Identomat

COMPLIANCE GUIDE

Healthcare Compliance in Armenia

COUNTRY Armenia | INDUSTRY Healthcare | LAST UPDATED 13 November 2026

KEY REGULATORS Ministry of Health · Health and Labour Inspection Body · Personal Data Protection Agency of the Ministry of Justice

Key takeaways

- Any company giving medical care in Armenia, online or in person, needs a medical licence from the Ministry of Health; from 1 January 2027 senior doctors also need their own individual licence (a government bill now before parliament would move that deadline to 1 July 2027).
- Telemedicine (remote consultations through information technology, such as video) is allowed, but a doctor may not start a consultation until the patient has been identified through the state population register or an identity document, and an electronic copy of that document must be kept.
- Online consultations need the patient's informed consent given inside the telemedicine system, a platform able to record and store the session, and extra document checks when the patient is under 16.
- Prescriptions are electronic by default and run through the national e-health system (ArMed), so a remote doctor prescribes the same way as a clinic doctor.
- Health providers are not covered by Armenia's anti-money laundering law, but health and biometric data are special categories: processing needs consent or a legal basis, and the data protection authority must be notified first.

Armenia is open to digital health services, including doctor-to-patient telemedicine, provided the operator holds a medical licence and follows the Ministry of Health's telemedicine procedure. Patient records, prescriptions and insurance claims run through the national e-health system, which patients enter with their national ID card.

The Ministry of Health licenses providers and sets the detailed procedures; the Health and Labour Inspection Body supervises; the Personal Data Protection Agency of the Ministry of Justice enforces data protection law. Universal health insurance is being phased in from December 2025, and insured services are given only after the patient is identified.

The biggest practical obstacle for a new digital entrant is that identity verification is built around Armenian state identifiers (the population register, the public services number and the ID card), which shapes how foreign platforms must onboard patients.

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1 Who regulates this sector

Authority	Remit	Level	Official site
Ministry of Health	Authorised body for health: licenses medical care, pharmacies and medicine manufacture; sets the telemedicine, e-prescription and e-health procedures	National	moh.am
Health and Labour Inspection Body	Supervision of the health sector, including a department for control of medicines circulation, and application of liability measures	National	hlib.am
Personal Data Protection Agency of the Ministry of Justice (acts independently, Law on Protection of Personal Data, art. 24(2))	Supervision of personal data processing, including health and biometric data; prior notifications; list of adequate countries	National	moj.gov.am
National eHealth Operator (ArMed)	Operates the unified e-health information system (records, e-prescriptions, insurance claims)	National	corporate.armed.am

The authorised body under the Law on Universal Health Insurance sets how insured patients use the insurance package (art. 5(7)).

2 Licensing and authorisation

Under the Law on Medical Assistance and Service to the Population («Բնակչության բժշկական օգնության և սպասարկման մասին», art. 27(1)) providers may give only the types of care their licence covers. The Law on Licensing lists "provision of medical assistance and service", pharmacy activity, wholesale of medicines and professional activity of an individual under an individual licence as licensed activities (art. 43, table, section 3).

Organisations and individual entrepreneurs

Government Decision No 867 of 29 June 2002 sets the procedure. The Ministry of Health issues, refuses, suspends and terminates licences for hospital and outpatient care, within 23 working days of a complete application. Since Government Decision No 1645-N took effect on 1 December 2025, medical and pharmacy licences are issued for five years instead of indefinitely, and may be issued electronically with a QR code checked on the state document-validity service. There is no separate telemedicine licence: remote consultations are a form of the licensed medical activity.

Individual health workers

Senior health workers (doctors) must hold an individual licence (Law on Medical Assistance, art. 31(1)(8.1)). Under the transitional rules of Law HO-164-N of 2024, individual licensing started on 1 August 2025 and senior health workers must obtain their individual licence by 1 January 2027 `Adopted, deadline 1 Jan 2027`. A government bill submitted to the National Assembly on 30 October 2026 as urgent (K-47-30.10.2026-ArH-011/0, «Կ-47-30.10.2026-ԱռՀ-011/0») would move that deadline to 1 July 2027 `Bill, not enacted`. Doctors trained abroad may practise only after recognition of their education documents and with the professional activity and continuing professional development certificates the Law requires; foreign doctors present in Armenia for up to 180 days may work short-term with Ministry of Health permission, at the invitation of an organisation operating in Armenia (art. 29(3), (4)).

