XAMUN POSITION PAPER · NO. 11 · V1.0 · NOVEMBER 2026

An AI front desk in a UAE clinic: what it must say, and what it must hand to a person.

What UAE rules and guidance ask of an AI that talks to patients, and the operating rules a clinic can adopt.

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Does an AI receptionist in a UAE clinic have to say it is AI?

Say it, every time. No UAE law we found names AI receptionists. But Dubai's AI Ethics Guidelines say an AI that could pass for a person should first tell people it is AI, and the DHA's AI policy requires every healthcare AI solution to disclose which of its functions are AI. Saying so at the start of every conversation meets both.

Summary of the argument

An AI that answers a clinic's phone sits under several documents at once, and none of them was written for it. The Dubai Health Authority's policy on artificial intelligence in healthcare covers every DHA-licensed facility that uses AI. Abu Dhabi has its own Department of Health policy and, since October 2025, a Responsible AI Standard. Federal Law No. 2 of 2019 governs health data across the UAE, free zones included. The PDPL covers the personal data that the health law does not. Dubai's AI Ethics Guidelines, which are not binding, are the only text that speaks to an AI on a phone call directly.

Read together they point one way. Tell the patient it is AI at the start of every conversation. Keep the AI out of clinical advice and triage, so the clinical judgement stays with licensed staff. Write down what goes to a person and how fast. Tell callers about recording. Serve Arabic and English callers equally. Log every conversation, action and hand-off where the clinic can show it, and keep it in the UAE. Start every action in Assist, with a person approving, and promote actions one at a time.

This paper sets out what each document asks, then the operating rules a clinic can adopt: disclosure, nothing clinical, hand-offs, consent and recording, language, the log, and Assist before autonomy. It ends with the points to confirm with the regulator.

> **A patient should never have to guess whether they are talking to a machine. And a machine should never be the one deciding whether a patient is unwell.**

1 · The rules that apply, and what each one asks

Five documents bear on an AI that talks to patients in the UAE, and a sixth on recording calls. None of them mentions a receptionist. Each covers part of the job. The table puts them side by side; the notes below say what we read and how.

DOCUMENT	ISSUED BY, AND WHEN	BINDING?	WHAT IT MEANS FOR A FRONT DESK
DHA policy: Artificial Intelligence in the Healthcare (DHA/HISHD/PP-09)	Dubai Health Authority. Version 1, dated 1 July 2021; revision date 1 July 2026	Yes, for DHA-licensed facilities. DHA can sanction breaches	Disclose which functions are AI. Keep it supervised by staff. Let a person override or reverse it. Report incidents to DHA. Educate users, patients included
Smart Dubai AI Ethics Principles & Guidelines	Smart Dubai, January 2019	No. The guidelines say they are non-binding	An AI that could pass for a person should say it is AI first. People should know how far they are dealing with AI, and be able to challenge decisions
DoH Policy on Use of AI in the Healthcare Sector, and the DoH Responsible AI Standard	Department of Health – Abu Dhabi. Policy April 2018; Standard October 2025	Yes, for DoH-licensed providers. DoH audits and can sanction	Clear governance of AI use. Boundaries on who sees patient data. Audits of the AI, reported to DoH
Federal Law No. 2 of 2019 (ICT in health fields)	UAE federal. Issued 6 February 2019, in force May 2019. Implementing regulation: Cabinet Decision No. 32 of 2020	Yes, across the UAE, free zones included	Keep health data confidential and intact. Store and process it in the UAE unless approved. Keep it at least 25 years. No non-health use without written consent
PDPL: Federal Decree-Law No. 45 of 2021	UAE federal. In force 2 January 2022	Yes, outside the health data its own law covers, and outside DIFC and ADGM	Health data is sensitive personal data. Consent must be clear and withdrawable. People may object to automated decisions with legal effect

The DHA policy

The Dubai Health Authority's policy **Artificial Intelligence in the Healthcare** (reference DHA/HISHD/PP-09, version 1, dated 1 July 2021) applies to every healthcare facility and professional licensed by DHA that uses AI in healthcare services, and to developers who use Dubai patient data. Its scope covers all AI solutions related to healthcare services used by those facilities. We read a clinic's AI front desk as in scope: it is AI used in the course of a healthcare service, and it handles patient data. That is our reading, and the first point to confirm with DHA.

