather than the default processing period.[2]

A Covered Entity may obtain one extension of up to 30 additional calendar days when necessary, for a total of 45 days. To use the extension, the Covered Entity must notify the individual in writing within the initial 15-day period, explain the reason for the delay, and identify the date by which it will complete the request.[3]

Covered Entity providers and health plans should evaluate how to adapt their workflows to satisfy the shorter deadline, revise their HIPAA policies and procedures, and review response timeframes in their business associate agreements with vendors. Of note, if a state imposes a shorter response period, than that shorter time period will generally apply rather than HIPAA's response time period.

Access Through Personal Health Applications

The final rule expressly recognizes an individual's right to receive electronic PHI through a personal health application when the Covered Entity can readily produce the PHI in the requested form and format. An application developer does not become a business associate merely because a patient directs the Covered Entity to transmit PHI to the patient through the application.[4] [5]

A Covered Entity generally may not deny a valid access request solely because it believes an independent, patient-controlled application has inadequate privacy or security protections. Covered Entities may, however, continue to address legitimate security risks that a requested connection presents to their own systems. The rule does not require Covered Entities to purchase or develop new technology solely to respond to an access request; the obligation depends on whether electronic PHI is readily producible in the individual's requested form and format using the Covered Entity's existing systems and technology.

Right to Direct Electronic Records to Another Person

The final rule implements the individual right to direct a Covered Entity to transmit an electronic copy of PHI in an electronic health record to another person that the individual designates. This right is narrower than the individual's own right to access a designated record set. It applies to PHI maintained in an electronic health record that is also included in a designated record set, and to an electronic copy transmitted to the person the individual designates.[6] For health plans, utilization management, claims payment, enrollment, and other administrative records systems would not necessarily be an electronic health record under the new rules.

The request must be clear, conspicuous, and specific. A Covered Entity may require a written request, although an electronic submission may satisfy that requirement. A

qualifying directed-access request is subject to the new 15-day response period and generally does not require a separate HIPAA authorization.

Revised Access Fees and Fee-Schedule Requirements

The final rule revises the fees that Covered Entities may charge when responding to access requests. Charges are not permitted to charge a fee when an individual inspects PHI in person or through an agreed-upon electronic method, or uses an internet-based method to view or obtain ePHI, such as a patient portal or qualifying application programming interface, where the Covered Entity does not incur allowable copying costs. [7]

Where fees remain permissible, they must be reasonable, cost-based, and limited to the categories allowed by the Privacy Rule. A Covered Entity that charges access fees must make an understandable estimated fee schedule available on its website, if it maintains one, at the point of service, and upon request. The schedule must identify available free methods of access and standard fees for access copies, qualifying directed transmissions, and disclosures made pursuant to an authorization.[8]

Less Burdensome Identity Verification

Covered Entities must continue to verify the identity and authority of persons requesting PHI when required by the Privacy Rule. The final rule, however, prohibits verification measures that unreasonably impede an individual's exercise of the right of access. Depending on the circumstances, unreasonable measures may include requiring an in-person appearance, a notarized request, or a handwritten signature when a less burdensome remote or electronic alternative is practicable.[9]

Greater Flexibility for Care Coordination

The final rule expressly permits Covered Entities, in specified circumstances, to disclose PHI to social-services agencies, community-based organizations, home- and community-based services providers, and similar organizations that provide health-related services for individual-level care coordination or case management. These changes may facilitate coordination involving transportation, nutrition, housing, benefits enrollment, care navigation, and other health-related social needs.[10]

The final rule also creates an exception to the minimum necessary standard for certain permitted disclosures for individual-level care coordination or case management. Other applicable conditions on permitted disclosures remain applicable, and Covered Entities must continue to consider other confidentiality requirements, including 42 C.F.R. Part 2 and more protective state laws.[11] [12]

Changes to Notices of Privacy Practices

The final rule eliminates the requirement that providers with a direct treatment

relationship obtain an individual's written acknowledgment of receipt of the provider's Notice of Privacy Practices (NPP), which was a burdensome requirement for providers. While the obligation to furnish the NPP at or before the date of first service delivery remains, the extra administrative step of obtaining an acknowledgement or documenting good-faith efforts to obtain such acknowledgement is removed.

The final rule also modifies required NPP content to explain individual rights more clearly, how to exercise them, available methods for obtaining access, potential access fees, and the right to discuss the NPP with a designated contact person or office. Covered Entities will need to revise and redistribute their NPPs and update related websites, portals, intake materials, signage, and internal procedures.[13]

Business Associates and Release-of-Information Vendors

The final rule confirms that a business associate may provide PHI directly to an individual or the individual's designee when the applicable business associate agreement permits or requires it. Otherwise, the business associate must make the requested PHI available to the applicable Covered Entity so the Covered Entity can fulfill the request.[14]

Covered Entities should clearly allocate responsibility for receiving, processing, tracking, and responding to access requests. Relevant agreements should address routing, turnaround times, identity verification, personal health applications, directed-access requests, permissible fees, fee-schedule implementation, and escalation procedures.