3 Identity framework (AML rules do not apply)

The Law on Combating Money Laundering and Terrorism Financing lists its reporting entities in art. 3(1)(4): banks, credit organisations, currency exchange and money transfer providers, investment firms, insurers and insurance intermediaries, crypto-asset service providers, gambling organisers, lawyers, notaries, accountants and others. Hospitals, clinics, telemedicine platforms and pharmacies are not on the list, so they carry no customer due diligence, suspicious transaction reporting or beneficial ownership duties under that law. Private health insurers are within scope as insurance companies.

Patient identity is governed instead by health legislation:

Health data sets

Health databases may hold the patient's name, sex, date of birth, addresses and contacts, and the public services number (or a certificate of not having one), or the passport, ID card, military book, birth certificate or residence card number; for foreigners, the identity document number (Law on Medical Assistance, art. 7(3)).

Insured services

Primary care, other outpatient and hospital services and insured medicines are given only after the person is identified with the universal health insurance certificate or an identity document (Law on Universal Health Insurance, art. 5(6)).

Telemedicine

Identification through the state population register, or from an identity document whose electronic copy is kept, before every doctor-patient consultation (Minister of Health Order No 42-N, pt. 7, 15, 18).

Prescriptions

An e-prescription carries the patient's public services number (or certificate number), date of birth and sex; a proxy collecting medicines shows an identity document (Government Decision No 1080-N, pt. 9, 64).

4 Identity verification and onboarding

The Minister of Health's Order No 42-N of 8 July 2022 on the procedure for telemedicine `In force since 22 Jul 2022` is the core rule for digital patient onboarding. It applies to consultations between doctors and between a doctor and a patient through an online application (the "System").

Before the consultation

The patient (or legal representative) registers in the System, reads the informed consent text in the Ministry's form and gives consent online (pt. 12), then files a request with name, date of birth, phone and email, urgency, main complaints and, where available, the preliminary diagnosis and treating doctor (pt. 13). The consulting doctor accepts the request only if the patient has been identified and the personal data processed through the System (pt. 15), and must refuse it otherwise (pt. 16). Decisions are due within one day for planned cases and one hour for urgent ones (pt. 14).

Identity check

Before starting, the doctor identifies the patient or representative either through the state population register or on the basis of an identity document the person provides, and the electronic copy of that document is kept (pt. 18). For patients under 16 or legally incapacitated, the representative's documents are also checked and copies stored in the System (pt. 19). The order names no liveness, face-matching or assurance-level standard; any biometric step is the provider's own choice and falls under the biometric data rules in section 6.

Access to the national e-health record

ArMed states that users enter the e-health system only through strong identification with the ID card and a certificate issued under the public key infrastructure of EKENG, the country's accredited certification centre. Only ID cards issued before 15 February 2023 carry a chip that works with a card reader; holders of cards without a chip use a Mobile ID SIM card, issued at mobile operators' service centres. New-generation biometric ID cards are issued from 1 November 2026. Under Minister of Health Order No 40-N of 18 May 2021 (annex 1 restated 25 December 2025), a senior doctor sees without consent only the cases the doctor handles or has handled; the full health history needs the patient's consent, given in the system or its mobile app, valid until the case closes and revocable at any time. Legal representatives consent for patients under 16, and every viewing is logged and visible to the patient (pt. 4, 13 to 29).

