

The Executive Regulation of the Private Medical Corporations Law
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Chapter (1)
General Provisions

Article (1)

The words and expressions hereunder shall – wherever mentioned in this law – indicate the meaning stated opposite each, unless the require necessitates otherwise:

Private Medical Corporation: Each private sector – owned medical corporation prepared for treatment, diagnosis, nursing, conducting medical analyses, rehabilitation, or accommodation of convalescent patients which include the following:

1- Hospital: each premise equipped to receive patients, examining, treating and hospitalizing them.

2- General Medical Compound: Each premise equipped to receive, examining and treating patients, wherein three various medical specialties at least exist, one of which shall be of the basic specialties (surgery, internal medicine, gynecology and obstetrics, pediatrics and family medicine).

3- Specialized Medical Compound: compound of clinics of one, or more medical specialties, plus the micro specialties of such.

4- Clinic: Each premise equipped to receive, examining and treating patients.

5- Radiology Center: The premise prepared for conducting medical diagnostic skiagraphy or radiological therapy.

6- Medical Laboratory: The premise prepared for conducting laboratory tests.

7- One Day Surgery Center: A medical corporation licensed to admit patients for conducting a medical action, such as some minor and medium operations, provided that the patient be discharged in the same day in accordance with what the executive regulation specifies.

8- Supporting Medical Service Centers: The premises which provide the medical or technical services complementary to therapy and rehabilitation, to include the following:

- (a) Physiotherapy centers.
- (b) Opticians' premises.
- (c) Apparatus and Artificial limbs premises.
- (d) The supporting centers the sanctioning of which is effected by virtue of the Minister of Health's decision.

9- Succor Transport Services Center: The unit that undertakes succor transport and provides succor services to the patient, or the victim, prior to reaching the hospital according to the specifications and controls specified by the Saudi Red Crescent Society.

Ministry: The Ministry of Health.

Minister: The Minister of Health.

Article (2)

- 1- With the exception of the hospital, it shall be stipulated for the private medical corporation ownership to be a Saudi ownership.
- 2- It shall be stipulated for the clinic owner to be a physician specialized in the clinic's function nature, supervising it and fully dedicated to it.
- 3- It shall be stipulated for the owner of the medical compound, or the one day surgery center, or at least one of the partners in such, to be a doctor practicing the function nature of the compound or center, supervising it and fully dedicated to it.
- 4- It shall be stipulated for the owner of the medical laboratory, the radiological center, or at least one of the partners in such, to be a specialized technician in the function nature, and the work therein shall be conducted under his direct supervision.
- 5- It shall be stipulated for each private medical corporation to have, in all cases, a technical supervisor specialized in its function nature and fully dedicated to such.
- 6- It shall be stipulated for the medical director of the hospital to be a qualified Saudi doctor, according to what is specified by the executive regulation.
- 7- Management of the private medical corporation shall be restricted to the appropriately qualified Saudis, pursuant to the controls and terms specified by the Executive Regulation.
- 8- The remote areas specified by the Executive Regulation shall be excluded from whatever mentioned in paragraphs (1,3&5) of this Article - regarding the nationality of the owner and supervisor.

Article (2/1)

It shall be stipulated for the full dedication of the owner of the medical compound, one – day surgery center, laboratory, radiological center, or one at least of the partners in its ownership, to be a full dedication to work in the private sector, and shall not work at any medical facility affiliated to the state, whether in the civil service posts, self – operation posts, or the posts of the company operating the state hospitals.

Article (2/2)

The Minister shall specify the authority competent in determining the appropriate qualification of the doctor nominated to become a medical director of the private medical corporation, and he shall issue the controls and terms necessary for such.

Article (2/3)

The private medical corporation may, based on the approval of the Ministry, conclude a contract with a company registered at the Ministry specialized in medical operation to manage and operate the corporation.

Article (2/4)

For the non – Saudi to own a private hospital, medical clinics compound, or a one – day surgery center in the remote areas, the following shall be followed:

- (a) The Minister shall specify the remote area in the light of extreme need and shortage of the specialties required to be licensed.
- (b) The non – Saudi specialized professional shall obtain the approval of the Foreign Investment Authority.
- (c) Shall obtain a license for the only one private medical corporation.
- (d) The non – Saudi specialized professional owner of the medical corporation shall supervise it and be fully dedicated to its management.

Article (2/5)

Shall be applicable to the branch of any medical corporation – in case of approving the establishment of branches for such – whatever applicable to the major corporation of provisions.

Article (3)

It shall be obligatory for the private medical corporation building to satisfy health prerequisites, engineering specifications and the appropriate allotment; and such shall be refurbished with the necessary furniture and the medical and non – medical equipment and devices. The corporation shall have a medical refuse disposal system, a system of combating infection and a medical information system. The executive regulation shall specify the criteria and terms necessary for such.

Article (3/1)

It shall be obligatory for the private medical corporation building to satisfy the general criteria and terms hereunder:

- (a) The location shall be suitable, as well as accessible to the patients, with the obligation to provide a parking area, provided that such – regarding hospitals – be commensurate with the number of beds, number of out – patient clinics and the other services utilities.
- (b) Availability of the safety and fire extinguishing requirements, as well as training the personnel on fire – combating methods in coordination with the Civil Defense Directorate in the Area.
- (c) Providing the appropriate place for the patients’ files.
- (d) Availability of one telephone line or more, as per the requirements and size of the private medical establishment.
- (e) Allocation of appropriate waiting rooms for males and other separate ones for females, coupled with providing the suitable furniture, potable cold water, as well as adequate and appropriate water – closets.
- (f) The building shall be air – conditioned for summer and winter and with good lighting and ventilation. The building shall generally be clean, tidy and of appropriate mien.
- (g) It shall be preferable for the building to have entrances and exits allocated for the handicapped.
- (h) Emplacement of a signboard at the entrance of the corporation building indicating its name, specialty and its work hours, as well as guiding signboards within the building indicating the location of clinics, divisions and otherwise of the corporation utilities.

Article (3/2)

It shall be obligatory to render available in the private medical corporation the necessary furniture and the medical and non – medical equipment and devices as per the pertinent prerequisites and requirements stated in Chapter Two of this Regulation.

Article (3/3)

The private medical corporation shall be committed to fully apply the infection – combating and the medical refuse disposal systems, according to the criteria and terms prescribed by the Ministry.

Article (3/4)

It shall be obligatory for the private medical corporation to render available an information system commensurate to its work size; and it shall – as a minimum – provide the following:

(a) An internal regulation inclusive of the work procedures, functional description of the personnel, their rights, duties, leaves, the specifications of the uniform of each category, as well as the official documents and publications of the corporation.

(b) A modern system for appointments registration and inquiries.

(c) The medical forms and records attached to this Regulation. The patients' files shall be kept in accordance with the following:

1- Files of deaths at the hospital shall be kept throughout the hospital functioning term.

2- Patients' files shall be kept for five years, including the patient's last appointment. Upon destruction of such after the elapse of this term, a summary of the medical case shall be kept for reference when required.

(d) Medical prescriptions books pursuant to the form attached to this Regulation.

Article (4)

1- It is impermissible to inaugurate, or operate, a private medical corporation save after satisfying all the prerequisites stipulated by this law and its Executive Regulation after obtaining the necessary licenses.

2- The license shall be granted to the medical corporation for a renewable five years term.

