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COMPLIANCE GUIDE

Healthcare Compliance in Azerbaijan

COUNTRY Azerbaijan

INDUSTRY Healthcare

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KEY REGULATORS Ministry of Health · Ministry of Economy · State Health Insurance and Expertise Agency

Key takeaways

- Private clinics and pharmacies need a licence before they start, and they may only provide the services named in that licence. A licence does not expire once granted.
- Healthcare providers are not covered by Azerbaijan's anti-money laundering (AML) law. Patient identity checks come from health insurance, prescribing and medical secrecy rules instead.
- Prescriptions are electronic by default for every doctor, public or private, and each one is linked to the patient's personal identification number (FİN) and electronic health record.
- There is no legal framework for telemedicine yet. A Ministry of Health working group met in May 2025 and identified the need for draft rules for the Cabinet of Ministers, but none have been published or adopted.
- Health data is a special category of personal data and biometric data (such as face images) is fully covered by the data protection law: collect it only with a legal basis, for health data usually written consent, and register the information system that holds it.

Azerbaijan is open to private healthcare providers, including companies founded by foreign legal and natural persons, but the market is built around in-person care. Digital services are mainly state infrastructure: electronic prescriptions, electronic health records and e-government access to medical data.

The Ministry of Economy issues the licences, while the Ministry of Health sets policy and, through its Analytical Expertise Center, inspects pharmacies and private clinics. TƏBİB manages the public medical institutions placed under it, and compulsory medical insurance moved in March 2026 to a new State Health Insurance and Expertise Agency under the Ministry of Labor and Social Protection of Population.

The biggest obstacle for a digital health entrant is the absence of telemedicine rules: remote consultations have no specific legal basis, so a provider must work within licences and medical secrecy rules written for face-to-face care.

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1 Who regulates this sector

Regulator	Remit	Level	Official site
Ministry of Health	Health policy, clinical protocols, electronic prescription platform, electronic health services	National	sehiyye.gov.az
Ministry of Economy	Licensing authority for the activities in Annex 1 to the Law on Licences and Permits, including private medical and pharmaceutical activity	National	economy.gov.az
Analytical Expertise Center (Ministry of Health)	Medicine registration and import permits; opinion on a clinic's equipment, staff and patient facilities at licensing; inspections of pharmacies and licensed private clinics	National	pharma.az
Union for Management of Medical Territorial Units (TƏBİB)	Management and oversight of public medical institutions placed under it; tariffs for paid services; since March 2026, the former insurance agency's role in supplying insured persons with medicines and medical devices	National	tabib.gov.az

State Health Insurance and Expertise Agency (under the Ministry of Labor and Social Protection of Population)	Compulsory medical insurance: management of the fund, personal records of insured persons, contracts with providers and with pharmacies for outpatient dispensing, register of participating providers and pharmacies	National	dtsea.gov.az
Ministry of Digital Development and Transport, with its National Cybersecurity Agency	Personal data authority; since 2 June 2026 the Agency keeps the state register of personal data information systems and examines data subjects' complaints	National	mincom.gov.az

2 Licensing and authorisation

Activities that need a licence

Annex 1 to the Law on Licences and Permits No 176-VQ of 15 March 2016 lists **private medical activity** (item 2) and **pharmaceutical activity** (item 3: manufacture, wholesale and retail sale of medicines) as licensed activities. The Ministry of Economy issues these licences (Presidential Decree No 866 of 20 April 2016, para. 2.3.1), and the Analytical Expertise Center inspects the clinic and gives an opinion on its equipment, medical staff and patient facilities. Licences are issued without a time limit (art. 22.1), within 10 working days of registering the application unless a shorter period applies (art. 19.8), and are handled electronically through the "Licences and Permits" portal (art. 9.1.1).

Private providers may not work outside their licence scope, except primary medical aid (Law on Protection of Public Health No 360-IQ of 26 June 1997, art. 46; Law on Private Medical Activity No 789-IQ of 30 December 1999, art. 4). A private medical institution also needs employment contracts with qualified specialists for each type of activity it offers.

Who may set up and practise

- **Institutions.** Azerbaijani and, unless an international treaty provides otherwise, foreign legal and natural persons may establish private medical institutions (Law on Private Medical Activity, art. 4).
- **Individual practice.** Private medical practice is open to Azerbaijani citizens with medical education, a licence, certification where the law requires it and the required work experience (art. 5).

