



On approval of the List of personal data necessary and sufficient to fulfill tasks

Unofficial translation

Order of the Minister of Health of the Republic of Kazakhstan dated February 25, 2019 No. ҚР ДСМ-5. Registered in the Ministry of Justice of the Republic of Kazakhstan on February 28, 2019 No. 18355

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In accordance with subparagraph 1) of paragraph 2 of article 25 of the Law of the Republic of Kazakhstan dated May 21, 2013 “On personal data and its protection”, I HEREBY ORDER:

1. To approve the attached List of personal data, necessary and sufficient to fulfill the tasks.

2. The Department of Legal Services of the Health Ministry of the Republic of Kazakhstan, in the manner prescribed by the legislation of the Republic of Kazakhstan, to ensure:

1) state registration of this order in the Ministry of Justice of the Republic of Kazakhstan;
2) within ten calendar days from the date of the state registration of this order, sending of its copy in paper and electronic form in the Kazakh and Russian languages to the Republican state enterprise on the basis of the right of economic management “Republican Legal Information Center” for official publication and inclusion in the Reference Control Bank of regulatory legal acts of the Republic of Kazakhstan;

3) placement of this order on the Internet resource of the Health Ministry of the Republic of Kazakhstan after its official publication.

3. The executive secretary of the Health Ministry of the Republic of Kazakhstan B.T. Tokezhanova shall be authorized to oversee the execution of this order.

4. This order shall come into force ten calendar days after the day of its first official publication.

Minister

E. Birtanov

Approved by the order of the
Health Minister of the Republic
of Kazakhstan dated February
25, 2019 № ҚР ДСМ-5

The list of personal data necessary and sufficient to fulfill the tasks

№	Name of personal data
1. Monitoring the quality and volume of provided medical services of the guaranteed volume of free medical care in accordance with the legislation of the Republic of Kazakhstan	
1	Surname
2	Name
3	Middle name (if any)
4	Citizenship
5	Sex
6	IIN
7	Date, month, year and place of birth
8	Information about the identity document: name of the document, number, date of issue, validity of the document, issuing authority
9	Address of residence, date of registration at the place of residence or at the place of stay
10	Contact phones (work, home, cell phones) (if available)
11	Diagnoses: directional, preliminary, clinical (main, concomitant, background disease), final clinical (main, concomitant, background disease), post-mortem (main, concomitant, background disease), pathoanatomical (preliminary and final)
12	Information on the facts of applying for medical care at the level of primary health care and inpatient care (state medical organizations including republican departmental and non-state medical organizations)
13	Data from the automated information systems of the Health Ministry of the Republic of Kazakhstan: "Quality management system for medical services", "Outpatient care", "Clinic", "Additional component of the per capita standard", "Resource management system", "National register of diabetes mellitus", "Electronic register of inpatients", "Electronic register of oncological patients", "Electronic register of dispensary patients", "Registration of patients with chronic renal failure", "Register of pregrant women and women of childbearing age"
2. Attachment to a primary care provider	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Date, month, year and place of birth
6	Information about the identity document: name of the document, number, date of issue, validity of the document, issuing authority
7	Address of residence, date of registration at the place of residence or at the place of stay
8	Contact phones (work, home, cell phones) (if available)
9	Email address (if applicable)
10	Signature (including electronic digital (if available))
3. Doctor home visits	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Date, month, year and place of birth