Article (4/1)

By virtue of the Minister's decision, committees at the Ministry level and the level of the health affairs directorates in the Areas, shall be formed to assume studying the licensing applications of the private medical corporations, monitoring their licensing procedures, verifying their satisfying all the prerequisites and requirements stipulated by this Law and its Executive Regulation and their obtaining necessary licenses, prior to granting them the licenses.

The decision shall specify the tasks and competences of such committees.

Article (4/2)

The license for opening private hospitals shall be granted by the Minister's approval, whereas the license for opening the other medical corporations shall be granted by the approval of the health affairs director in the Area or province within the jurisdiction area of which the private medical corporation seat is located.

Article (4/3)

The application for the license of opening a private medical corporation shall be submitted to the competent health affairs directorate, whereby the procedures, dates and phases of licensing shall be effected as follows:

- (a) First phase ; The application shall be studied by the competent licenses committee in the light of the required data and documents according to the attached form.
- (b) In case of approval, the applicant shall be notified in writing of the initial approval and he shall be requested to initiate the execution of his project, and a copy of the prerequisites and requirements of the building, furniture and equipment shall be attached to the notification according to the attached forms, as well as the final license application submission date.
- (c) Second phase: The project shall be executed as per the indicated requirements, including obtainment of permits from the concerned authorities.

Upon completion of the project, the application for issuance of the final license shall be submitted. The licenses committee shall inspect the building and equipment, and shall issue the inspection report within two weeks as from the application submission date, the applicant shall be given a confirmation letter for the purpose of recruiting expatriate manpower.

- (d) Third phase: The final license shall be granted after recruiting the required number of expatriate manpower and their obtainment of the profession practicing licenses.

Article (4/4)

The license term for any private medical corporation shall be five years only, as from the date of granting the final license. The license may be renewed for another term after verifying the satisfaction of all the prerequisites and requirements stipulated by this law and its executive regulation pursuant to which the corporation has been granted the license.

Article (5)

The applicant for a license to open a private medical corporation, or for renewal of such, shall be obliged to pay the prescribed fees as per the following:

Private medical corporation licensing or renewal fee

Hospital of fifty beds and less

SR 5,000

Hospital of fifty- one to one hundred beds

SR 10,000

Hospital of more than one hundred beds

SR 15,000

General Medical Compound

SR 20,000

Specialized Medical Compound
SR 20,000
Clinic
SR 1,000
Radiology Center
SR 1,000
Medical Laboratory
SR 2,000
One - day surgery Center
SR2,000
Supporting Medical Service Center
SR 1,000
Succor Transport Services Center
SR 1,000

Article (5/1)

It shall be obligatory to pay the fee prescribed for the license for opening the private medical corporation, or renewal of such, prior to the issuance, or renewal, of the license.

Article (5/2)

The fee shall be paid to the authority specified by the Ministry of Health, and on the form prepared for such.

Article (6)

The private medical corporation shall – upon licensing or renewal of such – be classified pursuant to the criteria and prerequisites set forth by a specialized committee; and the executive regulation shall specify such committee, the classification procedures and the method of its application.

Article (6/1)

By virtue of the Minister’s decision, a committee shall be formed to set forth the criteria and prerequisites of classifying the private medical corporations upon licensing, or renewal of such. The committee shall be comprised of the following:

- 1- The representative of the Ministry of Health.
- 2- The representative of the Cooperative Medical Insurance Council.
- 3- The representative of the Saudi Authority for Medical Specialties.
- 4- The representative of the Council of Chambers of Commerce and Industry.
- 5- Three members of expertise selected by the Minister of Health.

Article (6/2)

Classification of the private medical corporation shall be effected pursuant to the classification procedures and its application method hereunder:

- (a) The corporation owner shall submit the classification application inclusive of the data and information specified in the classification application form.
- (b) Application of the classification criteria on the hospitals, the one – day surgery centers and the medical compounds containing a one – day surgery center, shall be effected by a committee of specialists formed by a decision from the competent Ministry's under secretary.
- (c) Application of the classification criteria on the other private medical corporations shall be effected by a committee of competent officials formed by a decision from the competent health affairs director.

Article (7)

A committee comprised of representatives from each of: The Ministry of Higher Education, the military medical sectors, the Cooperative Medical Insurance Council, the Council of Chambers of Commerce & Industry and the medical insurance companies, shall specify an average charge around which shall range the charges of services provided by the private medical corporations and the extent of such ranging based on specific criteria.

And such shall be revised every three years.

The Minister's decision on the committee formation shall be issued after nomination of representatives by their concerned bodies. Its meeting shall not be considered valid save with the attendance of two – thirds of its members. Its recommendations shall be issued by the majority of its attending members, and its recommendations shall be deemed effective after being sanctioned by the Minister. The private medical corporations shall be obliged to announce the charges of their services to the patients, and adhere to such after being sanctioned by the Minister.

Article (7/1)

The committee shall convene its sessions at its seat at the Ministry, or any other location the Minister specifies based on the invitation dispatched by the committee chairman.

Article (7/2)

The private medical corporations shall be bound by the average charges of the medical services specified by the specification of the Medical Services Average Charges Committee after being sanctioned.

Article (8)

The private medical corporation may not employ physicians or otherwise of medical practitioners and pharmacists, save after they obtain the license to practice the profession from the Ministry.

Article (8/1)

The license to practice the profession may not be granted save after meeting the qualifications required for each specialization, based on the rules of classifying the private medical corporations' personnel to be issued by virtue of the Minister's decision. Article (8/2 R): License to practice the profession:

- (a) The health affairs directorate in each Area shall grant the license to practice the profession based on documents sanctioned by the Saudi Authority for Medical Specialties regarding the academic qualification and practical experience.
- (b) The license shall terminate with the non-renewal of the corporation license, non – renewal of the work contract, or lack of physical fitness.
- (c) Obtaining the license to practice the profession shall be a personal commitment to adhere to the principles and ethics of the profession according to the effective laws of practicing medical professions.

Article (8/3)

Deputation among medical corporations shall be permissible pursuant to the controls hereunder:

- 1- Both therapeutic corporations shall hold two valid licenses.
- 2- The seconded practitioner shall hold a valid license to practice the profession.
- 3- The deputation shall be stipulated in a cooperation agreement concluded by the two therapeutic corporations.
- 4- The seconded professional shall work in the same field of his specialty.

Article (8/4) Visiting physicians

The private hospitals may apply for recruiting visiting physicians and obtain visas for them through the competent health affairs directorates.

Article (8/5)

Recruiting visiting physicians shall be effected pursuant to the rules specified by the executive regulation of practicing the medical professions law.

Article (8/6)

The hospital shall upon the issuance of the competent health affairs directorate's approval of recruiting the visiting physician, be committed to the following:

- (a) Shall bear full liability for any error the visiting physician may commit.
- (b) The hospital shall submit a bank surety of SR 150,000 in favor of the Ministry to guarantee fines and performance, and its term shall be a full year as from the approval date.
- (c) Non – advertising the visiting physician save after obtaining the pertinent approval of the competent health affairs directorate.
- (d) One of the hospital's consultant physicians shall be assigned to accompany the visiting physician, provided that he is of the same specialty, and the visiting physician's name shall be reported to the competent health affairs directorate prior to his arrival to the Kingdom.

Chapter (2) **The pertinent Prerequisites & Requirements**

Firstly, private Hospitals

Article (9)

It shall be obligatory for the number of beds at the general hospital not to be less than thirty beds, at the two – specialty hospital not less than twenty beds and at the one – specialty hospital not less than ten beds.

