

CZECH REPUBLIC

Telehealth around the world: a global guide



Introduction

The COVID-19 pandemic has caused healthcare systems around the globe to rapidly, and in some cases, radically rethink the delivery of medical care. The global expansion of telehealth services is one way we have seen this transformation occur. This has resulted in significant opportunities in the field, as well as unprecedented regulatory change.

As a quickly evolving area, 'telehealth' can have different meanings in different contexts. In this Global Guide, telehealth refers to the delivery of healthcare services where patients and providers are separated by distance, using information and communications technology for the exchange of information for the diagnosis or treatment of diseases and injuries. We have adapted this definition from the World Health Organisation's definition of telehealth.

Telehealth is not a new concept – healthcare providers, academics and technology developers have been advocating for its use for decades. There are many benefits to the widespread adoption of telehealth, including improved access to healthcare services, risk mitigation, convenience and flexibility, and in many cases, a reduction in overhead costs. However, the use of telehealth is not without its challenges. For example, it is not suited to all forms of healthcare, its implementation and adoption can be time consuming and costly, and additional care must be taken in relation to the transfer of patient health information.

The restrictions of movement in many parts of the world due to COVID-19 has caused governments to recognise the potential of telehealth, and amend laws and regulations seemingly overnight to enable healthcare providers to deploy telehealth solutions. Many governments have adopted telehealth reforms in a matter of weeks, which may otherwise have taken years to be considered and introduced.

Although many of these reforms presently have an expiration date (dependent on the duration of the COVID-19 pandemic), there is likely to be continued growth in telehealth due to the advantages of such a service – even after the pandemic. There are enormous opportunities in the telehealth space for businesses already operating in this field, businesses considering expanding into telehealth, and start-ups.

This Global Guide provides an overview of the current state of telehealth regulations worldwide and assists readers to identify the opportunities, challenges and risks, on a country-by-country basis. As the field of telehealth, and the regulations underpinning it, remain highly dynamic and subject to change, this document is intended as a general guide and does not constitute legal advice. Should you wish to discuss any aspects of telehealth with a specialist lawyer, please contact us below.

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Czech Republic

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Is the use of telehealth permitted?

Some elements of telehealth could already be found in Czech law, but the legislation was fragmented. In order to set the general framework, basic rules and standards for the functioning of telehealth, a new Act No. 325/2021 Coll., on electronization of healthcare, was adopted with effect from 1 January 2022.

How is telehealth regulated?

The Act on electronization of healthcare introduces a comprehensive legal framework for the basic infrastructure of electronic healthcare and defines roles and responsibilities of entities in the electronic healthcare system. The new legislation has a split effect, with the first part of the act came into force on 1 January 2022, other parts coming into force during 2023 and 2024, and the full act should then come into force on 1 January 2026.

Are there specific fields of healthcare in relation to which telehealth services are currently available, and do they involve the use of proprietary technology or platforms?

The Czech law already recognizes the ePrescription system regulated by the Medicines Act (Act No. 378/2007 Coll.). The ePrescription system is a central repository of electronic prescriptions and, with effect from 1 January 2022, also a central repository of vaccination records. In short, the ePrescription system allows authorised persons to consult the patient's medication record, which contains data on prescribed and dispensed medicines, and allows them to view data on vaccinations administered to a particular patient. Another electronic tool in the field of sickness insurance is the eSick leave card, which is an electronic sickness absence report issued by a doctor. Also anchored in legislation is the so-called patient summary regulated in the Health Services Act (Act No. 372/2011 Coll.). This is an electronic set of patient data, which is intended primarily for the purpose of sharing information with health service providers in another EU country through the National Contact Point for eHealth.

The Act on electronization of healthcare represents the first phase of the electronization of healthcare. It sets forth the concept of eHealth, which includes, among other things, a central infrastructure, which is the so-called integrated data interface. Building an integrated data interface is intended to ensure uniform access to eHealth services and provides the basis for sharing information between healthcare services providers, patients and insurers. Patients will be able to access what information is held on them in registers via the eHealth portal.