6	Information about the identity document: name of the document, number, date of issue, validity of the document, issuing authority
7	Address of residence, date of registration at the place of residence or at the place of stay
8	Contact phones (work, home, cell phones) (if available)
9	Email address (if applicable)
10	Signature (including electronic digital (if available))
4. Appointment to the doctor	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Date, month, year and place of birth
6	Information about the identity document: name of the document, number, date of issue, validity of the document, issuing authority
7	Address of residence, date of registration at the place of residence or at the place of stay
8	Contact phones (work, home, cell) (if available)
9	Email Address (if applicable)
10	Signature (including electronic digital (if available))
5. Issuance of a specialist certificate for admission to clinical practice	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Information about the identity document: name of the document, number, series, date of issue, validity of the document, issuing authority, or from information systems
6	Information about the place of residence: address of the place of residence, name of the region, district (city), settlement, street (microdistrict), house number, apartment number, document number, date of issue, issuing authority, information about the place of residence (address reference or a reference from rural akims) or from information systems
7	Certificate of change of name, patronymic (if any), last name or marriage or divorce, for persons who have changed their last name, first name or patronymic (if any) after receiving documents on education
8	The result of the assessment of professional preparedness and confirmation of the qualifications of specialists (hereinafter - the Evaluation) for specialists with medical education involved in clinical practice, except for the specialists of the sanitary-epidemiological profile, indicating the declared specialty, the body that issued the Evaluation report, the date, month, year of receipt of the Evaluation report
9	Diploma of medical education (secondary medical education, post-secondary medical education, higher medical education), indicating the number, series of diploma, full name of educational institution, country of study, year of enrollment, graduation, specialty and qualification in diploma
10	Nostrification and recognition of a diploma (for people who have received a medical education outside the Republic of Kazakhstan) indicating the country of study, full name of the educational institution, the body that issued the nostrification certificate, nostrification order number, nostrification registration number, date of issue of the nostrification certificate
11	Certificate of completion of internship (for specialists with higher medical education), specialty of internship in the declared specialty, specialty of internship, year of enrollment, year of graduation, duration of training, amount of training in hours, full name of organization, place of internship

12	Certificate of completion of clinical residency (for specialists with higher medical education), specialty of clinical residency, year of enrollment, year of graduation, duration of training, amount of training in hours, full name of organization
13	Certificate of completion of residency (for specialists with higher medical education), specialty of residency, year of enrollment, year of graduation, duration of study, amount of training in hours, full name of organization, place of residence
14	Certificate of retraining in the declared specialty, certificate number for retraining, specialty of retraining, name of the training organization, amount of training in hours, start of training, completion of training
15	Information of a valid certificate (certificate of a specialist) with assignment of a category for the declared specialty, date and number of an order, number and code of an administrative document (hereinafter - NIKAD number) / registration number, authority that issued the certificate (certificate), validity period of the certificate (certificate), specialty, qualification category
16	Information of a valid specialist certificate for admission to clinical practice in the declared specialty, date and order number, NIKAD / registration number, the issuing authority, certificate validity period, specialty
17	Information confirming labor activity, information about the current place of work, general medical experience, length of service in the declared specialty, place of work at present, current position, work in the declared specialty, date of employment, date of dismissal, place of work, position, the order number, date of publication of the order
18	Certificate of professional development for the last 5 years in the declared specialty: name of the specialty, number of certificate of professional development, name of the topic, name of the training organization, training period, amount of training in hours
6. Issuance of a certificate of qualification for specialists with medical education	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Information about the identity document: name of the document, number, series, date of issue, validity of the document, issuing authority, or from information systems
6	Information about the place of residence: address of the place of residence, name of the region, district (city), settlement, street (micro district), house number, apartment number, document number, date of issue, issuing authority, information about the place of residence (address reference or reference from rural akims) or from information systems
7	Certificate of change of name, patronymic (if any), last name or marriage or divorce, for persons who have changed their last name, first name or patronymic (if any) after receiving documents on education
8	The result of the assessment of professional preparedness and confirmation of the qualifications for specialists with medical education involved in clinical practice, except for specialists of the sanitary-epidemiological profile, indicating the declared specialty, the body issuing the Evaluation, the date, month, year of receipt of the Evaluation report
9	Diploma of medical education (secondary medical education, post-secondary medical education, higher medical education), indicating the number, series of diploma, full name of educational institution, country of study, year of enrollment, year of graduation, specialty and qualification in diploma
10	Nostrification and recognition of a diploma (for people who have received a medical education outside the Republic of Kazakhstan) indicating the country of study, full name of the educational institution, body that issued the nostrification certificate, nostrification order number, nostrification registration number, date of issue of the nostrification certificate
11	Certificate of completion of the internship (for specialists with higher medical education), specialty of internship, year of enrollment, year of graduation, duration of training, amount of training in hours, full name of organization, place of internship