Article (9/1)

It shall be obligatory for the number of beds at each hospital to be commensurate with its licensed specialties in the following manner:

- (a) It shall be stipulated for the number of beds at the hospital licensed more than two specialties not to be less than thirty beds.
- (b) It shall be stipulated for the number of beds at the hospital licensed only two specialties not to be less than twenty beds.
- (c) It shall be stipulated for the number of beds at the hospital licensed only one specialty not to be less than ten beds.

Article (9/2): Prerequisites of the Hospital Building and its Utilities

It shall be obligatory for the hospital building to satisfy – in addition to what is mentioned in Article (3/ 1R)- the necessary engineering and health prerequisites, which particularly include the following:

- (a) The hospital building conformity with the law and regulations of building in the Area, and with the specifications of the Ministry.

(b) Availability of the safety means in the building (emergency exits, fire extinguishers and warning devices, coupled with the obligation of providing guiding signboards for the emergency exits).

(c) Practical arrangement of divisions, easy passage movement, wide corridors, coupled with the obligation of providing guiding signboards for the various divisions and services.

(d) Availability of a sanitary source of hot and cold water in the water closets and hand washing basins all the time.

(e) Availability of a backup electrical source that automatically operates upon the failure of the general electrical current, and of a voltage sufficient to operate the major divisions of the hospital, particularly the operation theaters, obstetrics, blood bank, emergency, ICU (intensive care unit) and the main roads of the hospital, coupled with constant rehearsal of such source to verify its reliability.

(f) Availability of all the sanitary and technical prerequisites in the sanitary network to preclude contamination and intermixture.
The hospital sewage system shall be connected to the public sewage network; and in case such is not available, it shall be connected to antiseptic tanks the water of which shall be disposed of in sanitary methods.

(g) Availability of the adequate number of round the clock serviceable elevators if the hospital is of two stories and more, and commensurate to the capacity of the hospital.

Article (10)

The hospital shall be committed to provide the necessary number of resident doctors, specialists, consultants, pharmacists, technicians, nurses, the supporting medical manpower and otherwise of the necessary services according to the hospital capacity and its classification category, and such pursuant to the criteria and controls specified by the executive regulation.

Article (10/1): The Hospital Personnel

(a) The hospital shall have a Saudi director in charge with a university qualification, coupled with the experience and training appropriate for managing the hospital and he shall have the full authority to exercise his responsibilities.

(b) It shall be obligatory to assign one of the doctors as the senior doctor in charge of the technical function, as well as to appoint a qualified chief nurse of adequate experience in the field of supervising nursing.

(c) It shall be obligatory for the hospital to provide the adequate number of consultants, specialists and resident doctors according to the specialty, so that the consultant shall not supervise more than thirty beds, the specialist more than twenty

beds, with the obligation of the presence of at least one resident doctor for every twenty five beds in each shift.

(d) It shall be obligatory to provide an adequate number of anesthetists for the surgery divisions or hospitals, and pediatricians at the obstetrics hospitals.

(e) It shall be obligatory to provide the adequate number of technicians to warrant constant coverage of the supporting medical services, such as the laboratory and radiology.

(f) It shall be obligatory to provide adequate numbers of the nursing staff members to warrant coverage of the services of hospitalization, out – patients, succor, ICU, operations, and permits the coverage of leaves and shifts, provided that the percentage of the nursing staff members shall not be less than 75% of the number of occupied beds.

Article (11)

The hospital shall be equipped with the following:

1- The necessary medical equipment and devices, a laboratory, a radiological unit as per its specialties, special rooms for isolation, beds for intensive care and all the necessary succor services, in accordance with whatever the executive regulation specifies.

2- An internal pharmacy satisfying prerequisites and specification, in accordance with the law of practicing the pharmaceutical profession and its executive regulation.

Article (11/1): The Hospital Divisions and Services

The hospital shall have, as per specialty, the divisions hereunder as a minimum, and it shall be equipped according to the guidance lists prepared by the Ministry:

Firstly, Medical Services:

1- Emergency division: shall receive the emergency cases and shall be committed to the following:

(a) Receiving any emergency case.

(b) Providing at least one emergency doctor and the adequate number of nursing staff in a manner warranting organized functioning round the clock.

(c) Providing an ambulance equipped to transport emergency cases.

(d) The division shall be prepared to provide outside medical services when necessary.

2- Out – patient clinics: Shall be allocated to receive patients during the normal work hours, and such shall provide a place for the males dressing and another separate one for the females dressing.

3- Laboratory: shall satisfy all the laboratories prerequisites and provisions stated in this Regulation, to include a refrigerator for preserving blood.

4- Radiological division: shall satisfy all the technical prerequisites and provisions pertaining to the radiology clinic, its equipment and protection against radiation requirement, and such according to the size of services provided by the hospital.

5- A pharmacy managed by a qualified and licensed pharmacist, and it shall be subject to the prerequisites and provisions of private pharmacies,

6- Operations Ward which has surgery Divisions, and such shall include:

(a) A staff- only entrance and a place for changing clothes.

(b) A separate place for sterilizing hands.

(c) An operation devices preparation room wherein shall be provided a hastened sterilization set.

(d) Anesthetization room equipped for the hospitals of one hundred beds and more.

(e) An equipped resuscitation room.

(f) A room allocated for sterilizing the surgical tools and devices equipped with the necessary equipment. It shall be observed to locate such room far from the operations theaters and that sterilization for the hospital is central.

7- Obstetrics Wards: And such at the hospitals which have obstetrics divisions; and such shall include:

(a) Two rooms, or more, equipped for normal delivery.

(b) An operations theater equipped for delivery.

(c) A room allocated for the newly- born babies, as well as adequate incubators for premature babies not less than two for the smallest hospital.

8- Accommodation Wards: The following shall be observed:

- (a) The area of each room shall be adequate to accommodate- according to the observed criteria- the allocated numbers of beds and the complementary furniture for rendering good medical and nursing care.
- (b) The rooms shall be painted with an easily cleaned paint, and shall have an adequate general lighting, as well as a mobile concentrated lighting.
- (c) The doors of the rooms shall be wide enough to easily push the patients beds through them, with sufficient windows to render natural lighting and covered with screens and suitable blinds.
- (d) At each story of the hospital shall be allocated at least appropriately furnished common- room supplied with books, magazines and raising awareness bulletins.
- (e) Each room shall be furnished with one wardrobe at least for the patients' clothes and personal effects, provided that the hospital secures a room, or a cabinet for depositing trusts, coupled with urging the patients to deposit their trusts there. Regarding the rooms accommodating more than one patient, it shall be obligatory to install partition blinds between beds to warrant privacy for each patient.
- (f) The patients' beds shall be of the type commonly used at hospitals and manually movable. Each bed shall be allocated a mobile dining table and a cabinet of the bed's height, as well as an accessible device for calling the nurse.
- (g) Regarding the hospitals of one hundred bed plus, the corridors width shall be adequate to accommodate the passage of at least two beds at the same time, but concerning the smaller hospitals, the corridors shall accommodate the passage of at least one bed with a person at its side.