The parts that matter most for a front desk, in our words:

- **Disclosure (4.3.2).** Every AI solution for healthcare must disclose which functions are AI-enabled, what role the healthcare professional plays in the final decision, and the limits of the data and the

algorithm.

- **Supervision and override (4.4.1, 4.4.2).** The AI must be supervised and monitored by its users. Where it can affect people's lives significantly, designated users must be able to override it or reverse what it did.
- **Challenge (4.2.3).** Users must be able to challenge significant decisions through a built-in appeals route.
- **Traceability (4.3.1).** Failures must be possible to trace, diagnose and control.
- **Graceful degradation (4.6.13).** When hardware or software fails, the tool must raise alerts and wind down in stages rather than fail all at once.
- **Incidents and audits (4.8.1, 4.8.2, 4.8.5).** The facility reports known or suspected AI incidents, and anything that could affect patient safety, to DHA's Health Regulation Sector, and has the AI audited regularly by an independent party.
- **Patient data and education (4.8.3, 4.8.4).** The facility sets clear rules on who may see and share patient information, and makes sure everyone involved, patients included, understands the AI and its use.
- **The health ICT law (4.6.2).** The tool must comply with every article of Federal Law No. 2 of 2019.

The PDF on dha.gov.ae is marked "Shared – Confidential", so we summarise it rather than reproduce it; read the original. Its revision date, 1 July 2026, has passed: check with DHA whether a newer version is in force. Bird & Bird's March 2025 note on "the DHA circular" on AI describes the same scope, principles and transparency list; we found no separate circular number, and this paper relies on the policy itself.

Dubai's AI Ethics Guidelines

Smart Dubai published its **AI Ethics Principles & Guidelines** in January 2019. They are not binding; the document says so. They are still the only UAE text we found that speaks to an AI on a phone call. Guideline 1.3.2 says people should be informed of the extent of their interaction with AI systems. Guideline 1.3.2.2 says that if an AI system can convincingly impersonate a human being, it should do so only after telling the person it is an AI system. The guidelines' own example is a conversational agent that makes phone calls, programmed to identify itself at the start of every conversation. That is a clinic front desk in all but name.

The same guidelines ask operators to make their AI accessible and usable fairly across user groups (1.1.4), and to give people a way to challenge decisions, with human reviewers who can overturn them (1.2.4). The DHA policy lists Smart Dubai's AI principles and ethics as the first of its references.

Abu Dhabi: the DoH policy and the Responsible AI Standard

The Department of Health – Abu Dhabi issued its **Policy on Use of Artificial Intelligence in the Healthcare Sector** in April 2018. Al Tamimi & Company's summary of it says the policy covers licensed providers, insurers and researchers, and patients; that users other than patients must have clear governance over the use of AI, clear boundaries on access to and sharing of patient information, and

audits of the AI's functioning reported to DoH; and that DoH monitors compliance through audits, inspections and incident reports, with sanctions for breaches.

In October 2025 DoH published a **Responsible Artificial Intelligence (AI) Standard** (DoH/ST/DDGO/RAI/V1/2025). It applies to all DoH-licensed healthcare entities that develop, procure or deploy AI systems. doh.gov.ae refused our automated requests, so we have not read either document in full, and this section relies on the law-firm summary. An Abu Dhabi clinic should read the Standard before it puts an AI on its phone line.

Federal Law No. 2 of 2019: health data

Federal Law No. 2 of 2019 on the use of information and communication technology in health fields was issued on 6 February 2019 and came into force in May 2019, according to Latham & Watkins' client alert. It applies to all ICT uses in health fields in the UAE, free zones included. Its implementing regulation is Cabinet Decision No. 32 of 2020. Four articles shape a front desk:

- **Article 4.** Keep health data confidential and circulate it only in authorised cases; protect it from unauthorised change or deletion; keep it available to those authorised.
- **Article 13.** Health data about health services provided in the UAE may not be stored, processed, generated or transferred outside the UAE unless the health authority or the Minister has approved it. The fine for breaching this article is AED 500,000 to AED 700,000.
- **Article 16.** Patient health data may not be used for non-health purposes without the patient's written consent, with listed exceptions such as insurers verifying benefits and requests from a health authority.
- **Article 20.** Health data is kept for at least 25 years from the patient's last health procedure.