12	Certificate of completion of clinical residency (for specialists with higher medical education), specialty of clinical residency, year of enrollment, year of graduation, duration of training, amount of training in hours, full name of organization
13	Certificate of completion of residency (for specialists with higher medical education), specialty of residency, year of enrollment, year of graduation, duration of study, amount of training in hours, full name of organization, place of residency
14	Certificate of retraining in the declared specialty, retraining certificate number, specialty of retraining, name of the training organization, amount of training in hours, start of training, completion of training
15	Information of the current certificate (certificate of a specialist) with assignment of a category for the declared specialty, date and number of the order, NIKAD / registration number, authority that issued the certificate (certificate), validity of the certificate (certificate), specialty, qualification category
16	Information of a valid specialist certificate for admission to clinical practice in the declared specialty, date and order number, NIKAD / registration number, authority that issued the certificate (certificate), certificate validity period, specialty
17	Information confirming labor activity, information about the current place of work, general medical experience, length of service in the declared specialty, place of work at present, current position, work in the declared specialty, date of employment, date of dismissal, place of work, position, the order number, date of publication of the order
18	Certificate of professional development for the last 5 years in the declared specialty: name of the specialty, number of certificate of professional development, name of the topic, name of the training organization, training period, amount of training in hours
19	Certificate (certificate) on assignment of the first, highest qualification category
7. Issuance of a certificate of qualification for specialists with pharmaceutical education	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Information about the identity document: name of the document, number, series, date of issue, validity of the document, issuing authority, or from information systems
6	Certificate of change of name, patronymic (if any), last name or marriage or divorce, for persons who have changed their last name, first name or patronymic (if any) after receiving documents on education
7	The result of the assessment of professional preparedness and confirmation of the qualifications for specialists with pharmaceutical education, indicating the declared specialty, the body that issued the Evaluation, the date, month, year of receipt of the Evaluation report
8	Diploma of pharmaceutical education (secondary pharmaceutical education, higher pharmaceutical education), indicating the number, series of diploma, full name of the organization of education, country of study, year of enrollment, year of graduation, specialty and qualification in diploma
9	Nostrification and recognition of a diploma (for people who have received a medical education outside the Republic of Kazakhstan) indicating the country of study, full name of the educational institution, body that issued the nostrification certificate, nostrification order number, nostrification registration number, date of issue of the nostrification certificate
10	Certificate of retraining in the declared specialty, retraining certificate number, specialty of retraining, name of the training organization, amount of training in hours, start of training, completion of training
11	Information of the current certificate (certificate of a specialist) with assignment of a category for the declared specialty, date and number of the order, NIKAD / registration number, authority that issued the certificate (certificate), validity of the certificate (certificate), specialty, qualification category
	Information confirming labor activity, information about the current place of work, general medical experience, length of service in the declared specialty, place of work at present, current position, work in the

12	declared specialty, date of employment, date of dismissal, place of work, position, the order number, date of publication of the order
13	Certificate of professional development for the last 5 years in the declared specialty: name of the specialty, number of certificate of professional development, name of the topic, name of the training organization, training period, amount of training in hours
14	Certificate (certificate) on assignment of the first, highest qualification category
8. State registration, re-registration and amendments to the registration dossier of a medicine, medical products	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Information about the place of the legal entity: address of the legal entity, name of the region, district (city), settlement, street (micro district), house number, apartment number, document number, date of issue, issuing authority, information about the place of residence (address reference or reference from rural akims) or from information systems
9. Issuance of approval and (or) conclusion (permitting document) for the import (export) of medicines and medical products registered and not registered in the Republic of Kazakhstan	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
10. Issuance of permission to conduct a clinical examination and (or) tests of pharmacological and medicinal products, medical devices	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
11. Issuance of a decision on approval (not approval) of the names of the original medicines	
1	Surname
2	Name
3	Middle name (if any)
4	IIN
5	Information about the identity document: name of the document, number, series, date of issue, validity of the document, issuing authority, or from information systems
6	Information about the place of residence: address of the place of residence, name of the region, district (city), settlement, street (micro district), house number, apartment number, document number, date of issue, issuing authority, information about the place of residence (address reference or reference from rural akims) or from information systems