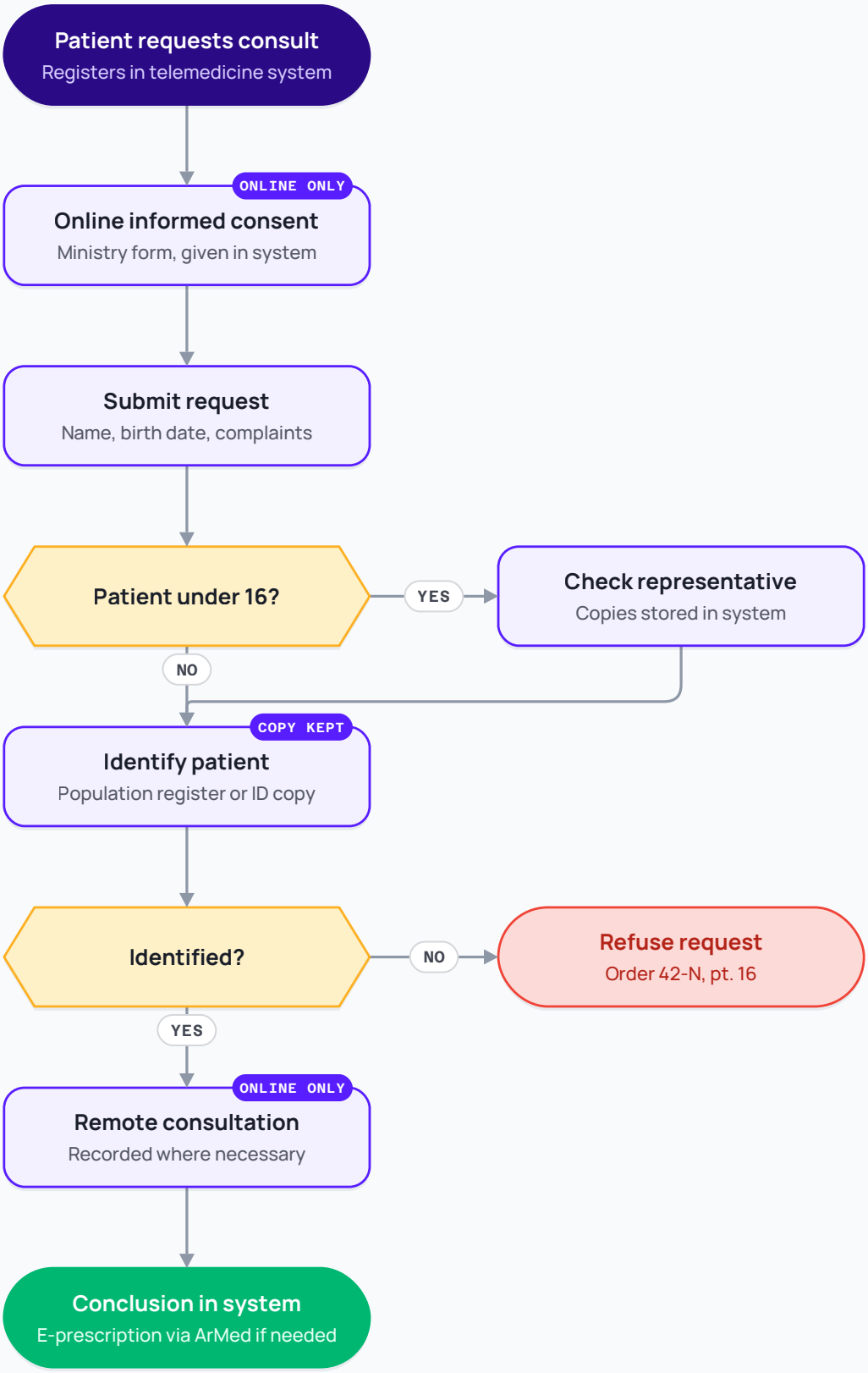


Figure 1. Doctor-patient telemedicine onboarding under Minister of Health Order No 42-N.

5 Digital channels: what's different

Bottom line: licensing and prescribing are channel-neutral, but a remote consultation adds a formal identity check (population register or a kept copy of the ID document), online consent in the System and a recording-capable platform.

Requirement	In person	Online / remote	Difference
Licence	Medical licence from the Ministry of Health	Same licence; no separate telemedicine licence	Same
Patient identification	Insurance certificate or ID document for insured services	Population register or ID document, electronic copy kept, before every consultation	Differs
Consent	Consent to medical intervention (Law on Medical Assistance, art. 16)	Online informed consent on the Ministry's form inside the System	Differs
Minors under 16	Legal representative gives written consent (Law, art. 16(3))	Representative's documents also checked and copies stored in the System	Differs
Doctor registration	Licensed provider and individual licence	Also registered in the telemedicine System	Differs
Recording	Medical documentation under art. 12	Platform must be able to record and store; session recorded where necessary	Differs
Prescriptions	Electronic through the e-health system	Electronic through the e-health system	Same
Getting medicines to the patient	Dispensed at the pharmacy; proxy shows ID	Delivery only by a licensed pharmacy under Government requirements	Differs
Health and biometric data	Consent or legal basis; prior notification	Same rules	Same

When telemedicine may be used

Order No 42-N allows a remote consultation when the patient cannot physically attend, when location prevents a visit, or simply with the agreement of the consulting doctor, the treating doctor and the patient (pt. 9). The doctor must interrupt it if an in-person visit is needed, if the case is outside the doctor's specialism, if data protection rules are not being met, or if the image or voice is unclear (pt. 10). In a direct doctor-patient consultation, the consulting doctor is responsible for the patient's condition (Law on Medical Assistance, art. 5(2)). As of November 2026, neither the Law nor Order No 42-N makes specific provision for consultations given by doctors located outside Armenia.