- **Practitioners.** Staff are subject to certification, and lack of it is a ground for suspending a licence; foreign-trained practitioners are admitted under a set procedure, and a state register lists everyone entitled to practise (Law on Protection of Public Health, art. 46).
- **Accreditation.** Medical institutions are accredited every five years, for a state duty, and receive an accreditation certificate (art. 7-1).
- **Pharmacies.** Retail sale of medicines is carried out by pharmacy organisations, sole proprietors or legal entities (Law on Medicinal Products No 208-IIIQ of 22 December 2006, art. 1.0.11); the law sets no separate regime for distance or online sale.

Joining compulsory medical insurance

Providers that meet the requirements set by the designated body may take part in compulsory medical insurance under a contract for medical services; licensed pharmacies may join under a separate contract (Law on Medical Insurance No 725-IQ of 28 October 1999, art. 15-3).

3 Identity framework (AML rules do not apply)

The Law on the Prevention of the Legalization of Criminally Obtained Property and the Financing of Terrorism (No 781-VIQ of 30 December 2022) (AML/CFT Law) applies to "obliged persons": financial institutions and listed non-financial businesses and professions (art. 1.1.7 to 1.1.9). Hospitals, clinics, pharmacies and health apps are not on either list, so they have no statutory customer due diligence or suspicious transaction reporting duties; insurers are covered only for life savings insurance (art. 1.1.8). The Law on Targeted Financial Sanctions No 782-VIQ of 30 December 2022 still bars anyone in Azerbaijan from providing assets or services to designated persons (art. 5).

Patient identity is governed instead by three sets of rules:

Insurance identification

A person insured under compulsory medical insurance must present an identity document when applying to a medical institution and give known health information on request (Law on Medical Insurance, art. 15-4.2).

Prescription identity

Every prescription is integrated into the patient's electronic health record through their personal identification number, the FİN (Law on Medicinal Products, art. 12-1.11).

Medical secrecy

The fact of seeking care, the diagnosis and all information obtained during examination and treatment are medical secrecy, disclosed only with consent or in listed cases (Law on Protection of Public Health, art. 53).

4 Identity verification and onboarding

Documents and identifiers

The health laws do not list accepted identity documents or verification methods; the anchors are the insured patient's identity document (Law on Medical Insurance, art. 15-4.2.2) and the FİN. The compulsory insurance certificate is an electronic document (art. 15-13.1), and insurance operations run electronically through the information system of the Ministry of Labor and Social Protection of Population (art. 15-27), in which a "Compulsory medical insurance" subsystem was created in July 2026 (Presidential Decree No 736 of 24 July 2026). Certificates and referral data may be provided through the Electronic Government Information System (EGIS) with the same effect as the documents (art. 1-1.5).

Digital identity and signatures

The EGIS single sign-on (Vahid Giriş), operated as mygov ID, identifies users by enhanced electronic signature with an advanced certificate or other electronic identification means (Electronic Government Information System Regulation, Presidential Decree No 472 of 12 August 2025, para. 3.14). Its login page offers the mygov app QR code, SİMA Signature, ASAN İmza, SİMA Token (electronic signature), identification number (FİN), BSXM electronic signature and a visitor account for foreign citizens. An enhanced electronic signature with an advanced certificate has the force of a handwritten signature (Law on Electronic Signature and Electronic Document No 602-IIQ of 9 March 2004, art. 3.2).

Records access and age

Medical documents on a citizen's health may be provided and obtained through the Electronic Government Information System, with the same effect as paper documents (Law on Protection of Public Health, art. 25). Information on the health of a minor or a

person without legal capacity goes to their parents or legal representatives (art. 25), so services must establish age and representation before releasing data.