The integrated data interface will include so-called core registers - a patient register, a provider register and a health worker register. The Act on electronization of healthcare also introduces and defines a patient identifier to replace birth numbers (personal identification numbers) and health care worker identifiers used in the health care system as unique identifiers of persons in the electronic health care system. The main part of the law establishing the integrated data interface and personal identifiers will come into force on 1 January 2023.

The law also defines eHealth standards, the issuance of which is entrusted to the Ministry of Health. The obligation to comply with them will apply from 1 January 2026.

Does the public health system include telehealth services, and if so, are such services free of charge, subsidised or reimbursed? Where the public health system does not include telehealth services, are such services covered by private health insurance?

As it has already been mentioned above, some elements of telehealth (such as the ePrescription system and the eSick leave card) are implemented by Czech law and included in the public health system. Nevertheless, the core telemedicine services (i.e., the provision of remote health care services through digital tools) is recognized neither by the Health Services Act, nor by the Public Health Insurance Act (the Act No. 48/1997 Coll., on public health insurance, as amended). Even though the public health system does recognize and offer telemedicine services, some insurance companies already provide contributions to enable their policyholders to use telemedicine services (e.g., Ministry of the Interior Public Health Insurance Fund) or reimburse a certain number of long-distance consultations between their policyholders and healthcare professionals (e.g., General Health Insurance Company).

For the sake of completeness, it is further to be noted that the Ministry of Health of the Czech Republic has prepared the draft bill of the amendment to the Health Services Act ([available in Czech only](#)). The draft bill provides, inter alia, a definition of telemedicine services and a general legal framework for their provision. It should also facilitate the integration of the telemedicine into the Czech public health system and the determination of reimbursement mechanisms. Currently, the draft bill is at the beginning of the legislative process (more precisely, the inter-ministerial comment procedure has been completed). Therefore, its wording is not final and may be amended significantly.

Do specific privacy and/or data protection laws apply to the provision of telehealth services?

From 1 January 2023, providers of healthcare services are obliged to record data in the scope provided for by the Act on electronization of healthcare in core registers established by the Ministry of Health for this purpose. Healthcare services providers are required to ensure a gradual transition from the birth number to the newly introduced identifiers and to use and follow data from the core registries effective 1 January 2024.

How should the cross-border transfer of personal information collected and processed in the course of telehealth services be carried out to ensure compliance with applicable privacy laws?

Czech law does not provide an explicit answer as to how should the cross-border transfer of personal information collected and processed in the course of telehealth services be carried out, as there are no Czech regulations or guidelines specifically addressing privacy matters on telehealth services. However, it could be considered that the cross-border transfer of personal data must be compliant with, inter alia:

- i. GDPR;
- ii. Health Services Act;
- iii. Act No. 110/2019 Coll., on the processing of personal data;
- iv. Act on electronization of healthcare;
- v. Act No. 326/2021 Coll., amending certain acts in connection with the adoption of the Act on electronization of healthcare;
- vi. Decree No. 98/2012 Coll., on medical documentation, as amended; and
- vii. Guidelines issued by the Ministry of Health of the Czech Republic ([available in Czech only](#)).

Are there any currently applicable codes of conduct on the use of telehealth systems and/or security of telehealth data in your jurisdiction?

There are no applicable codes of conduct on the use of telehealth systems and/or security of telehealth data in the Czech Republic.

Are any specific laws, regulations, or self-regulatory instruments expected to be adopted in the near future?

The Act on electronization of healthcare prepares the background for electronization of processes in health care with a view to making the electronic route the primary one and replacing paper-based agendas. The existing processes in the healthcare system are not changed by this act, the actual anchoring of the maintenance of medical records in electronic form is left in the existing regulation, especially in the Health Services Act.

The next phase of the electronization of healthcare should be the introduction of a health documentation index as an information system describing the basic typology of existing health documentation and bringing together metadata about the documentation.

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