The final rule provides limited transition relief for certain existing business associate agreements up to one year (which may be shorter depending on any renewal or modification of the agreement). Importantly, this transition period applies only to required contract amendments, not to the rule's operational requirements.[15]

Additional Changes

- The new rule explicitly permits disclosures of PHI to Telecommunications Relay Services communications assistants for individuals who are deaf, hard of hearing, deaf-blind, or who have a speech disability, and excludes qualifying Telecommunications Relay Services providers from the definition of "business associate"[16] meaning no business associate agreement is needed with these type of service providers.
- Currently, HIPAA allows Covered Entities to use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission. The new rule expands this authority to cover other Uniformed Services personnel, including the U.S. Public Health Service Commissioned Corps and the National Oceanic and Atmospheric Administration Commissioned Officer Corps.[17]

What Providers and Other Covered Entities Should Do Now

1. Revise HIPAA policies and procedures covering the Right to Access to incorporate the 15-day deadline (or shorter if a shorter deadline is imposed under applicable state law), 30-day extension, personal health application requirements, directed-access requests, and revised fee rules.
2. Map access-request workflows from intake and identity verification through record collection, fee notification, and delivery, including requests received by clinics, hospitals, physician practices, billing offices, and business associates.
3. Review release-of-information and other vendor arrangements for turnaround times, fee practices, identity verification, electronic-delivery capabilities, and escalation obligations.
4. Evaluate patient portals, application programming interfaces, and other electronic-access capabilities to identify the forms and formats the Covered Entity can readily produce.
5. Develop and publish compliant access fee schedules and confirm that the Covered Entity's and its vendors' actual charges match the published schedules.
6. Update NPPs, websites, portals, and intake materials; designate a contact person or office; and remove processes used solely to document written acknowledgment of receipt.
7. Review identity-verification procedures for potentially unreasonable requirements, including notarization, in-person verification, wet signatures, and unnecessarily restrictive submission channels.
8. Review care-coordination policies for disclosures to social-services agencies, community-based organizations, and home- and community-based services providers, including minimum-necessary and other confidentiality requirements.
9. Inventory and amend business associate agreements as required to comply with the new rules, understanding that the up to one year business associate agreement amendment transition period does not modify the operational compliance deadline.
10. Train health information management, registration, privacy, information technology, clinical care-coordination, contracting, and patient-services personnel.

Although the final rule eliminates certain administrative obligations, its access, fee-transparency, technology, and notice provisions will require substantial implementation work. Covered Entities should use the period before the compliance date of July 19, 2027 to coordinate implementation across privacy, health information management, information technology, patient access, contracting, and clinical operations.

Dorsey & Whitney LLP continues to monitor developments involving the HIPAA Privacy Rule. Please contact the authors or your regular Dorsey attorney with questions regarding the final rule or its application to your organization.

1. 45 C.F.R. § 164.504(e); see also the final rule's effective-date, compliance-date, and transition provisions.
2. 45 C.F.R. § 164.524(b)(2), as amended by the final rule.
3. 45 C.F.R. § 164.524(b)(2), as amended by the final rule.
4. 45 C.F.R. § 16524(c)(3), as amended by the final rule.
5. 45 C.F.R. § 160.103 (definition of business associate); 45 C.F.R. § 164.524, as amended by the final rule.
6. 45 C.F.R. § 164.524(d), as amended by the final rule; see also 42 U.S.C. § 17935(e).

7. 45 C.F.R. § 164.524(c)(4), as amended by the final rule.
8. 45 C.F.R. § 164.524(c)(4), as amended by the final rule.
9. 45 C.F.R. §§ 164.514(h) and 164.524, as amended by the final rule.
10. 45 C.F.R. § 164.506(c), as amended by the final rule.
11. 45 C.F.R. §§ 164.501 and 164.506(c) (treatment and health care operations).
12. 45 C.F.R. §§ 164.502(b) and 164.514(d) (minimum necessary standard).
13. 45 C.F.R. § 164.520(b), as amended by the final rule.
14. 45 C.F.R. §§ 164.502(a)(4) and 164.504(e), as amended by the final rule.
15. 45 C.F.R. § 164.532(e).
16. 45 C.F.R. § 160.103 (definition of business associate) and 45 C.F.R. § 164.502(a), as amended by the final rule.
17. 45 C.F.R. § 164.512(k) (uses and disclosures for specialized government functions), as amended by the final rule.