The PDPL: personal data

Federal Decree-Law No. 45 of 2021, the PDPL, came into force on 2 January 2022. K&L Gates' summary notes three points that matter here. Health data that has its own legislation is outside the PDPL, as are entities in free zones with their own data-protection law, currently DIFC and ADGM. Health data is otherwise "sensitive personal data", and consent must be clear, unambiguous and withdrawable. People may object to decisions made by automated processing that have legal consequences for them. A clinic inside DIFC answers to the DIFC's own data-protection rules instead; Bird & Bird notes that the DIFC rule on autonomous and semi-autonomous systems requires a clear and explicit notice when the system is first used.

2 · Say it is AI, at the start, every time

The disclosure is the cheapest control on this list, and the one patients notice first. The DHA policy requires the AI functions to be disclosed. Dubai's guidelines say an AI that could pass for a person should say so first, and they give a phone agent as the example. A clinic that wants one rule for every emirate can simply say it every time.

- **First sentence, before anything else.** Before the AI asks for a name, a date of birth or a reason for calling.
- **Every conversation.** Not only the first call. A returning patient may not remember, and may be a different family member.
- **Every channel.** Voice, WhatsApp, SMS, web chat and email. On text channels, in the first message and in the display name.
- **A name is not a disclosure.** "Sam" sounds like a person. The name and the words "AI assistant" always go together.
- **Never deny it.** If a caller asks "am I talking to a real person?", the answer is no, followed by the way to reach one.
- **Say how to reach a person.** In the same breath as the disclosure.
- **Say when a person takes over.** "You're now speaking with Aisha from the front desk." The patient should always know which one they are talking to.

A sample opening line, in both languages:

> "Corniche Physio, this is Sam, the clinic's AI assistant. This call is recorded. A person is one step away. How can I help?"

> "عيادة كورنيش للعلاج الطبيعي، معك سام، مساعد العيادة بالذكاء الاصطناعي. هذه المكالمة مسجلة، ويمكنك التحدث إلى أحد الموظفين في أي وقت. كيف يمكنني مساعدتك؟"

Corniche Physio is a fictional clinic. Have a native speaker on your own staff approve the Arabic wording for your clinic.

3 · Nothing clinical: no advice, no triage

A front desk handles bookings, questions about the clinic, reminders and paperwork. The moment it tells a patient whether a symptom matters, whether to come in, whether an exercise is safe or what a result means, it is doing clinical work.

The DHA policy's heavier duties are written for AI that takes part in care: the role of the professional in the final decision (4.3.2), override for AI that can affect lives significantly (4.4.2), and independent validation by a competent third party (4.3.3). It also points to the medical-liability and medical-device rules (4.6.3, 4.6.5). Our reading is that a front desk which never advises or triages keeps clinical judgement where the licence is, with the clinician. That is the simplest line to defend, and it is the line we draw.

- **It may:** book, move and cancel appointments; answer from the clinic's own approved list (hours, location, parking, services, the price list, which insurers the clinic accepts); send reminders and intake forms; take a message.

- **It may not:** comment on symptoms, suggest whether to come in or go elsewhere, rank who is more urgent, discuss medication or results, or reassure a patient about their condition.
- **When a clinical question comes up:** it says plainly that it cannot advise, passes the conversation to the duty clinician, and tells the patient when to expect a call back.
- **When it sounds like an emergency:** it does not assess. It tells the caller to call 998 for an ambulance, the number the UAE government lists, and alerts staff at once. The clinic's clinical lead writes the list of words and situations that trigger this, and reviews it.

Booking against a clinician's list is not triage. Deciding that one caller's pain can wait until Thursday is.

4 · What goes to a person, and how fast

No UAE document we found sets hand-off times for an AI front desk. The DHA policy asks for supervision, override and a way to challenge; Dubai's guidelines ask for human reviewers. The times below are the defaults we would start from. Each clinic sets its own, writes them down, and checks them in the log.