Prescribing and delivery

Government Decision No 1080-N of 15 August 2019 (latest amendment 25 December 2025) requires prescriptions to be written only electronically, except narcotic medicines and system outages (pt. 5.1, 6). A paper printout carries a QR code checked in the state's unified document-validity system (pt. 9(7)). Licensed pharmacies may deliver medicines if they meet the Government's technical and professional requirements (Law on Medicines, art. 25(3)).

6 Data protection and biometrics

The Law on Protection of Personal Data («Անձնական տվյալների պաշտպանության մասին», latest amendment 7 May 2026) treats health information as special-category data (art. 3(1)(14)) and physical, physiological and biological characteristics as biometric data (art. 3(1)(13)).

- **Legal basis.** Special-category data may not be processed without consent unless a law directly provides for it (art. 12). Biometric data are processed only with consent, unless a law provides otherwise and the aim can be achieved only through those data (art. 13). Face matching against an ID photo therefore needs the patient's consent.
- **Prior notification (mandatory).** A controller must notify the Agency before it starts processing biometric or special-category data (art. 23(3)). The Agency published a new edition of its notification form in June 2026.
- **Form of consent.** Consent is given in writing, or electronically certified with an electronic digital signature; oral consent counts only through reliable actions that clearly show it (art. 9(7)). For data subjects under 16 the legal representative consents (art. 9(9)). Order No 42-N lets the patient give telemedicine consent inside the System (pt. 12), and Order No 40-N lets the patient consent to record access in the e-health system or its mobile app (pt. 13); neither order says how that consent is authenticated.

A tick-box alone may therefore not meet art. 9(7); capture should be tied to a signature or another reliable action.

- **Transfers abroad.** Allowed to countries with adequate protection (under international treaties or on the Agency's list); otherwise only with the Agency's permission (art. 27). The list in force, Agency Head Decision No ATPP-001/24 (ԱՏՊՊ-001/24) of 8 July 2024, names 53 countries, including EU member states, the United Kingdom, Switzerland, Canada, Japan, Singapore and the United States (for organisations).
- **Medical secrecy.** Data constituting medical secrecy may be passed on only with the consent of the patient or legal representative, except where a law expressly provides otherwise (Law on Medical Assistance, art. 11(3)). Records must be stored so that unauthorised people cannot read or copy them (art. 12(2)).
- **Telemedicine.** Both the patient's and the doctor's locations must protect personal data, and special-category data processed in the System are confidential (Order No 42-N, consent form pt. 3, 4).

7 Sector-specific obligations

Connecting to the e-health system

Every person licensed in the health sector is a subscriber of the electronic health system (Law on Medical Assistance, art. 8(4)). Licensed providers must enter visits, services, interventions, diagnoses and prescriptions at the time they occur (art. 8(7)), and users must complete training set by the Ministry (art. 8(10)). Patients get an access window whose consent rules are set by Order No 40-N (art. 8(6)).

Universal health insurance

The Law on Universal Health Insurance (HO-459-N, adopted 17 December 2025, in force 25 December 2025) `Partly in force, phased` is being introduced population group by population group, with groups joining from 25 December 2025 and 1 January 2026; Law HO-135-N (in force 8 May 2026) extended it to foreign residents and refugees in certain groups and adds further groups from 1 January 2027; the precondition of a preventive visit or queue registration (art. 5(2)) applies from 1 January 2028. Providers contracted under the scheme must identify the insured person before giving package services (art. 5(6)).

Professional licensing of doctors

Platforms engaging doctors should track each doctor's individual licence and continuing professional development certificate. Certificates held by senior health workers remain valid until 1 January 2027 regardless of their stated term (Law HO-164-N, art. 12(5)).

8 Risk indicators and red flags

IDENTITY AND FRAUD CONTROL POINTS IN ARMENIAN HEALTH RULES

- **Unidentified requester**: a teleconsultation request where the patient cannot be matched to the population register or a valid ID document must be refused; a session where the patient cannot be seen or heard clearly must stop.
- **Missing representative documents**: requests for a child under 16 without the representative's documents.
- **Stolen or falsified personal data**: name, date of birth, account credentials or biometric data used to act under another person's identity, a scheme described in the Central Bank Financial Monitoring Center's Typology 15 (2025).
- **Proxy collection**: a third party collecting medicines without an identity document or authorisation.
- **Paper prescriptions**: a paper prescription whose QR code does not validate, or an outage prescription not entered into the system the same day.
- **Unlicensed practitioner**: a doctor without an individual licence from 2027, or not registered in the telemedicine System.
- **Improper charges**: payments taken from insured patients for services or medicines in the insurance package.
- **Falsified medicines**: batches flagged in the Health and Labour Inspection Body's counterfeit alerts (for example May and August 2026), relevant to pharmacy delivery.