9- Intensive Care Division:

- (a) The hospital shall allocate a number of intensive care beds commensurate with its size and activity, provided that such are not less than one bed for each (25) beds at the hospitals of (100) bed or less. If they exceed such, an intensive care bed shall be allocated for each 50 beds.
- (b) Each intensive care patient shall be allocated a nurse at all times round the clock.
- (c) Supervision over the intensive care shall be assigned to a specialist physician, subordinate to the chief of the anesthesia

division, or the chief of the internal medicine at the hospital.

(d) The intensive care division shall be refurbished with the necessary furniture and equipment according to the regulations prescribed by the Ministry.

10- Isolation Division:

(a) shall receive the non- quarantine infectious diseases cases, as well as observing the preventive procedures prescribed by the Ministry.

(b) An isolation room shall be allocated at a suitable location in the hospitalization division in accordance with the following:

1- The dimensions of the room shall not be less than (4m×4m), with a water- closet.

2- Shall have a separate air- conditioning unit, and its ventilation system shall allow entry of air from outside, not vice versa.

3. Obligation of the existence of a separating area between the isolation room and the rest of the hospital divisions, with insulation doors, wash basins, as well as places for wearing protective clothes (apron, head cover, mask and gloves).

Secondly, The Administrative Services:

1- administration: A separate division at the hospital shall be allocated for administration inclusive of offices for the hospital director, his assistants and for the administrative and accounts employees.

2- Reception office: The hospital shall provide an office reception at the entrance, to be managed by an Arabic speaking employee who is an intermediate school graduate as a minimum and capable of directing visitors and providing them with the necessary information.

3- Appointment office: The hospital shall provide an office for fixing checking appointment for the patients.

4- Medical records division: With observance to what is stated in this Regulation; the hospital shall prepare the following:

(a) A special file for each patient in which are recorded all his checks with the various divisions (out patient clinics or admission); and upon opening the file, the patient shall be given a checking card on which are recorded the basic information about the patient and his file number. The patient's

file shall include all the required forms.

(b) Providing the appropriate location and the necessary qualified personnel to organize and keep the medical files.

Thirdly, supporting Services:

1- Nutrition:

(a) the kitchen shall satisfy all the health and technical prerequisites for preparing, preserving and serving food to the patients.

(b) The hospital shall be committed to provide a nutrition system that conforms to all the regulations issued by the Ministry in the field of nutrition.

(c) A technically qualified male or female nutrition supervisor shall be appointed.

2- Laundry: The hospital shall render available a special division equipped with all the equipment and machines that secure cleaning, washing and ironing clothes and bed sheets; or secure such services from outside the hospital in accordance with the technical and sanitation rules.

3- Cleanliness:

(a) A good level of cleanliness shall be provided for each of the hospital divisions and by workers trained on cleaning techniques.

(b) It shall be observed to allocate separate cleaning services for each of the operations, obstetrics and intensive care divisions, coupled with monitoring measuring the contamination levels at intervals.

(c) It shall be obligatory for those working at the kitchen and the laundry, as well as the cleaners, to hold health certificates confirming their non- contraction of infectious diseases.

4- The Morgue: The hospital shall be provided with a morgue to preserve bodies pursuant to the observed medical methods, and at a ratio of not less than four niches for every one hundred beds.

Article (11/2) Convalescence & senior citizens' nursing houses

In exclusion to what is mentioned in the preceding paragraphs, it shall be observed-upon licensing the opening and operation of the houses for treating the convalescent

and nursing senior citizens, as well as providing them with the appropriate services- to satisfy the following:

- 1- The general sanitation prerequisites and safety rules.
- 2- The adequate number of doctors and the necessary equipment for providing medical supervision, of not less than one doctor for every forty beds.
- 3- Adequate nursing staff for providing the necessary medical care, of not less than three male, or female, nurses for every forty beds.
- 4- The necessary cultural, recreational and amusement means.
- 5- A good level of cleanliness, as well as the proper nutrition.
- 6- Place and means of conducting the basic sports and fitness tournaments and exercises.

Article (11/3): Treatment of Addicts of the Private Hospitals

It shall be permissible to treat the succor cases at the private hospitals; and such are the cases to which non- provision of prompt treatment may entail complications leading to harming the patient or others, provided that the succor intervention be effected for once, then the patient shall be referred to the nearest addiction treatment center.

Regarding the first phase of comprehensive treatment, which is the narcotic weaning (the gradual drawing of the addict from reliance on the narcotic material), as well as the second phase which is completing the addict's treatment, including the psychological and social rehabilitation enabling the addict to continue abstinence from the narcotic, the private hospitals shall be allowed to treat him if the terms and controls hereunder are satisfied:

- 1- Approval of establishing such divisions shall be effected by a decision from the Minister of health after coordination with the Ministry of Interior, and such by studying the application by the Area Health Affairs directorate and its confirmation of the need for such. Then the competent authority at the ministry shall undertake completion of the decision issuance procedures, to include coordination with the Ministry of Interior and verification of satisfaction of the prerequisites required for opening the division.
- 2- The hospital shall include all specialties, and not only addiction.
- 3- Treatment shall be administered at a special division of the hospital, specifically allocated for such purpose.
- 4- The hospital shall have available the necessary staff specialized in psychiatry and psychological health pursuant to the international criteria, and to whatever deemed by the Directorate of Psychological and Social Health, provided that such staff be headed by a psychiatrist consultant.

5- The hospital shall provide a center for recreational treatment through work according to the capacity of the division.

6- The hospital shall provide an integrated laboratory that contains instruments for detecting narcotics and intoxicants in the blood and urine and their precipitation rates, as well as instruments for detecting acquired immunity deficiency syndrome (AIDS).

7- Medicinal treatment shall be with relaxants and not narcosis inducing medicines, and pursuant to the controls and instructions issued by the Ministry regarding prescribing, issuing, storing and trading in relaxant medicines. If the case necessitates treatment with some narcosis inducing medicines, such shall be administered at a hospital specialized in treating addiction.

8- The division allocated for such purpose shall have controllable entrances and exits.

9- The division shall have a room equipped for containing the risk from the patient under treatment during the withdrawal period if such occurs.

10- The division shall be subject to surprise inspection by a competent committee from the health affairs and the combating Directorate's branch in the Area to verify compliance to procedures.

11- Such division and its out- patient clinic shall be designated "Orientation and Rehabilitation Division", and its records, files and reports shall be titled in such designation. It shall be observed to remove all the materials and tools that may constitute a risk to the patient.

Article (12)

It shall be obligatory for each medical corporation to report to the competent authority any infectious diseases upon its diagnosis, and to refer the infectious diseases quarantine cases directly to the Ministry hospitals, as well as promptly report such to the competent authority. The executive regulation shall specify the requirements of executing such.

Article (12/1)

The Ministry shall specify the list of the infectious diseases obligatory to be reported, the reporting procedures and the precautionary and preventive actions to be taken.

Secondly: Clinics and medical compounds

Article (13)

The clinics and medical compounds shall have available an adequate quantity of succor medicines and means specified by the executive regulation. And which are prohibited to sell.

Article (13/1)

The following shall be stipulated for a license to open a private clinic:

- (a) The clinic owner shall be a Saudi doctor classified by the Saudi Authority for medical specialties as a practicing doctor in the same activity of the clinic the licensing of which is applied for.
- (b) He shall have a valid professional registration from the Saudi Authority for Medical specialties.
- (c) The clinic utilities shall not be less than the following:
 - 1- The utilities mentioned in Article (13/1R) of this Regulation.
 - 2- A room allocated for examination of an area not less than (18m²) and equipped as per the attached equipment list).
 - 3- A room for dressing.
- (d) The clinic shall employ a licensed male or female nurse (except the females clinic which shall employ a female nurse); and it shall be permissible to enlist the assistance of the qualified technical assistants according to the clinic specialty.
- (e) It shall be obligatory for the clinic to be provided with the necessary furniture and equipment pursuant to the lists specified by the Ministry.
- (f) It shall be obligatory for the clinic to have available the necessary succor medicines and means pursuant to what is stated in Article (16) of this Regulation.