SITUATION	GOES TO	HOW FAST (OUR DEFAULT)
Sounds like an emergency	Caller told to call 998; duty clinician alerted	At once, before anything else
Any clinical question, or a patient who says they are worse	Duty clinician, with the conversation	Same working day, sooner if the clinician's rules say so. The patient is told when
Caller asks for a person	Front desk	Transferred now in opening hours. Outside them, a call back at the next opening, and the caller is told when
Complaint, distress or anger	Front-desk lead	Same day
Insurance: a refused approval, a claim, or what the patient will pay	Billing or insurance desk	Same or next working day
A request about their data: access, correction, withdrawing consent, objecting	Privacy lead or data protection officer	Logged at once; answered under the clinic's procedure
Identity unclear, a child, or someone calling about another patient	Front desk	Before any detail is shared
The AI is unsure, or something fails	Front desk	At once. Calls fall back to staff, not to silence

The hand-off carries the whole story: who called, what they asked, what the AI already did, and why it is handing over. The patient should never have to repeat themselves, and the reason for every hand-off goes on the record.

5 · Consent and recording

Recording private conversations without consent can be an offence in the UAE. A law-firm summary (AMSA&LC, May 2025) points to Article 431 of Federal Decree-Law No. 31 of 2021 and Article 44 of Federal Decree-Law No. 34 of 2021. So the AI says the call is recorded at the start, alongside the AI disclosure, and offers a person to a caller who would rather not be recorded.

- **Collect what the task needs.** A booking needs a name, a number and a time. It does not need a history of the complaint.
- **Keep health purposes separate.** Appointment reminders are part of the service. Using what patients said for marketing is a non-health purpose, and Article 16 of the health ICT law requires the patient's written consent for it.
- **Make consent clear and withdrawable.** Where the PDPL applies, consent must be clear and unambiguous and can be withdrawn. A patient who says "stop messaging me" is withdrawing it, and the AI records that and stops.
- **Keep it in the UAE.** Article 13 of the health ICT law keeps health data in the UAE unless approved. That includes the AI model: a transcript sent to a model hosted abroad is processed abroad. Ask any vendor where each part runs, the model included.

6 · Arabic and English, served equally

An AI front desk in the UAE has to work in Arabic and English, with the same rules in both: the same disclosure, the same hand-offs, the same limits. The DHA policy requires AI for healthcare to be fair and free of bias (4.1.2); Dubai's guidelines ask that it be usable fairly across user groups (1.1.4).

- **Switching is normal.** Callers move between Arabic and English mid-sentence. The AI follows them.
- **Dialects vary.** If the AI cannot understand a caller reliably, it hands over rather than guesses.
- **Other languages.** Many clinics also serve patients in Hindi, Urdu, Tagalog or Russian. If the AI does not speak the caller's language, it says so and offers a person.
- **Messages follow the conversation.** Confirmations and reminders go out in the language the patient used.
- **Measure it by language.** Compare hand-off rates, repeat calls and complaints for Arabic and English callers. A gap between them is a fairness problem to fix, not a statistic.

7 · What to log, so the clinic can show a regulator

The DHA policy asks for failures that can be traced (4.3.1), incident reports (4.8.1) and independent audits (4.8.5). The health ICT law asks that health data be protected from unauthorised change (Article 4) and kept for 25 years (Article 20). All of that comes down to one log the clinic owns, in the UAE, that nobody can quietly edit:

RECORD	WHY IT IS KEPT
The disclosure: that it was given, when, and which approved wording	Shows the patient was told it was AI
The conversation: transcript, and the recording where there is one	The source for any complaint, audit or incident
Every action the AI took in the clinic's systems, and every action it prepared for a person to approve, with who approved it	Shows supervision and lets any action be reversed
Every hand-off: when, to whom, why, and how long until a person picked it up	Shows the hand-off rules were followed, at the times the clinic set
Incidents: errors, complaints, failures, and what was done	The basis for reports to DHA's Health Regulation Sector
The role definition and each change to it: what the AI may do and what it must hand over	Shows what the AI was allowed to do on any given day
Consent and objections: recording, messages, withdrawals	Shows the patient's choices were followed

Where a transcript holds health information, we would treat it as part of the health record and keep it for the same period. That is our reading; confirm it with your regulator.

