

HHS Finalizes Long-Awaited HIPAA Privacy Rule Changes: Faster Patient Access, Revised Privacy Notices, and Clearer Care Coordination Rules

November 20, 2026

INSIGHTS

- The U.S. Department of Health and Human Services ("HHS") has finalized revisions to the HIPAA Privacy Rule to support coordinated care and individual engagement and reduce regulatory burdens. The Final Rule was published in the *Federal Register* on November 19, 2026. The full text of the Final Rule is available here.
- The headline change cuts the deadline for responding to patient access requests from 30 days to 15 calendar days. The Final Rule also makes certain electronic access free and tightens limits on copy fees.
- Providers no longer need to collect written acknowledgments of the Notice of Privacy Practices ("NPP"). However, every covered entity must revise its NPP.
- Compliance is required by July 19, 2027. Qualifying existing business associate agreements ("BAAs") have a transition period that runs until January 18, 2028.

OVERVIEW

HHS proposed these changes in a notice of proposed rulemaking ("NPRM") issued in December 2020 and published in January 2021, so the Final Rule arrives after nearly six years. It adopts some, but not all, of that proposal. For hospitals, physician practices, health plans, digital health companies, and their vendors, the practical effect is significant. Access workflows, fee policies, privacy notices, and vendor contracts will all need review in the coming months. This alert summarizes the key provisions and the actions affected organizations should start considering now.

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Key Dates

Milestone	Date
Effective date (60 days after publication)	January 19, 2027
Compliance date (180 days after the effective date)	July 19, 2027
End of transition period for qualifying existing BAAs	January 18, 2028

Faster, Easier Access for Patients

A 15-day response deadline. Covered entities must act on an access request as soon as practicable, and no later than 15 calendar days after receiving it. One extension of up to 30 days remains available, but only if the individual receives a written explanation within the first 15 days. Thus, the outer limit of time to act on an individual's access request is 45 days. The clock does not pause while the entity clarifies the request, verifies identity, or retrieves records from a business associate. If a state or other federal law sets a shorter deadline, that shorter deadline controls, and missing it may also violate HIPAA. Business associates that are responsible for responding are bound by the same 15-day deadline from the compliance date, even before their agreements are amended.

Fewer barriers to requests. Entities may still require written requests. However, email, portal messages, and requests sent through a personal health application must all be accepted. Entities may not impose measures that impede access when a less burdensome method is practicable, such as accepting requests only on paper or only through a portal. Identity verification must also be reasonable. HHS identifies notarization, "wet" signatures, and in-person proof of identity (when remote verification is practicable) as examples of unreasonable measures.

Free access and tighter fee limits. Covered entities may not charge individuals for inspecting their records or for accessing ePHI through an internet-based method, such as a portal or personal health application. Emailing (if authorized) a PDF that staff prepared does not qualify as an internet-based method. Where fees remain permitted, they are limited to specified cost-based items. The HHS Office for Civil Rights ("OCR") 2016 fee guidance, including the $6.50 flat fee, is superseded. Entities that charge for copies must post a fee schedule on their websites. They also may not withhold records because of unpaid medical bills.

A narrower right to direct records to third parties. Consistent with the *Ciox* decision, an individual may direct a covered entity to send records to a third party only for electronic copies of PHI in an electronic health record and a designated record set. Sending paper records, or PHI outside an electronic health record, requires a valid authorization. Covered entities may not refuse a valid direction request because they disagree with the recipient, such as an attorney, or with the purpose of the request.

New definitions. The Final Rule adds definitions of "electronic health record" and "personal health application." The electronic health record definition is broad enough to cover records of laboratories, imaging providers, and electronic billing records.

Notice of Privacy Practices

The Final Rule eliminates the requirement that direct-treatment providers make a good faith effort to obtain written acknowledgment that the patient received the NPP. It also eliminates the related documentation requirements, although entities must still keep copies of the notices they issue.

Every covered entity will nevertheless need to revise its NPP, including:

- A revised header. The new required header explains that records may be obtained at limited cost or, in some cases, free of charge. It also includes a new right to discuss the NPP and states that the NPP describes how to file a complaint.

