
EHDS – Be prepared for public consultations in TEHDAS2:
**Draft guideline for data holders on making personal and non-personal
electronic health data available for reuse**

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Dr. Marije van Melle, Nictiz
September 18th, 2025 | 8 a.m. to 9 a.m.

online workshop series | September 15th to October 1st, 2025



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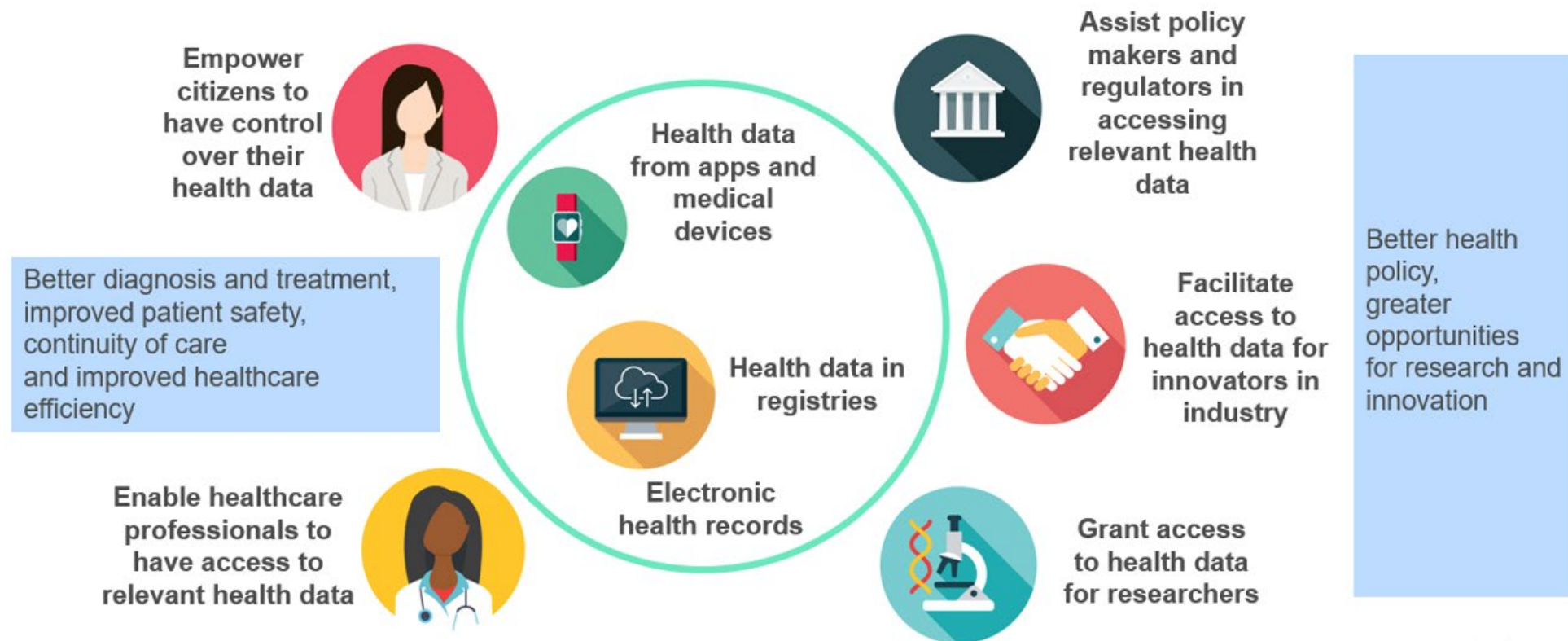
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1. EHDS and TEHDAS2 in a nutshell