8 · Assist before autonomy

The DHA policy defines supportive technology as technology that helps a person make the final decision without replacing them, with the person responsible for what it does. "Assist before autonomy" turns that into a working rule.

- **Every action starts in Assist.** The AI prepares the work; a person approves it.
- **Promote one action at a time.** An action runs on its own only when its record is good and the person who owns the role signs off. Reminders and rebooking a missed visit are typical first candidates.
- **Demote on evidence.** After an error, a complaint or a dip in its numbers, the action goes back to Assist.
- **Some actions never leave Assist.** Anything clinical. Anything that commits money, such as a refund or a write-off.

This also answers the policy's supervision duty (4.4.1) in the work itself: staff supervise every action as it happens, rather than reviewing a sample at month end.

9 · Where Sam fits

Sam is Xamun's AI worker. Every Xami worker is called Sam; the role is what changes. On a clinic front desk Sam works inside ClinicOS. It answers calls and messages day and night, books, moves and

cancels sessions, answers questions from the clinic's own list (hours, parking, prices, cover) and sends reminders. Sam introduces itself as an AI assistant at the start of every call and message. Anything clinical, and any caller who asks for a person, goes to a person with the full story. Sam starts in Assist; actions are promoted one at a time by the role owner, and anything clinical stays in Assist always. It speaks English and Arabic, and every action lands in records the clinic owns.

Sam is in early access. Nothing in this paper says Sam meets a regulator's requirements; that is for the clinic and its regulator to judge. The rules above apply to any AI front desk, ours or anyone else's.

10 · Questions to confirm with your regulator

These points are open to reading. Settle them with DHA, DoH or MOHAP, as relevant, before building a process around one interpretation:

- **Scope.** Does DHA treat an administrative front-desk AI, with no clinical function, as an AI solution for healthcare under PP-09? If so, does the independent third-party validation in 4.3.3 apply to it?
- **The current version.** Has PP-09 been revised since its 1 July 2026 revision date?
- **Abu Dhabi.** What does the DoH Responsible AI Standard of October 2025 require of a conversational AI, and does it require notice or registration before use?
- **Transcripts.** Are call recordings and chat transcripts health data under Federal Law No. 2 of 2019, to be kept for 25 years and stored in the UAE?
- **The model.** If any part of the AI runs outside the UAE, what approval under Article 13 would cover it?
- **Incidents.** Which front-desk incidents should be reported to DHA's Health Regulation Sector?

11 · Where to start

Most of the work is writing down rules a good front-desk lead already follows. In order:

- **Write the role.** The queue the AI owns, the actions it may take, the mode of each, and who it hands over to.
- **Write the opening line.** In Arabic and English, approved by the clinic, with the AI disclosure, the recording notice and the way to reach a person.
- **Write the hand-off table.** Situations, owners and times, with the emergency list written by the clinical lead.
- **Decide where the log lives.** In the UAE, owned by the clinic, kept for as long as the health record.
- **Start in Assist.** Promote nothing until the log shows it is ready.

Then confirm the open points with your regulator, a lawyer or your insurer before go-live.

Questions a clinic should ask, answered plainly

Does an AI receptionist in a UAE clinic have to say it is AI?

Say it, every time. No UAE law we found names AI receptionists. But Dubai's AI Ethics Guidelines say an AI that could pass for a person should first tell people it is AI, and the DHA's AI policy requires every healthcare AI solution to disclose which of its functions are AI. Saying so at the start of every conversation meets both.

Is there a DHA rule on AI chatbots in clinics?

There is no DHA rule written for chatbots or receptionists. The DHA policy Artificial Intelligence in the Healthcare (DHA/HISHD/PP-09, dated 1 July 2021) covers every DHA-licensed facility that uses AI in healthcare services. It requires AI functions to be disclosed, staff supervision, the ability to override, incident reporting to DHA and independent audits.

Can an AI front desk give medical advice or triage patients?

On our reading it should not. Advice and triage are clinical work, and the DHA policy's heavier duties, such as independent validation and the professional's role in the final decision, are written for AI that takes part in care. A front desk that books, answers set questions and hands clinical questions to a clinician keeps judgement with the licensed professional.

What must an AI front desk hand to a person?