Article (13/2)

The following shall be stipulated for licensing the general or specialized medical compound:

- (a) The compound owner, or at least one of the partners, shall be a Saudi physician specialized in the compound function nature, with a valid profession license from the Saudi Authority for Medical specialties.
- (b) A Saudi administrative manager shall be appointed in the medical compounds of more than three clinics. He shall hold a qualification not less than the secondary school certificate, preferably a university graduate, provided that he is fully dedicated to the medical compound management.
- (c) The compound utilities shall- in addition to what is stated in Article (3/1R) of this Regulation- not be less than the following:

1- At least three clinic allocated for examination the area of each shall not be less than (18m²) and equipped as per the equipment lists attached to this Regulation.

2- A dressing room.

3- The clinics shall be provided with the furniture and equipment they require in accordance with the guiding lists specified by the Ministry.

(d) Regarding the general compounds, it shall be obligatory to secure recent model ambulances; and such shall not be of models in excess of five years preceding the date of applying for obtaining the final license, and such shall be equipped as per the list prescribed by the Ministry. Otherwise, the compound shall conclude a contract with the Saudi Red Crescent Society, or a licensed succor transport center, to provide the appropriate accommodation for the female nurses and doctors that preserves their availability according to observed traditions.

(f) It shall be obligatory for the general, or specialized, compound to render available the necessary succor medicines and means pursuant to what is stated in the attached lists.

(g) The separating distance between the general medical compounds, or the specialized compounds of the same specialty, shall be commensurate with the population density and the location characteristics pursuant to the criteria set forth by the Ministry.

Article (14)

To license each of the general medical compound and the specialized compound, it shall be stipulated that at least one consultant in each of the major licensed specialties shall be available, and at least one male, or female, nurse be allocated for each clinic. Regarding the remote areas specified by the Ministry, it shall be permissible to reduce the consultants' number to only one, or to be satisfied with specialists.

Article (14/1)

It shall be permissible, as an exception, to reduce the number of consultants to only one, or to be satisfied with specialists in the clinic of the general medical compounds or specialized compounds licensed to operate in the remote areas specified by the Ministry of Health.

Article (15)

The services of the laboratory, the radiological center, the one- day surgery center and the supporting medical services of whatever kind shall be provided by the pertinent licensed professionals. The executive regulation shall specify the prerequisites of rendering such services, the qualifications of the pertinent professionals, as well as the work procedures.

Article (15/1): Medical laboratories

Firstly, Laboratories Classification:

The medical laboratories are classified into general laboratories and specialized laboratories; and it is possible for the laboratory to operate within a private medical corporation.

Secondly, Laboratory staff:

1- The laboratory shall be managed by a qualified and licensed Senior medical analysis specialist.

2- The required number of qualified specialists and technical assistants shall be appointed to work in the various divisions of the laboratory after they obtain the licenses to practice the profession.

3- It shall be obligatory to appoint at least one consultant in the specialized laboratory, in addition to a senior specialist in each of the commonly known specializations (blood, Tissues, micro-organisms and bio-chemistry).

And it shall be obligatory for the general laboratory to appoint, in addition to the senior specialist, a technician in each specialization.

Thirdly, The laboratory equipment and utilities:

1- The laboratory shall contain the necessary equipment as per its classification.

2- Follow up reception office through which results are delivered to the patients, coupled with allocating an appropriate location equipped for taking samples.

3- An office for administrative functions.

4- Appropriate locations for storage, refrigerators, rinsing laboratory devices and sterilization

5- An appropriate space for conducting various tests; and in case of conducting bacteriological tests, a separate room shall be allocated for such.

6- Security and safety arrangement, to include those of radiological pollution, coupled with adherence to the proper scientific technique of disposal of the samples remnants.

Fourthly, Laboratory tests:

The laboratory tests shall be conducted based on a request indicating the type of test; and each sample shall be given a number peculiar to the patient as is recorded in the patients' registry.

The clinic shall be given a checking card containing his name, the serial number, date type of test and the date of receiving the result.

Fifthly, Analysis Data:

Results of analysis and tests shall be recorded on printed forms allocated for each of the laboratory divisions and indicating the following data:

1- The laboratory name and address and license number; the name of the competent division; the patient's name and address; the date; the referring body; the serial number in the registry; type of sample and the required test; the test result; name signature of the technician, the laboratory director's and the laboratory seal.

2- The standard normal limits and averages and for all types of tests shall be printed on all the laboratory reports pursuant to the methods observed in the laboratory. The client shall be given the original report and a copy of such shall be kept at the laboratory.

Sixthly, The Tests Conducted at General laboratories and Specialized laboratories:

The conduct of such tests, as well as the specification of their types and requirements shall be effected pursuant to the lists attached to this Regulation.

Article (15/2)

Radiological center: The license of a radiotherapy center shall not be granted save to a licensed hospital having consultants specialized in this type of therapy; but regarding the diagnostic radiological center, it shall be stipulated for such to satisfy the following:

1- Commitment to the criteria and general prerequisites stated in Article (3/1R and 3/4R) of this Regulation.

2- The center shall be managed by a specialist in the profession, and such shall be provided with the adequate number of professional technicians according to the size and classification of the center.

3- The center shall be equipped with the instruments, equipment and requirements- as well as satisfying the building specifications- appropriate to the nature of the center specialization, pursuant to the lists specified by the Ministry.

Article (15/3): One- day Surgeries center

Firstly, The controls and medical equipment necessary to be satisfied for conducting the one- day surgery: whosoever conducts an operation under general anesthetic shall not be of a qualification below that of a consultant, and he shall satisfy the following:

- 1- The one- day surgery permit shall be granted to the Saudi consultant physician in his field of specialty; whereas regarding remote areas, the non-Saudi who satisfies the prerequisites shall be permitted, provided that he submits an application to which shall be attached lists of the operations he shall conduct. The application shall be considered by a committee preferably comprised of three consultants in the field of specialty to be permitted.
- 2- The profession human cadres of technicians and nurse, as well as operations theaters, shall be available.
- 3- It shall be obligatory to provide the specialized clinic of one- day surgery with all the equipment necessary for cardiopulmonary resuscitation, provided that such includes a mobile artificial pneusis device.
- 4- Regarding the non- Saudi physician, he shall be a consultant holding a valid profession license and an annual contract, as well as an insurance coverage of medical errors valid to a duration of six months after his departure; and the one- day surgery center shall bear monitoring any complications that may arise from the operation due to a medical error or negligence.
- 5- The medical team members shall have successfully passed sanctioned courses on cardio pulmonary resuscitation.