European Health Data Space (EHDS) – AIMS FROM User perspectives

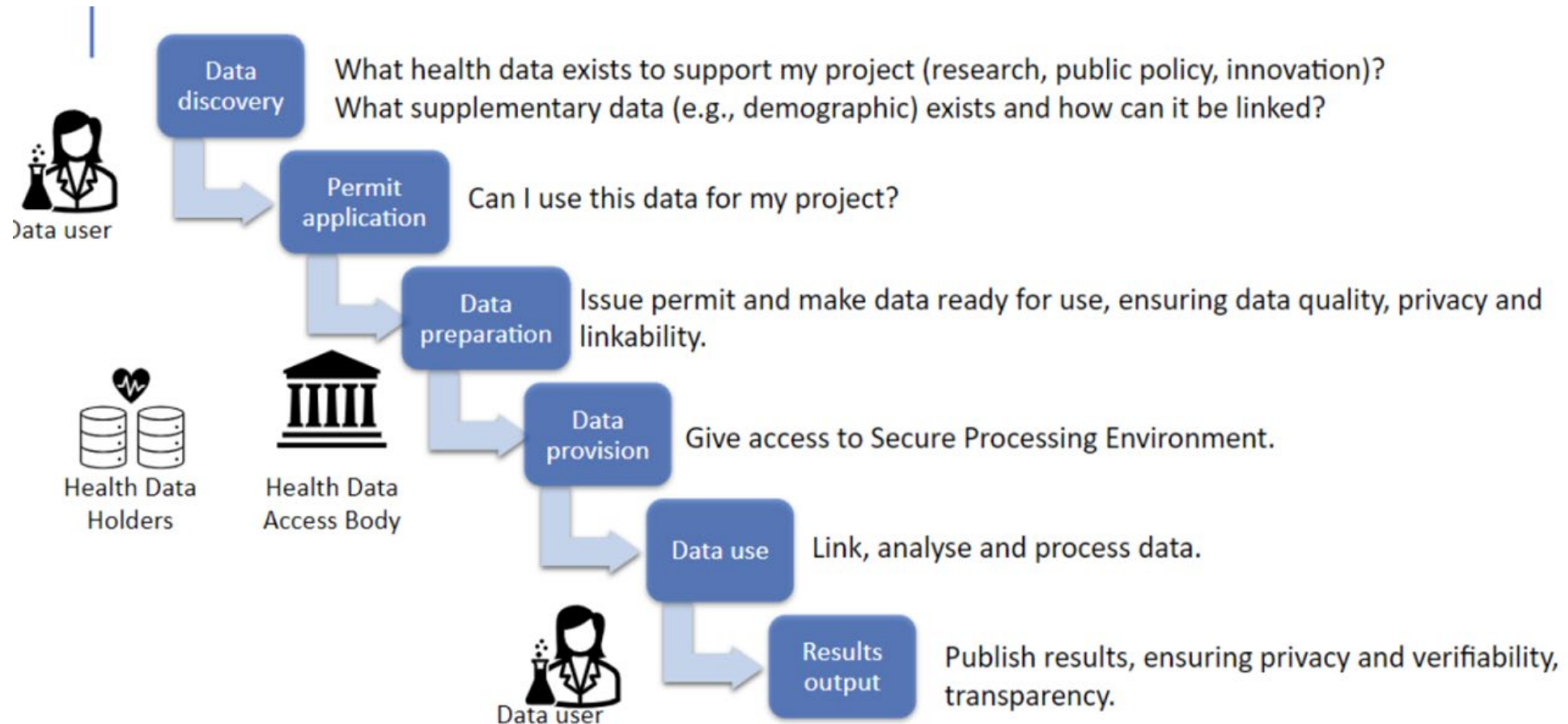
Primary use (routine care)

Secondary use



1. EHDS and TEHDAS2 in a nutshell

EHDS2: Secondary Use of Electronic Health Data



- ▶ Das Europäische Parlament hat am 24. April 2024 die legislativen Grundlagen zur Schaffung eines **Europäischen Gesundheitsdatenraums (EHDS)** gelegt.
- ▶ Sprachjuristische Endfassung, vom ER am 21.01.2025 verabschiedet.
- ▶ Die EHDS-Verordnung wurde am 5. März 2025 im Amtsblatt der EU veröffentlicht **und trat 20 Tage später, am 25. März 2025, in Kraft.**
- ▶ Die Vorschriften der EHDS-Verordnung werden schrittweise angewendet: teilweise nach zwei Jahren, teilweise nach vier, sechs oder zehn Jahren nach Inkrafttreten. Direkt rechtswirksam in allen EU-Mitgliedstaaten, so auch in Deutschland.
- ▶ **MyHealth@EU (EHDS I)** regelt **elektronische grenzüberschreitende Gesundheitsdienste** in der EU (und die hierfür notwendigen Voraussetzungen).
- ▶ Im Rahmen von **HealthData@EU (EHDS II)** soll das Potenzial der **(Sekundär-)Nutzung von vorhandenen Gesundheitsdaten für Forschung und Innovation** in anonymisierter oder pseudonymisierter Form im öffentlichen Interesse erschlossen werden.
- ▶ ➔ Detailierung durch **Durchsetzungsrechtsakte (Implementing Acts)** bis 26. März 2027



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Document 32025R0327

Verordnung (EU) 2025/327 des Europäischen Parlaments und des Rates vom 11. Februar 2025 über den europäischen Gesundheitsdatenraum sowie zur Änderung der Richtlinie 2011/24/EU und der Verordnung (EU) 2024/2847 (Text von Bedeutung für den EWR)

PE/76/2024/REV/1

Abi. L, 2025/327, 5.3.2025, ELI: <http://data.europa.eu/eli/reg/2025/327/oj> (BG, ES, CS, DA, DE, ET, EL, EN, FR, GA, HR, IT, LV, LT, HU, MT, NL, PL, PT, RO, SK, SL, FI, SV)

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VERORDNUNG (EU) 2025/327 DES EUROPÄISCHEN PARLAMENTS UND DES RATES

vom 11. Februar 2025

über den europäischen Gesundheitsdatenraum sowie zur Änderung der Richtlinie 2011/24/EU und der Verordnung (EU) 2024/2847

(Text von Bedeutung für den EWR)

DAS EUROPÄISCHE PARLAMENT UND DER RAT DER EUROPÄISCHEN UNION —

gestützt auf den Vertrag über die Arbeitsweise der Europäischen Union, insbesondere auf die Artikel 16 und 114,

auf Vorschlag der Europäischen Kommission,

nach Zuleitung des Entwurfs des Gesetzgebungsakts an die nationalen Parlamente.

nach Stellungnahme des Europäischen Wirtschafts- und Sozialausschusses⁽¹⁾.

nach Stellungnahme des Ausschusses der Regionen (2).

gemäß dem ordentlichen Gesetzgebungsverfahren⁽¹⁾.

in Erwägung nachstehender Gründe:

- (1) Ziel dieser Verordnung ist es, den europäischen Gesundheitsdatenraum (European Health Data Space, im Folgenden „EHDS“) einzurichten, um den Zugang natürlicher Personen zu ihren personenbezogenen elektronischen Gesundheitsdaten und ihre Kontrolle über diese Daten im Zusammenhang mit der Gesundheitsversorgung zu verbessern und andere Zwecke, die mit der Verwendung elektronischer Gesundheitsdaten im Gesundheitswesen und im Pflegesektor verbunden sind und der Gesellschaft zugutekommen, wie etwa Forschung, Innovation, Politikgestaltung, Vorbereitung und Reaktion auf Gesundheitsbedrohungen, auch zur Prävention und Bewältigung künftiger Pandemien, Patientensicherheit, personalisierte Medizin, amtliche Statistik oder Regulierungstätigkeiten, besser zu erreichen. Darüber hinaus ist es Ziel dieser Verordnung, das Funktionieren des Binnenmarkts zu verbessern, indem im Einklang mit den Werten der Union ein einheitlicher Rechtsrahmen und technischer Rahmen insbesondere für die Entwicklung, Vermarktung und Verwendung von Systemen für elektronische Gesundheitsaufzeichnungen (electronic health records (EHRs)) (inklusive von IR-Systemen) geschaffen wird. Der Text wird ein
- e Fassung (05.03.2025 veröffentlicht)**
- (2) Die COVID-19-Pandemie hat deutlich gemacht, dass ein zeitnaher Zugang zu hochwertigen elektronischen Gesundheitsdaten für die Vorwarn- und Reaktion bei Gesundheitsbedrohungen sowie für die Prävention, Diagnose und möglicherweise zu einer wirksameren Bewältigung künftiger Pandemien, geringeren Kosten und einer besseren
- ://eur-lex.europa.eu/legal-content/D**
- ://eur-lex.europa.eu/legal-content/E**
- System für das klinische Patientenmanagement im Elterntfahren an, um es den Mitgliedstaaten zu ermöglichen, elektronische Gesundheitsdaten von COVID-19-Patienten auszutauschen, die während des Höhepunkts dieser Pandemie den Gesundheitsdienstleister wechselten oder sich von einem Mitgliedstaat in einen anderen begaben. Diese Anpassung war jedoch nur eine Notfalloption, die verdeutlichte, dass ein struktureller und kohärenter Ansatz auf Ebene der Mitgliedstaaten und der Union erforderlich ist, um die Verfügbarkeit elektronischer Gesundheitsdaten für die Gesundheitsversorgung zu verbessern und den Zugang zu elektronischen Gesundheitsdaten zu erleichtern und so wirksame politische Maßnahmen zu steuern und zu hohen Standards für die menschliche Gesundheit beizutragen.
- (3) Durch die COVID-19-Krise wurde die Arbeit des Netzwerks für elektronische Gesundheitsdienste (e-Health-Netzwerk), eines freiwilligen Netzwerks von für digitale Gesundheit zuständigen Stellen, zur tragenden Säule für die Entwicklung mobiler Kontaktnachverfolgungs- und Kontaktwarn-Apps für mobile Geräte und der technischen

(¹) ABL C 486 vom 21.12.2022, S. 123.

(²) ABl. C 157 vom 3.5.2023, S. 64.

(⁵) Standpunkt des Europäischen Parlaments vom 24. April 2024 (noch nicht im Amtsblatt veröffentlicht) und Beschluss des Rates vom 21. Januar 2025.

(4) Durchführungsbeschluss (EU) 2019/1269 der Kommission vom 26. Juli 2019 zur Änderung des Durchführungsbeschlusses 2014/287/EU der Kommission zur Festlegung von Kriterien für die Einrichtung europäischer Referenznetzwerke, für die Evaluierung dieser Netzwerke und ihrer Mitglieder und zur Erleichterung des Austauschs von Informationen und Fachwissen in Bezug auf die Einrichtung und Evaluierung solcher Netzwerke (ABl. L 200 vom 29.7.2019, S. 35).

2025/327

REGULATION (EU) 2025/327 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 11 February 2025

on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847

(Text with EEA relevance)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 16 and 114 thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national parliaments,

Having regard to the opinion of the European Economic and Social Committee⁽¹⁾,

Having regard to the opinion of the Committee of the Regions (2),

Acting in accordance with the ordinary legislative procedure ⁽³⁾,

Whereas:

- (3) The aim of this Regulation is to establish the European Health Data Space (EHDS) in order to improve natural persons' access to and control over their personal electronic health data in the context of healthcare, as well as to better achieve other purposes involving the use of electronic health data in the healthcare and care sectors that benefit society, such as research, innovation, policymaking, health threats preparedness and response, prevention and addressing future pandemics, patient safety, personalised medicine, official statistics or regulatory activities. In addition, this Regulation's goal is to improve the functioning of the internal market by laying down a uniform legal and technical framework in particular for the development, marketing and use of electronic health data systems, as a structure for the exchange of health data between Member States and between Member States and third countries.
- (4) The Commission is empowered to adopt measures necessary for the implementation of this Regulation, in particular to ensure the interoperability of electronic health data systems, to ensure the security and integrity of such electronic health data, such timely access could potentially contribute, through efficient public health surveillance and monitoring, to more effective management of future pandemics, to a reduction of costs and to improving the response to health threats, and ultimately could help to save more lives. In 2020, the Commission urgently adapted its Clinical Patient Management System, established by Commission Implementing Decision (EU) 2019/1269⁽¹⁾, to allow Member States to share electronic health data of COVID-19 patients moving between healthcare providers and Member States during the peak of that pandemic. However, that adaptation was only an emergency solution, showing the need for a structural and consistent approach at Member State and Union level, both in order to improve the availability of electronic health data for healthcare and to facilitate access to electronic health data in order to steer effective policy responses and contribute to high standards of human health.
- (5) The COVID-19 crisis strongly cemented the work of the eHealth Network, a voluntary network of authorities responsible for digital health, as the main pillar for the development of contact-tracing and contact-warning
- ⁽¹⁾ OJ C 486, 21.12.2022, p. 123.
⁽²⁾ OJ C 157, 3.5.2023, p. 64.
⁽³⁾ Position of the European Parliament of 24 April 2024 (not yet published in the Official Journal) and decision of the Council of 21 January 2025.
⁽⁴⁾ Commission Implementing Decision (EU) 2019/1269 of 26 July 2019 amending Implementing Decision 2014/287/EU setting out criteria for establishing and evaluating European Reference Networks and their Members and for facilitating the exchange of information and expertise on establishing and evaluating such Networks (OJ L 200, 29.7.2019, p. 35).



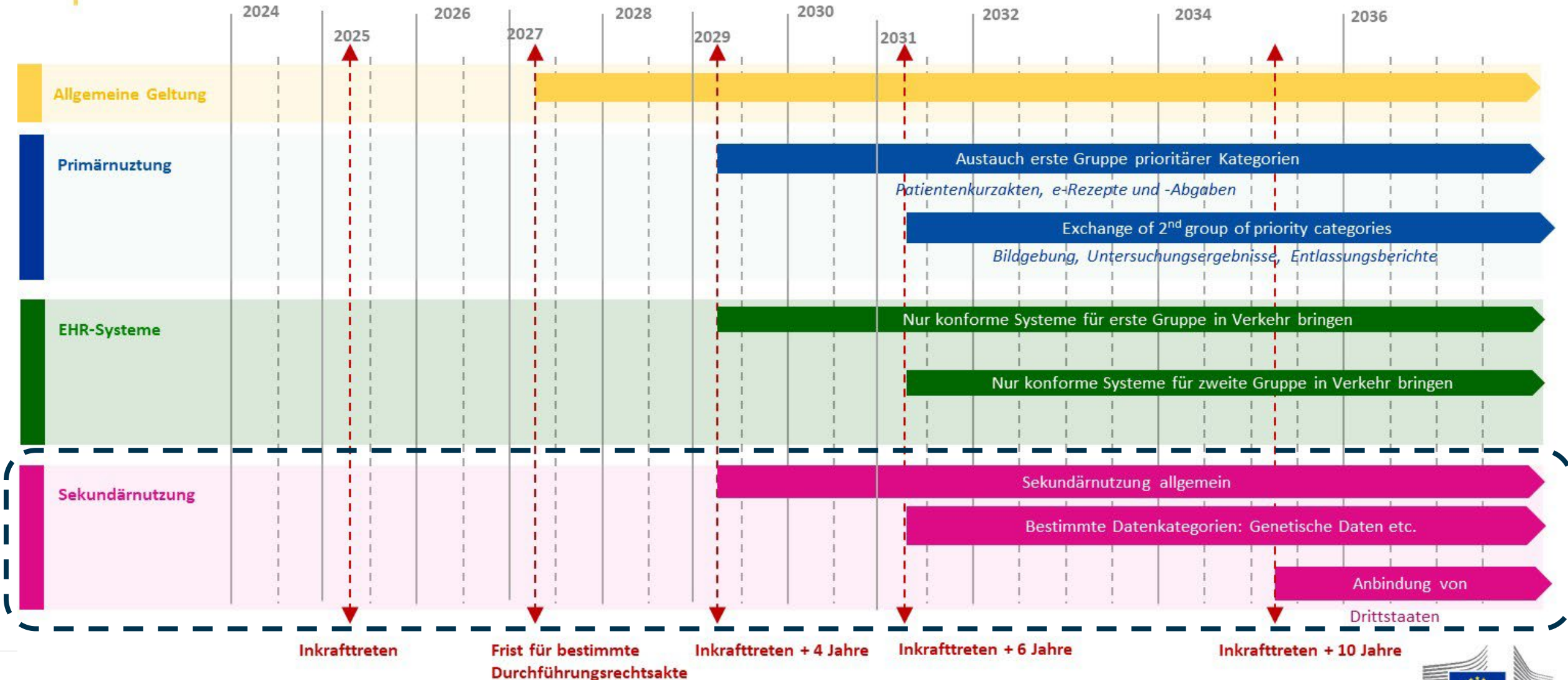
Frequently Asked
Questions on the
European Health Data
Space

Last updated 5 March 2025



https://health.ec.europa.eu/document/download/4dd47ec2-71dd-49fc-b036-ad7c14f6ed68_en?filename=ehealth_ehds_ga_en.pdf