9 Enforcement and penalties

Breaches of the Law on Medical Assistance carry liability under other laws (art. 50), mainly the Code of Administrative Offences. Fines are set as multiples of the "established

minimum wage", which for fines is a base of AMD 1,000 (Law on Minimum Monthly Wage, art. 3). Licences can also be suspended or terminated by the Ministry of Health.

Breach	Fine	Basis
Unlawful collection, storage, use or transfer of personal data	AMD 200,000 to 500,000	Code of Administrative Offences, art. 189.17(1)
Failure to notify the data protection authority, or breach of the notification procedure	AMD 50,000 to 100,000	art. 189.17(4)
Not using encryption when processing personal data	AMD 100,000	art. 189.17(5)
Breach of requirements for storing biometric data outside information systems	AMD 100,000 to 200,000	art. 189.17(6)
Breach of confidentiality by staff processing personal data	AMD 200,000 to 300,000	art. 189.17(7)
Charging insured persons for package services, or refusing them (providers)	AMD 100,000 to 150,000 per case, doubled on repeat within a year	art. 47.36(1), (3)
Selling prescription medicines without a prescription, or writing prescriptions on non-compliant forms	AMD 5,000 per medicine name	art. 47.3(7), (8)

A data protection offender is released from liability if it remedies the breach within the Agency's deadline and proves it (art. 189.17(8)). In 2025 the Agency examined the lawfulness of processing in 64 cases and opened 26 administrative proceedings (2025 public report).

10 Recent changes and what to watch

- **30 October 2026:** `Bill, not enacted` government bill, treated as urgent, moving the individual licence deadline for senior health workers from 1 January to 1 July 2027 (pharmacists from 1 January 2028). Plan doctor licence checks for 2027 either way.
- **30 October 2026:** `Bill, not enacted` government bills amending the Law on Universal Health Insurance and the Law on Medicines (according to the published draft:

beneficiaries, rights, reimbursement and the insurance register). Expect changes to insured-patient workflows.

- **8 May 2026:** `In force` Law HO-135-N extends universal health insurance to certain foreign residents and refugees; more population groups join on 1 January 2027.
- **3 January 2026:** `In force` fines for charging insured patients for package services, or refusing them (Code of Administrative Offences, art. 47.36, added by Law HO-472-N).
- **1 December 2025:** `In force` medical and pharmacy licences issued for five years instead of indefinitely, with electronic licences (Decision No 1645-N).

11 What this means for identity verification

- **Identify before every remote consultation.** Order No 42-N requires identification before acceptance and again before the session starts, so verification belongs in the booking flow, not only at sign-up.
- **Keep the document image.** When identification relies on an ID document rather than the population register, the electronic copy must be retained in the System.
- **Accepted identifiers.** Build for the public services number, passport, ID card, birth certificate and residence card, plus foreign identity documents for non-residents.
- **Representatives.** Capture and store legal representative documents for patients under 16 or legally incapacitated.
- **Biometrics are optional, not prescribed.** Liveness or face matching is not required by health law; if used, obtain consent in a form that meets art. 9(7) and notify the Agency before processing, as art. 23(3) requires.
- **Practitioner checks.** Verify each doctor's individual licence (from 2027) and registration in the System, not only the patient.

IDENTOMAT

How Identomat helps

Identomat runs identity verification, screening and monitoring for regulated businesses on one platform, with workflows you configure for each market. For the requirements in this guide, that means:

- ID document capture and verification, including NFC chip reading, to identify patients before each remote consultation and keep an image of the document.
- KYC onboarding flows that capture legal representative documents for patients under 16.
- Optional face match and biometric liveness, configured with consent capture for biometric processing.
- No-code workflow builder to place identity checks at booking and again before the session starts, with an audit trail.
- Cloud, on-premises or hybrid deployment to fit health data hosting and transfer rules.

Request a meeting

DISCLAIMER

This article is intended for informational purposes only and does not constitute legal advice. It is a compilation of information from various sources and reflects the information available as of the last updated date indicated above. Laws, regulations, and regulatory guidance may change, so readers should consult qualified legal professionals for advice specific to their circumstances.

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