Secondly, Prerequisites of granting the license to practice the one- day surgeries:

- 1- The doctor shall obtain the Minister of Health's approval based on the pertinent recommendation of the technical committee, in which shall be indicated a list of the operation he shall be allowed to conduct.
- 2- Compatibility of the clinic, or clinics compound, to the prerequisites and specifications stated in this Regulation
- 3- The clinic owner shall conclude an agreement with one or more of anesthetists licensed to work in the Kingdom based on the doctor's liability for anesthetizing the cases, coupled with the clinic owner's pledge not to anesthetize any case, save in the presence of the specialist.
- 4- A valid agreement with one of the private hospitals to accept, at any time, the succor cases that required to be transferred to the hospital.
- 5- An acknowledgment from the clinic owner to absolutely not to allow the patient to stay overnight at the clinic whatever the circumstances; and the succor cases shall be moved to the hospital.
- 6- The clinic owner and the licensed doctor shall be held fully liable for any negligence towards the patient.
- 7- It shall be obligatory to specify the operation charge and inform the patient of such prior to conducting the operation.

8- The license shall be deemed personal to the doctor licensed to practice the activity, and no other unlicensed doctor shall be allowed to practice such activity.

9- The doctor shall be granted the license to practice such activity for one year at the end of which he shall submit, to the health affairs directorate in the Area to which he is affiliated, a comprehensive report on the conducted operations.

10- The license shall be renewed every year and for two years after forwarding the transaction to the competent committee at the Ministry, and to which shall be attached the operations list and any violations, complication or cases filed against the doctor. Then the license shall- per force of the law- be renewed with the renewal of the clinic license every five years.

11- The visiting physicians shall not be allowed to practice such activity, save after they obtain the pertinent licenses.

12- The license to practice the one- day surgeries shall be considered as obliging the clinic owner and the medical team to observe the rules and ethics of the profession.

Thirdly, The prerequisites and technical specifications to be satisfied by the one- day surgery clinic:

(a) The building requirements:

1- operations theater: shall be designed according to the established measurements and specifications which allow full sterilization of the operations area, with observance to providing the ventilation and air-conditioning equipment, as well as the pertinent safety requirements.

2- Clothes changing room: Such shall be annexed to the operations theater, and it is the place confine the surgery team members change their clothes and were the operations clothes. An appropriate place shall be provided for the patient to change his clothes and were those of the operation; with observance to allocate for female rooms separate from those of the males.

3- A sterilized room or area: Such shall be annexed to the operations theater, and designed as per the standard specifications and where surgeons and the nursing staff shall be sterilized prior to entering the operations theater.

4- Resuscitation area: Shall be close to the operations theater for the patient's rest, and to proper accommodation when under the effect of the anesthetic, with observance to providing the adequate area for the trolley stretcher movement.

5- Garbage disposal room or central supply room: Where all the materials used in the operations theater shall be disposed of, as well as

rinsing, cleaning sterilizing and preserving the devices where such shall be ready for use.

6- The patients reception or gathering area: Such shall accommodate the patients before the operation, and where the patient can spend a period of time ranging between one hour and four hours if his condition necessitates such, and so as to be watched by the nurse and where the surgeon visits him before the egression hour.

(b) The necessary equipment (deemed the minimum limit):

1- The operations theater:

a- such shall contain an operations table, non- shaded ceiling lights, in addition to all the necessary instruments in case of general anesthetization, such as automatic ventilation implements, electronic instrument for monitoring vital signs like pulse, blood pressure, registration of heart beats and ECG, suction devices, electric shocks device and tremor restraining device.

b- It shall also be obligatory to provide all the necessary surgical instruments and devices such as the cauterization instrument, surgical tools trolleys and an endoscope (if the operation requires such).

2- Resuscitation room: It shall contain the following equipment:

1- In addition to the gaseous anesthetization instruments, all the places prepared for anesthetization shall contain the following:

(a) An electrocardiography instrument.

(b) A device for revitalizing heartbeats.

(c) A box containing all the medicines necessary for cardio and pulmonary succor.

(d) Devices for inserting a tube in the trachea.

2- Intravenous solutions shall be administered to each patient, and his blood pressure shall be measured.

3- Patients under general anesthetic shall require the following instruments:

(a) Anesthetization madiner with the oxygen level measuring device, as well as the cautioning device of oxygen depletion or non- existence.

(b) A breathing instrument with the device cautioning of the disconnection of the instrument from the patient.

(c) A heart monitoring device.

(d) An instrument for measuring oxygen in the blood.

(e) An automatic, or manual, blood pressure measuring device.

(f) A liquids suction device in case of vomiting or presence of secretions.

(g) Appropriate device for all functions and the patients sizes, to insert a tube in the trachea (throat endoscope, trachea tubes- etc).

3- Sterilization instrument: It shall be obligatory to provide the necessary capabilities, as well as the medical and surgical requirement sterilization instruments, or making arrangement for being provided with the surgical devices in advance; and it shall be preferable to use disposable materials in conducting sound anesthetization and surgical operations.

4- Waiting room: It shall be obligatory to provide comfortable waiting rooms for the patients family members (the males' rooms shall be separate from those of the females).

Article (15/4): The Supporting Medical Services Center

Firstly, Types & Services of Centers:

such center shall include, for example, physiotherapy centers, opticians' premises, artificial devices and limbs premises, centers of improving pronunciation and hearing, psychotherapy centers, dental and dental fixtures laboratories, and any other centers specified in a decision issued by the Minister.

Secondly, Prerequisites and specifications of the Center:

The supporting medical services center shall satisfy the general criteria and prerequisites required in the private medical corporations stated in Article (3/1R and 3/4R) of this Regulation, as well as the satisfaction- as a minimum limit- of the prerequisites and specifications of each center. The applicant shall be delivered the guiding lists set forth by the Ministry for the furniture, the medical and non- medical equipment and instruments, as well as all the other requirements. It shall be stipulated for the staff working at the center to be specialized technicians licensed to practice the profession under the supervision of a technician specialized in the center function nature.

Article (15/5): Additional specialties

It shall be necessary to license additional medical specialties, or to add such specialties to licensed medical corporations, pursuant to the technical prerequisites and requirements specified by the competent authority at the Ministry in the following cases:

- 1- Center of examination of expatriate work force and food stuffs workers, pursuant to the rules supplemented to this Regulation.
- 2- Sterility and IVF, pursuant to the provisions of the pertinent law.
- 3- Laser or acupuncture therapy.
- 4- Endoscope for other than the digestive system diseases consultant.
- 5- Circumcision.
- 6- Pain treatment.
- 7- Endoscope surgery.
- 8- Ultrasound radiation for other than the radiologist.
- 9- Hair transplant.
- 10- Teeth transplant.
- 11- Any other additional specialties the Saudi Authority for Medical Specialties recommends to be added, and the Minister of Health approves of.

Article (15/6): Succor Transport Services Center

It shall be stipulated for licensing to open a succor transport services center to be committed to the prerequisites and specifications specified by the Saudi Red Crescent Society, and it shall also be stipulated for the project owner to submit an operational plan including the management technique, organization of transport and communications that the society approves of.

Article (16)

The private medical corporation shall be committed to provide succor treatment for all the risky emergency cases introduced to it, and such without a financial claim prior to administering the treatment, in accordance with what is specified by the executive regulation.

Article (16/1)

The emergency divisions at hospitals and at the general and specialized medical compounds shall provide the succor medicines stated in the list attached to this Regulation.