EHDS – Inkrafttreten und Geltung



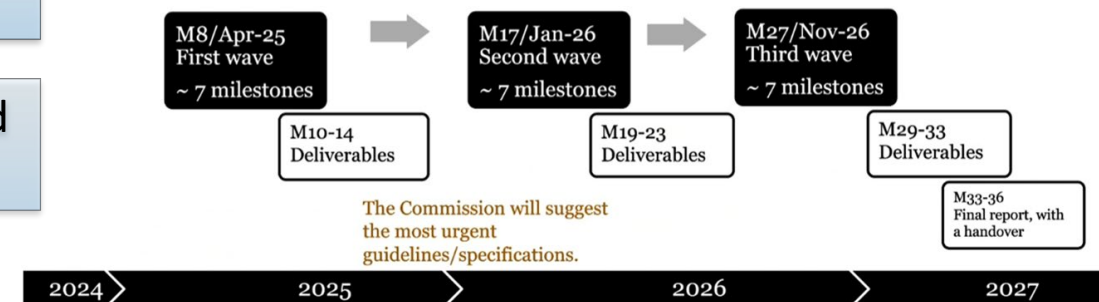
1. TEHDAS2 in a nutshell

TEHDAS2 in a nutshell

- 1 A joint action with clear scope, timeline and budget
- 2 Structured in independent work packages but common working methods
- 3 Aims for harmonised implementation of EHDS – secondary use of health data
- 4 Produces tangible results in the form of guidelines and technical specifications
- 5 High emphasis also on external communication and interlinks with other projects

für Deutschland: **BMG, BfArM, gematik, TMF**

- ▶ TEHDAS2 bereitet die Durchsetzungsrechtsakte der EU zum EHDS II durch **Guidelines** vor.
- ▶ (Für EHDS I entsprechend: xt-EHR)
- ▶ in 3 „Wellen“ (1. bereits erfolgt)
- ▶ Die Guidelines werden vor Verabschiedung und Annahme durch die EU öffentlich zur Kommentierung gestellt. Beginn: 30. Sept. 2025 (2 Monate)



2. TEHDAS2 Guidelines



Upcoming public consultations

SEP-OCT 2025

TOPIC: Processes to manage permits or data pseudonymisation

Documents scheduled for public consultation(Click to view)

1. Draft guideline for Health Data Access Bodies on fees and penalties for non-compliance regulated to the EHDS regulation
2. Draft guideline for Health Data Access Bodies on minimum categories and limitations on the reuse of health data
3. Draft guideline for data holders on making personal and non-personal electronic health data available for reuse
4. Draft guideline for Health Data Access Bodies on the procedures and formats for data access
5. Data Access Application Management System (DAAMS) – Draft technical specification for health data access bodies
6. Draft technical specification for Health Data Access Bodies on data minimisation and de-identification
7. Draft technical specification for Health Data Access Bodies on the implementation of the common IT infrastructure
8. Draft technical specification for Health Data Access Bodies on the implementation of secure processing environments
9. Draft guideline for Health Data Access Bodies on implementing opt-out from the secondary use of health data
10. Draft guideline for Health Data Access Bodies on implementing the obligation of notifying the natural person on a significant finding from the secondary use of health data

<https://tehdas.eu/>



MAY-JUN 2026

TOPIC: Collaboration with third countries, data enrichment and informing citizens

Documents scheduled for public consultation(Click to view)

1. Draft guideline for Health Data Access Bodies on collaboration with other parties
2. Draft guideline for Health Data Access Bodies on international and third country access and transfer of electronic health data
3. Draft guideline for Health Data Access Bodies on enrichment of health datasets
4. Draft guideline for Health Data Access Bodies on linkage of health datasets
5. Draft guideline for Health Data Access Bodies on informing natural persons about the use of health data – “Citizen Information Point”
6. Draft guideline for data users on handling research outcomes

2. TEHDAS2 Participate in the public consultations



TEHDAS2 develops guidelines and technical specifications to enable seamless secondary use of electronic health data across Europe under the European Health Data Space (EHDS).



→ The next wave of public consultations will be in **Sept-Oct 2025**

2. TEHDAS2 Documents for public consultation on September 30th, 2025



2nd Wave: Processes to manage permits or data pseudonymisation | SEP-OKT 2025

MS/D	Description
4.1	Draft guideline for Health Data Access Bodies on fees and penalties for non-compliance related to the EHDS regulation
5.2	Draft guideline for Health Data Access Bodies on minimum categories and limitations on the reuse of health data
6.1	Draft guideline for data holders on making personal and non-personal electronic health data available for reuse
6.3	Draft guideline for Health Data Access Bodies on the procedures and formats for data access
6.4	Data Access Application Management System (DAAMS) – Draft technical specification for health data access bodies
7.2	Guideline for Health Data Access Bodies on data minimisation, pseudonymisation, anonymisation and synthetic data
7.3	Draft technical specification for Health Data Access Bodies on the implementation of the common IT infrastructure
7.4	Draft technical specification for Health Data Access Bodies on the implementation of secure processing environments
8.1	Draft guideline for Health Data Access Bodies on implementing opt-out from the secondary use of health data
8.1	Draft guideline for Health Data Access Bodies on implementing the obligation of notifying the natural person on a significant finding from the secondary use of health data