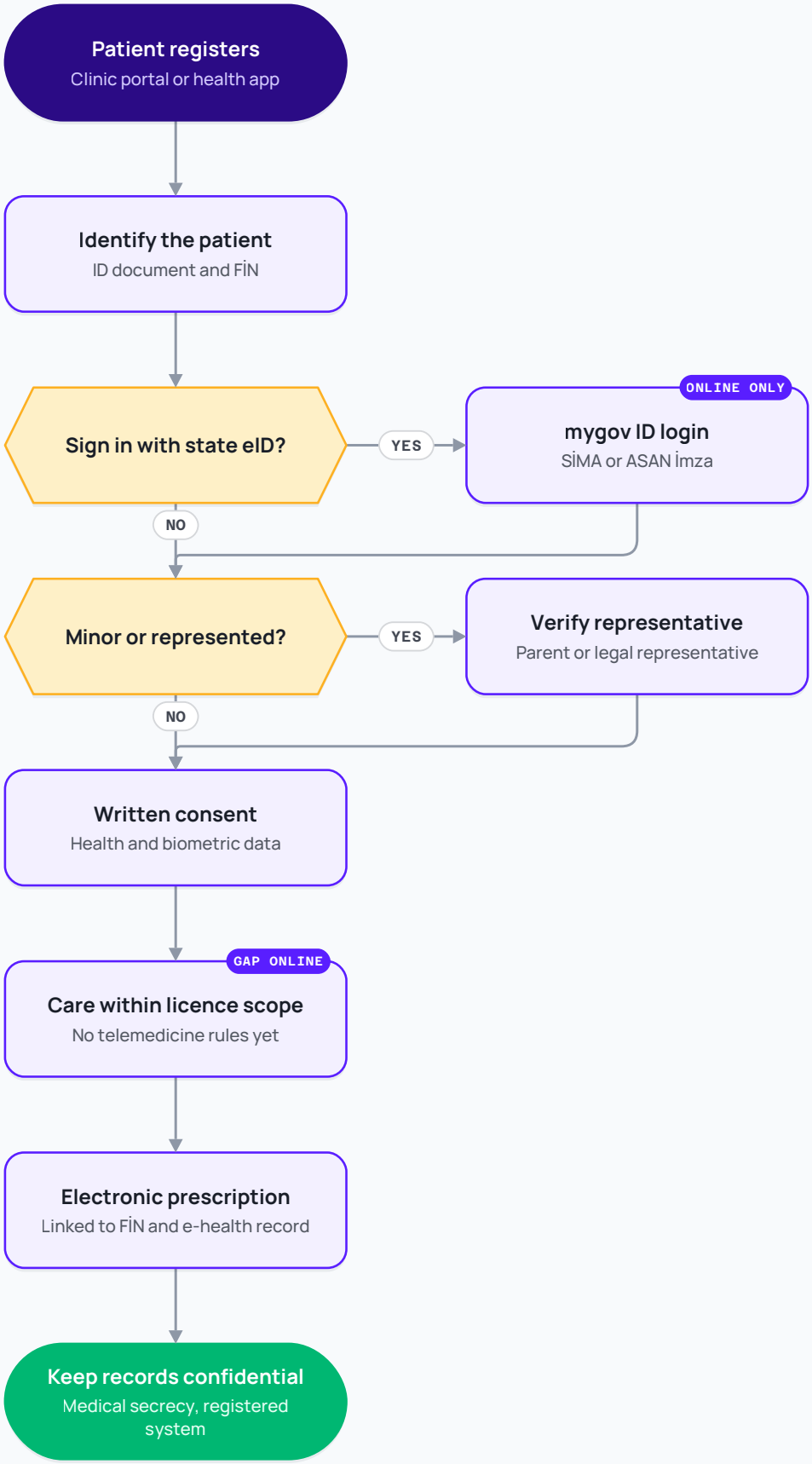


Figure 1. Digital patient onboarding and prescribing in Azerbaijan (no telemedicine framework yet).

5 Digital channels: what's different

Bottom line: prescriptions, records and consent already work digitally with the same legal effect as paper, but remote consultation itself has no legal framework as of November 2026.

Requirement	In person / land-based	Online / remote	Difference
Consultation and treatment	Licensed provider, within licence scope	No telemedicine rules; working group since May 2025	`Differs`
Licence to provide care	Private medical activity licence	Same licence; no separate online licence	`Same`
Prescriptions	Electronic document; paper copy on request	Electronic document, linked to FİN	`Same`
Access to medical documents	Copies on request	Via e-government system, same effect as paper	`Same`
Consent to health data processing	Written consent	Written, including through e-government	`Same`
Signatures	Handwritten	Enhanced e-signature, equal force	`Same`
Patient identification	Identity document shown at the institution	No specified remote method; mygov ID available	`Differs`
Medicine advertising	Only non-prescription medicines	Same restriction online	`Same`

Remote consultation has no legal basis yet

On 23 May 2025 the Ministry of Health convened a telemedicine working group with the Ministry of Digital Development and Transport, the insurance agency and TƏBİB, after a 2023 pilot at two Ministry research institutes. Its main goals include updating the legal framework, and it identified the need for a draft Cabinet of Ministers decision on telemedicine services. `In preparation, no draft published`

Prescribing is digital by default

Since 1 January 2024 a prescription is an electronic document written by any authorised doctor or feldsher, public or private, with a paper copy only on request (Law on Medicinal Products, art. 1.0.36 and 12-1); the Electronic Prescription Platform opened on 1 May 2024. Pharmacies view prescriptions by unique number on request (art. 12-1.9), and insured patients receive outpatient medicines only on a prescription sent to the insurance information system (Law on Medical Insurance, art. 15-3.5).

