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Client Alert: HHS Finalizes Long-Awaited HIPAA Privacy Rule Changes – Key Changes and Next Steps for Covered Entities

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On November 16, 2026, the U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) announced a final rule, Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule: Changes to Support Coordinated Care and Individual Engagement and Reduce Regulatory Burdens (the Final Rule). The Final Rule is the most significant revision to the HIPAA Privacy Rule since 2013 and finalizes a large share of the changes OCR proposed in its 2021 Notice of Proposed Rulemaking (NPRM).

The Final Rule addresses three core areas: (1) strengthening patients' right of access to protected health information (PHI); (2) supporting care coordination and case management; and (3) easing compliance burdens placed on covered entities.

Strengthening the Patient's Right of Access

Under HIPAA, patients have the right to inspect or obtain a copy of their PHI that a covered entity maintains in a designated record set, such as in medical and billing records. Covered entities must provide timely access in the form and format the patient requests, if the PHI is readily producible that way, and may charge only a reasonable, cost-based fee for copies. The Final Rule strengthens this right by requiring covered entities to respond faster to access requests, lowering costs for patients, and removing barriers that can delay or discourage access.

Key changes to the right of access under the Final Rule include:

- **Shorten the response deadline.** Covered entities must respond to access requests as soon as practicable, but no later than 15 calendar days after they receive the request. Currently, covered entities have 30 calendar days to act on an access request. However, a covered entity may have up to an additional 30 calendar days provided it notifies the patient in writing of the reason for the delay.
- **Clarify access through personal health apps.** The right of access includes obtaining electronic PHI through a personal health application when the covered entity can produce the PHI in that form and format. The Final Rule defines "personal health application" to mean "an electronic application used by an individual to access health information about that individual, which can be drawn from multiple sources, provided that all of the following conditions apply:

    (1) such information is managed, shared, and controlled by or primarily for the individual;

    (2) such information is not managed, shared, or controlled in any of the following manners:

        (i) By or primarily for a covered entity; or
        (ii) Primarily for another person."

- **Restrict fees.** Covered entities may not charge for in-person inspection of PHI or for access to electronic PHI through internet-based methods, such as patient portals.
- **Require posted fee schedules.** Covered entities must post estimated fees on their websites for copies of PHI provided under the patient's right of access or through an authorization.
- **Direct electronic copies to third parties.** Patients may instruct a covered entity to transmit electronic copies of PHI maintained in an electronic health record directly to a third party of their choosing.
- **Limit identity verification and request barriers.** Covered entities may not impose unreasonable identity verification checks or make it difficult for patients to submit requests, for example, by limiting submissions to a patient portal. Providers have flexibility to select the verification methods that work best for their operations.
- **Revise the Notice of Privacy Practices (NPP).** The Final Rule modifies the NPP content requirements to explain patients' rights more clearly, including the right to speak with a designated contact person or office about the notice. The Final Rule also requires that incarcerated patients receive an NPP. Currently, these patients are excluded from the right to receive an NPP from a covered entity.

Facilitating Care Coordination

Care coordination is a cornerstone of high-quality, patient-centered care, and HIPAA's framework for using and disclosing PHI plays a key role in making it possible. By clarifying when PHI may be shared without patient authorization, the Final Rule seeks to improve access to care and communication among providers, health plans, and community partners.

Key changes to care coordination procedures under the Final Rule include:

- **Health plan operations.** The Final Rule confirms that care coordination and case management by health plans, whether aimed at a patient population or a specific patient, qualify as health care operations, allowing plans to use and disclose PHI for those purposes without patient authorization.
- **Disclosures to community partners.** Under the Final Rule, Covered entities may share PHI without a patient's authorization with social services agencies, community-based organizations, home and community-based services providers, and comparable organizations that offer health-related services, when the disclosure supports care coordination or case management for a specific patient.

Reducing Regulatory Burdens

Key changes to reduce burdens on covered entities under the Final Rule include:

- **Eliminate NPP acknowledgments.** Providers with direct treatment relationships no longer have to make a good faith effort to obtain signed acknowledgments that patients received the NPP.
- **Telecommunications Relay Services (TRS).** The Final Rule explicitly allows covered entities to share PHI without authorization with TRS communications assistants who support communication for individuals who are deaf, hard of hearing, deaf-blind, or have a speech disability. It also carves out TRS providers from the definition of "business associate", so covered entities do not need a business associate agreement with them.
- **Uniformed Services.** The Final Rule broadens the existing Armed Forces exception, which permits covered entities to share PHI without authorization with command authorities for mission-readiness purposes, so that it now covers all Uniformed Services personnel, including the U.S. Public Health Service Commissioned Corps and the National Oceanic and Atmospheric Administration Commissioned Corps.

Effective and Compliance Dates

The Final Rule will take effect on January 18, 2027. Covered entities then have 180 days to come into compliance, meaning there is a compliance deadline of July 17, 2027.

Recognizing that existing business associate agreements (BAAs) may run past the compliance date and six months may be too little time to update them all, the Final Rule allows covered entities to continue to rely on certain existing BAAs for up to one year after the Final Rule's effective date. This grace period only delays the obligation to amend the BAA; every other compliance obligation under the Final Rule applies by the compliance date. For example, if a business associate handles patient access requests, the business associate must meet the new 15 calendar-day deadline starting on the compliance date, even if the BAA has not been updated.

Next Steps

Moving forward, covered entities and business associates should:

- Update right of access policies and workflows to meet the 15-day response deadline and the new fee restrictions;
- Prepare and post an estimated fee schedule on the organization's website;
- Assess capabilities for delivering electronic PHI through personal health applications;
- Revise their NPP and designate a contact person or office to address questions about the notice and retire NPP acknowledgment processes;
- Evaluate care coordination disclosures to social services agencies and community-based organizations;
- Consult with legal counsel to update business associate agreements; and
- Train the organization's workforce on the Final Rule changes before the compliance deadline.

Organizations that start their compliance work now will be best positioned to meet the July 2027 compliance deadline with the least disruption to their operations.

Please reach out to Daphne Kackloudis, Jordan Burdick, or Kate Crawford for more information on the Final Rule or to better understand how these changes affect your organization's HIPAA compliance program.

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