2. TEHDAS2 Online-Workshop-Serie 15.09.-01.10.2025



Date	Workshop
Sep 15th, 2025	5.2 Draft guideline for Health Data Access Bodies on minimum categories and limitations on the reuse of health data, <i>Dr. Anna Niemeyer (TMF e. V., Germany)</i>
Sep 16th, 2025	8.1.1: Draft guideline for Health Data Access Bodies on implementing opt-out from the secondary use of health data, <i>Irene Schlünder (TMF e. V., Germany)</i>
Sep 17th, 2025	7.2: Draft guideline for Health Data Access Bodies on data minimisation, pseudonymisation, anonymisation and synthetic data, <i>Pia Brinkmann (Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany)</i>
Sep 18th, 2025	6.1: Draft guideline for data holders on making personal and non-personal electronic health data available for reuse, <i>Marije van Melle (Nictiz, Netherlands)</i>
Sep 24th, 2025	6.3: Draft guideline for Health Data Access Bodies on the procedures and formats for data access, <i>Rosa Juuti (Findata, Finland)</i>
Sep 25th, 2025	6.4: Draft Data Access Application Management System (DAAMS) – Draft technical specification for health data access bodies, <i>Dr. Ana Mužinić, Ph.D (Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany)</i>
Sep 26th, 2025	7.3: Draft technical specification for Health Data Access Bodies on the implementation of the common IT infrastructure, <i>Amélie Schäfer (Health Data Hub, France)</i>
Sep 29th, 2025	7.4: Draft technical specification for Health Data Access Bodies on the implementation of secure processing environments, <i>Heikki Lehväslaihi (CSC - IT Center for Science, Finland)</i>
Sep 30th, 2025	8.1.2: Draft guideline for Health Data Access Bodies on implementing the obligation of notifying the natural person on a significant finding from the secondary use of health data, <i>Dr. Gergely Mikešy (Semmelweis University Health Services Management Training Centre, Hungary)</i>
Oct 1st, 2025	4.1: Draft guideline for Health Data Access Bodies on fees and penalties for non-compliance related to the EHDS regulation, <i>Pia Brinkmann (Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany)</i>

Mehr Information & Anmeldung: <https://www.tmf-ev.de/news/ehds-oeffentliche-konsultationen-starten-im-herbst>

3. Presenting today's document: **Draft guideline for data holders on making personal and non-personal electronic health data available for reuse (6.1)**



Legal background

Dataset description and Data Quality and Utility Label (Metadata)

- Ensure that metadata describing the datasets is submitted to the national dataset catalogue (Art. 60(3)) and is reviewed and updated at least once a year (Art. 77(2))
- Ensure appropriate data quality when making data available for secondary use (**Art. 60(4)**)
- Provide documentation in case of a data quality and utility label (Art. 78)

Personal Data Provision

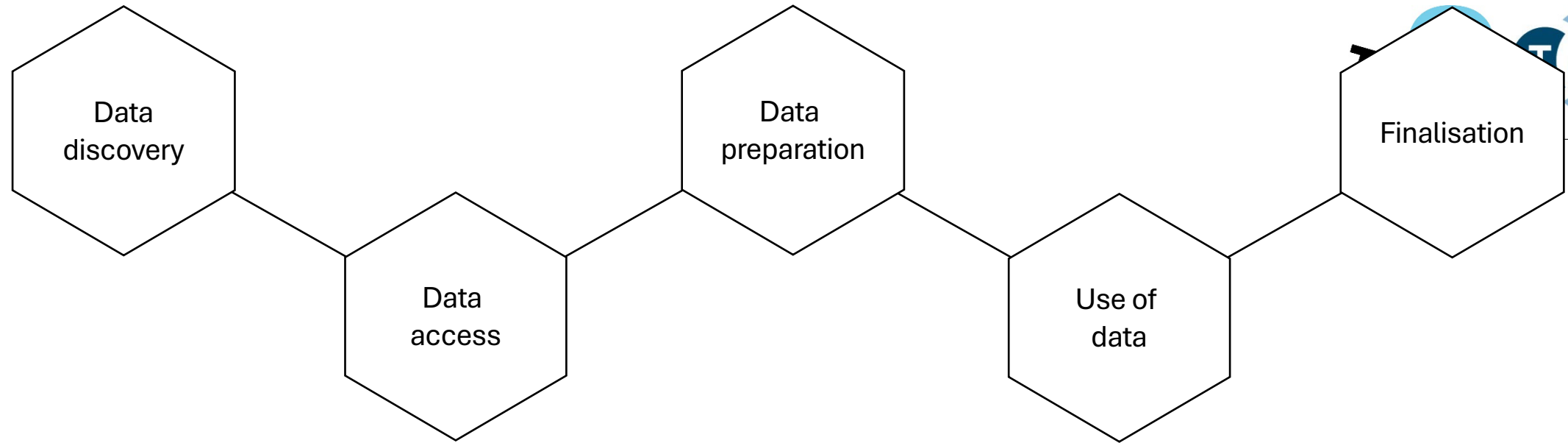
- Upon receipt of a data permit or approved request, provide the required personal electronic health data to the Health Data Access Body (HDAB) (**Art. 60(1)**)
- No later than three months, extendable once by another three months in justified cases (**Art. 60(2)**)
- The timeline starts when the HDAB notifies the data holder of the permit or approved request (**Art. 63(3)**).

Non-personal data

- make such data available via open public databases that comply with standards for transparency, governance, and long-term accessibility (**Art. 60(5)**).