No specified remote identity method

The identity-document rule assumes a visit to the institution; no health rule sets a remote proofing method, liveness standard or assurance level.

6 Data protection and biometrics

Three rules of the Law on Personal Data No 998-IIIQ of 11 May 2010 matter most for healthcare.

- **Health data is a special category** (art. 2.1.6). It may be collected only on the grounds listed in art. 9.7, including where the law makes it mandatory, with the subject's written consent (including through the Electronic Government Information System), or where needed to protect life and health and consent cannot be obtained. When the ground ends, the data must be blocked at once and destroyed without delay unless the subject agrees to its storage or archiving (art. 9.8).
- **Biometric data is covered in full.** Fingerprints, facial images, iris and retina data, voice samples, DNA results and other biometric data fall under the law's full collection and processing conditions (art. 9.5), so a selfie or face match at onboarding needs a legal basis under art. 9.6, usually consent.
- **Systems must be registered.** Personal data information systems must be registered with the relevant executive authority (art. 15.1), the Ministry of Digital Development and Transport (Presidential Decree No 361 of 13 December 2010); since 2 June 2026 its National Cybersecurity Agency keeps the state register and examines complaints (Charter, paras 3.1.24 and 3.1.25, Presidential Decree No 676).

Cross-border transfer is prohibited where it threatens national security or the recipient country's protection falls below Azerbaijan's level (art. 14.2), unless the subject consents or it is needed to protect their life and health (art. 14.3). The National Archive Department's model retention list, the general reference for organisations, counts periods from 1 January of the year after a file closes (rule 2.14) and keeps case histories 30 years for inpatients, 5

years for outpatients and 50 years for medical psychotherapy, and at institutions that supply the National Archive Fund those of research or historical value are kept permanently (item 635). Anyone who lawfully obtains information under medical secrecy, which can include a software vendor or insurer, bears the same liability for disclosing it as medical staff (Law on Protection of Public Health, art. 53).

7 Sector-specific obligations

Prescription controls

A prescription may name only medicines on the state register (Law on Medicinal Products, art. 12-1.1). An unregistered medicine needed under clinical protocols may be prescribed, but the designated body must approve the prescription within two working days after checking it against the protocols and the patient's electronic health record (art. 12-1.5 and 12-1.6). Corrections mean cancelling the prescription, with a copy kept, and writing a new one (art. 12-1.8).

Disclosure without consent

Without consent, medical secrecy may be disclosed only in the cases listed in art. 53 of the Law on Protection of Public Health, such as treating a patient unable to express their will, epidemic threats, requests from investigators, prosecutors and courts, and, since Law No 74-VIIQD of 29 November 2024, an insured event under compulsory medical insurance.

Professional certification

Since 11 July 2025, Law No 213-VIIQD certifies medical and pharmaceutical staff by assessing continuing professional development or by exam, and bars anyone without a valid certificate from practical pharmaceutical work.

Advertising

Only non-prescription medicines and authorised medical devices and methods may be advertised, and medicine advertising may not address minors (Law on Advertising No 1281-IVQ of 15 May 2015, art. 29.1 and 29.2). Advertising of abortion and artificial insemination services is banned (art. 29.5), as are promotions that hand out medicines or medical services (art. 29.6). Since 22 May 2025 advertisers must, on request, give digital platform influencers the product's registration certificate, instructions and other supporting documents (Law on Medicinal Products, art. 16-1.4).

8 Risk indicators and red flags

RED FLAGS DRAWN FROM STATUTORY OFFENCES AND OFFICIAL WARNINGS

- **Prescription-only medicine dispensed without a prescription**: an offence for pharmacies (Code of Administrative Offences, art. 452.1).
- **Patient identity not established**: no identity document shown (Law on Medical Insurance, art. 15-4.2.2) or a prescription not linked to the patient's FİN (Law on Medicinal Products, art. 12-1.11).
- **Clinicians without a valid certificate, or named in patient records but not employed**: admitting uncertified staff is an offence (Code of Administrative Offences, art. 215.4), and the Ministry of Health checks patient records for such staff.
- **Services outside the licence**: prohibited except primary medical aid (Law on Protection of Public Health, art. 46).
- **Patient data in an unregistered information system**: an offence (Code of Administrative Offences, art. 375.0.1).
- **Request for a minor's records from someone other than a parent or legal representative**: such information goes only to them (Law on Protection of Public Health, art. 25).
- **Inspectors not listed in the Ministry of Justice inspections register**: the Analytical Expertise Center has warned of fake inspections of private clinics.
- **Medical procedures in beauty or cosmetology salons**: treated by the Ministry of Health as possible illegal medical activity, subject to unscheduled inspection.