Article (16/2)

Succor treatment: The private medical corporation shall be committed to provide the succor treatment to all the risky emergency cases introduced to it, and such without any advance financial claim, taking the following into consideration:

- 1- The succor case: is the case resulting from an injury or disease that may jeopardize the patient's life, one of his limbs or organs, whether internal or external.
- 2- First- aid acts: are the urgent medical actions that lead to the patient's condition stability to the extent that allows his transport.
- 3- The necessary tests in succor cases: such are the indispensable tests for diagnosing the patient's case, or for prescribing the method of his treatment.

Article (16/3): Rules of treating Succor Cases

Firstly, The private medical corporations prepared for treatment shall be committed to receive the succor cases introduced to them and provide succor treatment until the case stabilizes, regardless of nationality or sponsor authority.

Secondly, If case of receiving a succor case in a private hospital and provision of first aid thereof, it becomes evident, after the case stability, that such require hospitalization, the following shall be observed:

- 1- The Saudi, or the state contractor patient shall be transported to the relevant hospital, coupled with a copy of his full file inclusive of the case reception from (pursuant to the attached form), a report on his case and details of his treatment, provided that the hospital keeps the original file. Advance coordination shall be effected with the Area governmental hospitals to which the patients are referred.

If the patient desires to complete his treatment at the private hospital, a pledge shall be taken from him, or his guardian, of his consent to pay all the required treatment costs to the private hospital.

- 2- In case of non- availability of a vacant bed at governmental hospitals, his treatment shall be resumed at the private hospital at the state expense, coupled with the continuity of daily coordination among the private and governmental hospital of the Area through facsimile and the governmental hospital answers shall be kept.

- 3- Regarding the private sector sponsored non- Saudi patients, the sponsor, or the medical insurance company, shall bear their treatment costs.

4- If the Saudi patient, or the state contractor non- Saudi patient is of those covered by the medical insurance program, the insurance company shall bear the treatment costs, whether effected at a governmental hospital, or elsewhere.

Thirdly, In case of the need to refer some critical case from governmental to private hospitals due to their need of intensive care beds, or in case incubators are not available at the governmental hospitals at the time of referral, coordination shall be conducted among governmental and private hospitals, and the case shall be referred with a full copy of the patient's file including the case reception form (pursuant to the attached form), a report on his case and the treatment details, which the hospital keeps his original file after the necessary coordination, provided that the private hospital to which the case is referred, effects daily communication via facsimile with the Area governmental hospitals for transporting the case upon availability of such possibility. The hospital shall go on treatment at the state expense until treatment at the Area government hospitals is rendered possible, or the patient is discharged.

Fourthly, The governmental hospital, from which the case is referred to the private hospital, shall report- in writing through facsimile- full information about the case to the Area medical coordination upon its referral.

Fifthly, The competence of referring the succor case, or the prematurely delivered babies, to the private hospitals shall be granted to the treating specialist, and such in case a consultant in the same specialty is not available at the time.

Sixthly, After referring the case to the governmental hospital, or upon discharge thereof, the procedures of claiming the treatment costs shall be conducted as follows:

1- The private hospital shall submit to the Area health affairs directorate an application to which shall be attached a legible copy of the patient's file, the referral papers, the completed succor case acceptance form (pursuant to the attached form) and a detailed medical report on the case, coupled with enclosing copies of the correspondence effected among the private hospital and the Area governmental hospitals confirming the non- availability of a vacant bed therein, as well as an acknowledgment from the patient, or his guardian, indicating non- payment of any sums of money to the private hospital.

2- A scientific committee at the Area health affairs directorate shall study the application to verify that the succor case and the claimed costs are commensurate with the case and without any exaggeration.

3- The Area health affairs directorate shall refer all these completed transactions, including the opinion of the medical committee, to the competent medical commission for issuing the necessary decisions after studying such transactions.

4- The complete transaction, as well as the commission's decision, shall be forwarded to the medical Commissions Directorate at the Ministry to study it and complete the necessary procedures for payment after being audited by the competent financial authorities.

5- If the patient is covered by the medical insurance program, the claiming procedures shall be done pursuant to what is specified in the program.

Article (17)

At each health affairs directorate, shall be formed committees for inspecting the private medical corporations to verify their application of the provisions of this law and its executive regulations, as well as the decisions the Ministry issues pursuant to it and to control the quality standards.

The executive regulation shall specify how such committees are formed and the method of conducting their functions.

Article (17/1)

By virtue of a decision by the director general of the health affairs at each Area, shall be formed a committee, or more, at each health affairs directorate, the member of each shall not be less than three, to inspect the private medical corporations.

Article (17/2)

The inspection committee at the health affairs directorate shall undertake the tasks hereunder:

- (a) Verifying the private medical corporation's execution of the Private Medical Corporations Law and its executive regulation, as well as the decisions and instructions issued by the Ministry of Health.
- (b) Controlling the quality standards to which the private medical corporation is committed.

Article (17/3)

The inspection committee members shall have the following competences:

- (a) Visiting the private medical corporations local within the jurisdiction area of the health affairs directorate the committee represents.
- (b) Reviewing the registries, instruments and equipment, as well as inspecting the corporation utilities and divisions.
- (c) Verifying the private medical corporation's adherence to all the general and special prerequisites, as well as the technical, administrative and financial specifications.
- (d) The committee shall prepare a record in which it shall confirm the violations revealed by inspection and the observations of such, shall attach to it the documents it acquires and forward such to the director general of health affairs.

Article (18)

The license shall be cancelled by the private medical corporation's ownership transference to another owner, by the change of the corporation's activity, or changing the location for allocated for practicing its activity without the approval of the Ministry.

Article (18/1)

The license shall be deemed as cancelled without the need of any action by the competent authorities at the Ministry in case the private medical corporation's owner does not obtain the Ministry's approval of the private medical corporation's ownership transference to another owner, or in case of changing its activity or changing the location of practicing its activity.

The Ministry takes the actions of the corporation closure and imposes the penalties prescribed by this Law.

Article (19)

The license shall expire in the following cases:

- 1- Expiration of its term without the licensed person applying for its renewal, and such shall not preclude submitting an application for obtaining a new license after satisfying the statutory prerequisites.
- 2- Elapse of six months as of the private medication corporation owner's death. It shall be permissible to keep the license in favor of the successors throughout the duration the Ministry specifies according to the circumstances of each case, provided that the successors submit an application within six months as from the death date.

Article (19/1)

The private medical corporation shall be obliged to submit an application for renewing its granted license six months at least prior to its expiration.

Article (19/2)

The license shall be considered expired by the expiration of its term. The private medical corporation shall be subject to the penalties stated in this law in case it does not apply for renewal during the prescribed period.

Article (19/3)

The Health Affairs Directorate shall take the necessary actions in case the corporation continues practicing the license activity after the license expiration, of which shall be suspension of the corporation activity.

Article (19/4)

The license shall be considered expired after six months of the private medical corporation owner's death unless he has partners who satisfy the prerequisites of operating the corporation.

Article (19/5)

The health affairs directorate may keep and not terminate the license based on the successors' application within six months as from the death date if it is assured- pursuant to the circumstances of each case- of the satisfaction of the prerequisites of operating the private medical corporation.

Article (20)

Without prejudice to any severer punishment stipulated by another law, any person who opens a private medical corporation without a license, shall be punished with the following punishments:

- 1- Closure of the corporation and denial of license obtainment for a term not less than six months and not exceeding two years as from closure date
- 2- A pecuniary fine of not less than (SR 10,000) and not exceeding (SR 30,000), in the case of the supporting medical service centers
- 3- A pecuniary fine of not less than (SR 30,000) and not exceeding (SR 100,000) in the case of laboratories, radiology centers and succor transport centers.
- 4- A pecuniary fine of not less than (SR 50,000) and not exceeding (SR 150,000) in the case of clinics, medical compounds and the one- day surgery centers.
- 5- A pecuniary fine of not less than (SR 100,000) and not exceeding (SR 300,000) in the case of all categories of hospitals.