Significant findings

- Inform the natural person or health professional, under the conditions laid by national law



Recommended health data holder tasks, based on expert advice

Interact with HDAB regarding quality and usability of available data based on what is published in the National catalogue

Establish internal workflows for receiving and processing data permits and data request approvals

Interact with HDAB in data request or permit application and assessment to clarify scope or feasibility, as needed

Perform data preparation as close to the source as possible

Validate data before delivery

Document data preparation steps for transparency

Interact with HDAB in management of data permit / data request approval

Ensure secure transfer of data

Interact with Data user/ HDAB in post-delivery phase, as needed in case of clarifications, complaints, correction of errors.

Store traceable communication with HDAB and data user

Handle invoicing: provide cost breakdown to HDAB in advance; compensation is channelled via HDAB

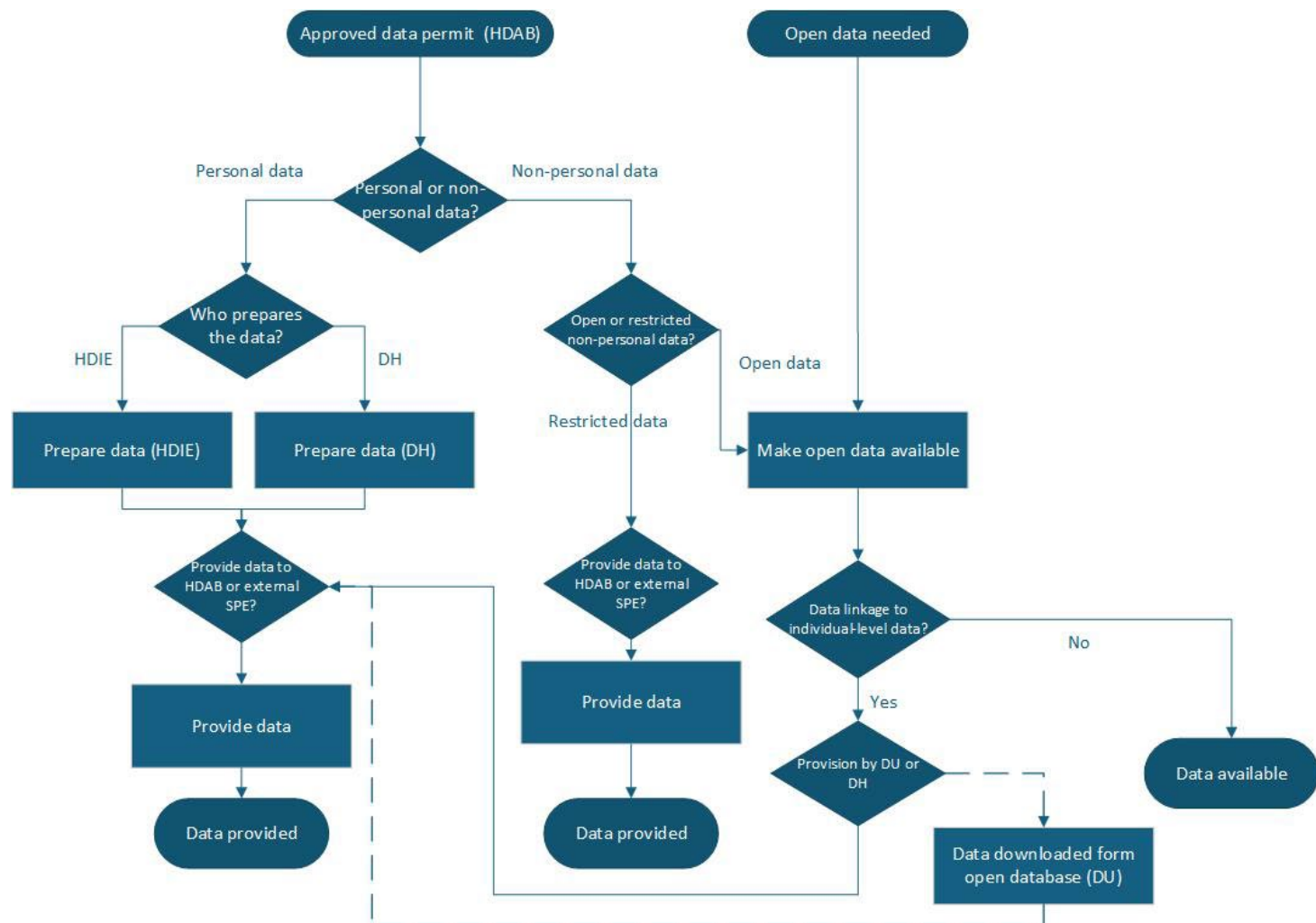
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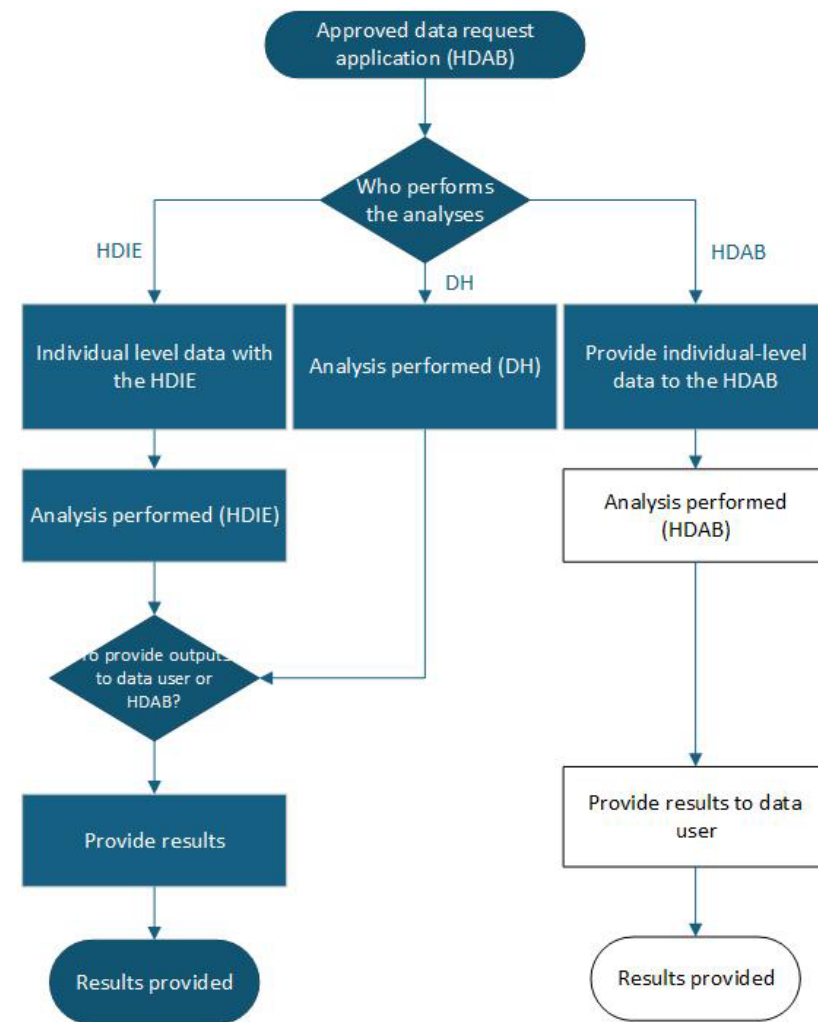
Summary of the document