9 Enforcement and penalties

Fines are set in the Code of Administrative Offences as ranges per offence, several with separate tiers for individuals, officials and legal entities.

Offence	Provision	Fine (AZN)
Private medical or pharmaceutical activity without a licence	Art. 210.1	Individuals 2,000 to 3,000; officials 5,000 to 10,000; legal entities 20,000 to 30,000

Admitting persons without medical education or a valid certificate to practice	Art. 215.4	Officials 800 to 1,000; legal entities 6,000 to 8,000
Dispensing prescription-only medicines without a prescription, or breaching rules on dispensing to minors	Art. 452.1	150 to 250
Processing personal data in an unregistered system, failing to protect or destroy data	Art. 375	300 to 500

Unlawful collection or disclosure of private and family life information is a crime (Criminal Code, art. 156), with a fine of AZN 1,000 to 2,000 or other penalties, heavier for officials.

Analytical Expertise Center protocols go to a court or other body, which imposes the fine; repeat violations go to law enforcement, and harm to health to prosecutors. In August 2026 it inspected 70 pharmacies, found violations at 19 and drew up administrative protocols under arts 210.1, 215.4, 221.1, 452.1 and 452.3; in May 2026 it found violations at 18 of 56 pharmacies inspected.

10 Recent changes and what to watch

- **24 July 2026.** `In force` Law No 464-VIIQD ties insured patients' outpatient prescriptions to the insurance information system under art. 15-27, which Presidential Decree No 736 assigns to the Ministry of Labor and Social Protection of Population, with a new compulsory insurance subsystem. Pharmacy and clinic integrations should point there.
- **19 March 2026.** `In force` Presidential Decree No 631 moves compulsory medical insurance to the Ministry of Labor and Social Protection of Population under a new State Health Insurance and Expertise Agency, and the former agency's role in supplying insured persons with medicines and medical devices to TƏBİB. Insurance counterparties change.
- **11 July 2025.** `In force` Law No 213-VIIQD introduces certification through continuing professional development assessment or exam. Credential checks for clinicians must reflect the new certificates.
- **23 May 2025.** `In preparation, no draft published` The Ministry of Health's telemedicine working group identified the need for a draft Cabinet of Ministers decision on telemedicine services. Its adoption would create the first legal basis for remote consultations.

- **22 May 2025.** `In force` Law No 182-VIIQD extends medicine advertising duties to digital platform influencers. Health brands promoting products on social media must give influencers the supporting documents on request.
- **28 January 2025.** `In force` Law No 120-VIIQD lets medical documents, medical insurance certificates and referral data be provided through the Electronic Government Information System with the same effect as paper, so digital record access is expressly lawful.
- **1 May 2024.** `In force` The Electronic Prescription Platform went live, following the electronic prescription rules in force since 1 January 2024. Paper-only prescribing workflows are no longer compliant.

11 What this means for identity verification

- **Anchor every record on the FİN.** Prescriptions and the electronic health record are keyed to it, so capture and check it against the identity document at registration.
- **Offer state eID.** mygov ID logins with SİMA or ASAN İmza rest on signature certificates, and an enhanced e-signature carries handwritten force for consent.
- **Treat face images as biometric data.** Face match and liveness need a legal basis, usually consent, a registered system and deletion once the purpose ends.
- **Verify representatives.** Build a parent or legal representative check into record access for minors and patients without legal capacity.
- **Verify clinicians too.** Check licence scope and certification before a practitioner prescribes on a platform.

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:

- Remote patient onboarding with ID document capture and verification, face match and biometric liveness, tied to the patient's personal identification number.
- Consent capture and e-signatures for health and biometric data processing.
- Verification of parents and legal representatives before releasing records of minors or patients without legal capacity.
- KYB checks on partner clinics and pharmacies, and configurable no-code workflows that can adapt when telemedicine rules are adopted.
- Cloud, on-premises or hybrid deployment to fit data registration and cross-border transfer requirements.

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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