Article (21)

With the exception of the violations stipulated in Article (20), and without prejudice to any severer punishment stipulated by another law, any person who violates any of the provisions of this law shall be punished with one or more of the punishments hereunder:

- 1- A pecuniary fine of not less than (SR 10,000) and not exceeding (SR 100,000).
- 2- Closure of the private medical corporation for a term not exceeding sixty days; and the corporations shall be obliged to move its hospitalized patient to other corporations prior to closure.
- 3- License revocation; and the licensee may not submit an application for a

new license save after the elapse of at least two years as from the date of executing the revocation decision.

Article (22)

The forensic medical committee stipulated in the law of Practicing the Profession of Human Medicine and Dentistry shall have the competence of considering the private medical corporations' liability for the professional medical errors for which claim for personal right or common right are filed.

Article (22/1)

The competent health affairs director shall commit the competent medical document and their enclosures to the forensic medical committee to consider the liability of the private medical corporation in case of claiming personal right common right by the claimant, or by the Ministry.

Article (23)

By virtue of a decision from the committees stipulated in Article (25), it shall be permissible to suspend, as a precautionary action, practicing the activity object of the violation if there exists strong evidence & proofs of the occurrence of violation indicated by the initial investigation, the punishment for which shall, if confirmed, be the license revocation, or the corporation's closure.

Article (23/1)

If it is proven to the committee competent in considering the violations of the provisions of the private medical corporations law, that there exists strong evidence, or proofs, requiring the closure of the private medical corporation that require suspension of the violation object activity, it shall be obliged to take the decision of suspending the activity, and promptly convey it to the health affairs directorate to take the necessary actions to suspend practicing the object of violation activity at the medical corporation.

Article (24)

The Ministry shall take the necessary actions to warrant the patient receiving what they need of treatment in the method it deems appropriate if closure of the private medical corporation inflicts damage to the patients benefiting from its services.

Article (24/1)

With the exception of the private hospitals, the directorate shall be obliged to emplace- upon closure- an announcement to the checking patients specifying the closure date, its term and the nearest medical facility to check with regarding the continuity of their treatment, whereas regarding hospitals, the directorate shall form a committee of specialists to consider the issue of the patients hospitalized there, or those checking with its clinics, coupled with observing to treat the serious cases pursuant to what is stated in Article (16/2R) concerning succor treatment.

Article (25)

1- By virtue of the Minister's decision, committees shall be formed at the health affairs directorates, each of which shall be comprised of at least three members, provided that one of them is consultant in medical professions, the second shall be a legal counsel to consider the violations to the provisions of this law, and impose the punishments stipulated in it. The decisions of such committees shall not be executive save after being sanctioned by the Minister, or the official he delegates.

2- The concerned person may object to such decisions before the Grievances Board within sixty days as from the notification date.

3- The verdict of the final decision issued with the punishment shall be published at the violators expense in three local dailies, one of which at least is published in his residence seat. And if no daily is published there, such shall be published in the daily published in the nearest Area to it.

4- The executive regulation shall state the membership term in such committees the procedures it observes in conducting their functions and reporting its decisions.

Article (25/1)

The committee shall consider the violations arising from the application of the private medical corporations law executive regulation, as well as inflicting the appropriate punishment within the bounds of its competence.

Article (25/2)

The membership term in the committees of violations arising from the application of the private medical corporations' law shall have three years renewable as from their formation decision issuance date.

Article (25/3)

The committee shall undertake its functions according to the following procedures:

(a) The committee shall convene its sessions at the competent health affairs directorate; and its convention shall be valid with the attendance of the chairman, or his deputy, the legal counsel member and the pertinent medical profession consultant, provided that the number of attending members is not less than three, and it issues its decisions by absolute majority.

(b) In conducting its functions, the committee shall be committed to conduct the necessary investigation, notify the concerned person, hear the violator's statement and verify his defense aspects, provided that it records its functions in written records.

(c) The concerned persons shall be notified in writing to appear before the committee on the date and at the place it specifies; and it shall be observed to add, when specifying the date, a suitable duration if such requires traveling

from another city.

(d) A new date shall be specified for the appearance, if the violator, or his duly authorized agent, does not appear after being notified, provided that the period between the notification date and the new date shall not be less than thirty days, in case of the violator's, or his duly authorized agent's, fail to appear after being notified of the new date, the committee shall be obliged to complete considering the violation and determine on it.

(e) The committee shall forward its decision to the Minister, or the official he delegates, for sanctioning. The concerned persons shall be informed of the committee's sanctioned decision on a date not later than thirty days as from the date of sanctioning the decision.

Article (26)

Each private corporation shall be obliged to explain to any person it desires contract, the provisions of the labor and laborer's law, as well as the procedures and the job description guide and the related laws observed in the Kingdom prior concluding a contract with him.

Article (27)

The private medical corporation shall be committed to enable the medical practitioners to attend the continuous medical education programs in their fields of specialties, whether within the Kingdom or abroad, pursuant to what is specified by the Saudi Authority for Medical Specialties.

Article (28)

All the hospitals shall be committed to establish libraries within their premises, as well as to subscribe to the appropriate scientific periodicals in their fields of specialization, whereas regarding the other medical corporations, they shall be obliged to provide the basic scientific periodicals related to its specialization.

Article (29)

The Minister may, in emergency situations that dictate mobilizing all the medical capabilities, to order utilizing private Medical Corporation, or part of such, for the purposes he deems, provided that the Ministry shall pay the equitable costs for the terms of their utilization.

Article (29/1)

Upon removal of the emergency situation, the medical corporation shall forward its claim for paying the costs to the competent directorate to take the necessary actions pursuant to what is observed in the cases of succor treatment.

Article (30)

The private medical corporation shall be obliged to promptly report, to the nearest security authority and health affairs directorate in the Area, any criminal accident or death that occurs to its checking or hospitalized patients. Such commitment shall also include reporting any criminal accident that forced the victim to request succor or treatment therein. It shall also be obliged to keep a full registry of traffic accidents and injuries.

Article (31)

The private medical corporation shall be prohibited from advertising itself save within the bounds that do not contradict the profession ethics, pursuant to the criteria specified by the executive regulation.

Article (31/1)

The private medical corporation shall be committed to obtain the approval of the health affairs director, in the Area wherein its seat is located, of the form, content and methods of advertisement it adopts, prior to advertising itself.

Final Provisions

Article (32)

The Minister shall issue the executive regulation of this law within (90)days as of the date of its publication in the official gazette.

Article (33)

This Law shall replace the Private medical Corporations Law issued by the Royal Decree No. (58), issued on 3/11/1407H.

Article (34)

The licenses issued to the private medical corporations in accordance with the laws and instruction effective at the time of issuing this law, shall continue to be valid. Such corporations shall adapt their positions in accordance with the provisions of this Law and its executive regulation within five years as from the effectiveness date of the executive regulation. Such respite may be extended by virtue of the prime Minister's approval, based on a proposal from the Minister of Health.

Article (35)

This law shall be published in the official gazette, and shall be effective after (90) days as of its publishing date.