- practical and operational support to **health data holders** in fulfilling their role under the European Health Data Space (EHDS) Regulation to **make personal and non-personal electronic health data available** for secondary use.
- focuses on the obligations that apply once a Health Data Access Body (HDAB) issues a **data permit** or approves a **data request**.
- provide guidance to health data holders on their core duties under the EHDS regulation, with a focus on **which data to provide, data preparation** and **data provision** following a data request or permit.
- provide **recommendations and illustrative good practice examples** based on expert advice and experience.

Data permit flow



Data request approval



3. Presenting today's document: Draft guideline for data holders on making personal and non-personal electronic health data available for reuse (6.1)

Critical points

- What is „the health data holder“?
- The health data holder journey
- Distinction between mandated duties and recommended tasks or good practice
 - Many tasks are implied, but not mandated by the EHDS
- Making personal and non-personal data available
- Responsibilities and tasks with the HDAB or the health data holder?
 - Responsibility with the HDAB according to the EHDS regulation
 - Good practice is to delegate these tasks closer to the source (data minimisation, data pseudonymisation etc) for privacy and security reasons
- Roles such as the Intermediation Entity and Trusted Health Data holder

Additional contents



What to watch for nationally



Maturity levels



Steps and illustrative checklists for data holders

3. Presenting today's document: **Draft guideline for data holders on making personal and non-personal electronic health data available for reuse (6.1)**

Questions public consultations

1. **Demography and type of responder**
2. **Quality**
3. **Does the guideline fit your data type and organisation?**
4. **Are the legal obligations clear?**
5. **Do the recommendations and examples help to prepare for the EHDS?**
6. **Are the Annexes helpful?**

3. Presenting today's document: **Draft guideline for data holders on making personal and non-personal electronic health data available for reuse (6.1)**



Who should comment?

- **Health data holders**, (Article 2 (2)(t)) which can include a wide range of entities, such as:
 - Healthcare providers (e.g., hospitals, clinics, and general practitioners)
 - Public authorities or agencies involved in health or care services
 - Health insurances and organisations managing reimbursement systems
 - Developers of health-related products and services, including wellness applications
 - Research institutions and mortality registries
 - EU institutions, bodies, and agencies that manage or process health data.
- HDABs
- Member States - policy and governance

4. Q&A



5. Save the date: Next workshops



Date	Workshop
Sep 15th, 2025	5.2 Draft guideline for Health Data Access Bodies on minimum categories and limitations on the reuse of health data
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Sep 30th, 2025	8.1.2: Draft guideline for Health Data Access Bodies on implementing the obligation of notifying the natural person on a significant finding from the secondary use of health data, <i>Dr. Gergely Mikešy (Semmelweis University Health Services Management Training Centre, Hungary)</i>
Oct 1st, 2025	4.1: Draft guideline for Health Data Access Bodies on fees and penalties for non-compliance related to the EHDS regulation, <i>Pia Brinkmann (Bundesinstitut für Arzneimittel und Medizinprodukte BfArM, Germany)</i>

More information & registration: <https://www.tmf-ev.de/news/ehds-oeffentliche-konsultationen-starten-im-herbst>

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