- A new right to discuss the NPP. The NPP must state the individual's right to discuss it with a designated person or office, and it must list that contact's name or title, phone number, and email address.

- Notices for inmates. Correctional institutions that are covered entities and covered entities that serve correctional institutions must now provide the NPP to inmates.

HHS intends to issue updated model notices before the compliance date. Covered entities will note that this will be their second round of NPP revisions in quick succession, following the 42 C.F.R. Part 2-related updates for which compliance was required by February 16, 2026.

Care Coordination and Other Changes

Care coordination. The definition of "health care operations" now confirms that it covers care coordination and case management at both the individual and population level. Covered entities may disclose PHI without authorization to social services agencies, community-based organizations, and similar third parties for individual-level care coordination. A BAA is required only if the recipient is acting as a business associate. The minimum necessary standard continues to apply.

Targeted clarifications:

- Telecommunications Relay Services ("TRS") providers are excluded from the definition of "business associate." TRS, defined in 47 U.S.C. 225(a)(3), involve transliterating telephone calls to facilitate communications with and among individuals in the general public who are deaf, hard of hearing, deaf-blind, or who have a speech disability. The Final Rule clarifies that covered entities may disclose an individual's PHI to a TRS communications assistant when communicating with the individual without the need for a BAA with the TRS provider.

- The military-mission permission for Armed Forces personnel now extends to Uniformed Services, including United States Public Health Service ("USPHS") and National Oceanic and Atmospheric Administration ("NOAA") Commissioned Corps personnel.

Qualifying BAAs. Covered entities, business associates, and subcontractors may continue to operate under BAAs dated on or before November 19, 2026, until January 18, 2028, if those BAAs are compliant with the then-current regulations and if they are not renewed or modified by the parties in the interim. Existing "evergreen" BAAs that renew automatically before July 19, 2027, without any change in terms or other action by the parties will continue to be deemed compliant until January 18, 2028.

Proposals HHS did not finalize. HHS declined to adopt several proposals from the NPRM:

- a minimum-necessary exception for care coordination
- changes to the right to inspect
- individualized fee estimates
- a "good faith" standard for disclosures to family members and caregivers

What This Means for Your Organization

Right-of-access enforcement remains an OCR priority. HHS reports that the right of access was among the top five issues in the HIPAA complaints it resolved in 2024, and it has continued its focus on enforcement of right of access through this year. Before July 19, 2027, covered entities and business associates should consider:

1. **Rebuilding access workflows** around the 15-day deadline. This includes how intake, identity verification, and retrieval from business associates fit within that window.
2. **Evaluating request channels and verification practices.** Consider removing portal-only, notarization, and wet-signature requirements where less burdensome options are practicable.
3. **Addressing fee practices.** Eliminate fees for free access methods, retire the $6.50 flat fee, and post a compliant access fee schedule.
4. **Updating direction-request procedures** to reflect an electronic-health-record limit and the authorization requirement for other records.
5. **Revising and redistributing NPPs.** Designate a contact person or office for NPP questions and retire acknowledgment forms.
6. **Inventorying BAAs and vendor contracts.** Determine which agreements qualify for the transition period through January 18, 2028, and begin making necessary amendments.
7. **Accounting for the Final Rule in future BAAs.** Ensure all BAAs executed on or after November 19, 2026, comply with the Final Rule, or are amended prior to the compliance deadline.
8. **Checking state law.** More stringent state laws, such as faster access deadlines or lower copy-fee caps, continue to apply.

Please note that the information provided in this release is general in nature and not intended as legal advice. Specific circumstances may vary, and we encourage clients to contact us directly for personalized assistance and further information.

How We Can Help

For more information about how the Final Rule affects your organization, please contact the authors or another member of the Parker Hudson Rainer & Dobbs Healthcare team.

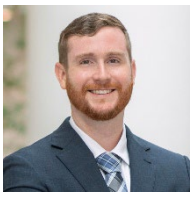
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