Anything clinical; anything that sounds like an emergency (with the caller told to call 998); any caller who asks for a person; complaints and distress; insurance disputes; requests about personal data; unclear identity; and anything the AI is unsure about or fails at. No UAE rule sets the times, so the clinic sets and records its own.

Can a clinic record AI calls with patients?

Tell callers at the start that the call is recorded, together with the AI disclosure, and offer a person to anyone who would rather not be recorded. Recording private conversations without consent can be an offence under UAE law. Keep recordings in the UAE and use them only for health purposes unless the patient consents in writing.

Where must a clinic's AI front desk store patient data?

In the UAE. Article 13 of Federal Law No. 2 of 2019 bars storing, processing or transferring health data about UAE health services outside the UAE unless the health authority or the Minister approves it. That includes the AI model that reads the conversation.

Does the PDPL apply to a clinic's patient data?

Partly. Federal Decree-Law No. 45 of 2021 excludes health data that has its own legislation, which is Federal Law No. 2 of 2019, and excludes entities in DIFC and ADGM, which have their own data-

protection laws. Personal data outside those carve-outs falls under the PDPL, where consent must be clear and withdrawable.

Should an AI front desk in the UAE speak Arabic?

Yes, and with the same rules as in English: the same disclosure, hand-offs and limits. The DHA policy requires healthcare AI to be fair and free of bias. Measure hand-offs and complaints by language, and hand over rather than guess when the AI cannot understand a caller.

What should a clinic log about its AI front desk?

The disclosure given, the conversation, every action taken or prepared and who approved it, every hand-off with its reason and timing, incidents, each version of the role definition, and consent choices. Keep it in the UAE, protected from editing, for as long as the health record.

What does “assist before autonomy” mean?

Every action starts with the AI preparing the work and a person approving it. An action runs on its own only when its record is good and the role owner signs off, and it goes back to Assist after an error or complaint. Anything clinical never leaves Assist. Confirm your own set-up with DHA, DoH or MOHAP, a lawyer or your insurer.

About this paper

This is the eleventh paper in a series on enterprise AI as an operating system rather than a tool, and the second written for healthcare providers. Every paper is readable at xamun.ai/whitepapers.

This paper is Xamun’s own reading of the documents listed below, as of 6 November 2026. It is not issued, reviewed or endorsed by the Dubai Health Authority, the Department of Health – Abu Dhabi, the Ministry of Health and Prevention or any other authority, and it is not legal advice. Where we relied on a law-firm summary rather than the original, the source list says so. Confirm with DHA, DoH or MOHAP as relevant, a lawyer or your insurer before you rely on it.

Sources and references

1. Dubai Health Authority, “Artificial Intelligence in the Healthcare”, Policy DHA/HISHD/PP-09, version 1, dated 1 July 2021 (effective date in the document footer 1 October 2021; revision date 1 July 2026). Read in the original; summarised, not reproduced. www.dha.gov.ae/uploads/082022/Artificial%20Intelligence%20Policy20228457.pdf
2. Bird & Bird, “Dubai: Insights on AI and Data Protection from the DHA Circular”, 18 March 2025. Law-firm summary. www.twobirds.com/en/insights/2025/united-arab-emirates/dubai-insights-on-ai-and-data-protection-from-the-dha-circular
3. Smart Dubai, “AI Ethics Principles & Guidelines”, January 2019, non-binding, Creative Commons Attribution 4.0. Guidelines 1.1.4, 1.2.4, 1.3.2 and 1.3.2.2. www.digitaldubai.ae/docs/default-source/ai-principles-resources/ai-ethics.pdf
4. Department of Health – Abu Dhabi, “Policy on Use of Artificial Intelligence in the Healthcare Sector”, April 2018. Not read in full (doh.gov.ae refused automated requests); summarised from Al Tamimi & Company, “A Healthy

Start to AI Regulation", Law Update, September 2018. www.tamimi.com/law-update-articles/a-healthy-start-to-ai-regulation/

5. Department of Health – Abu Dhabi, "Responsible Artificial Intelligence (AI) Standard", DoH/ST/DDGO/RAI/V1/2025, October 2025. Title, reference, date and scope only; not read in full. www.doh.gov.ae/-/media/B84FF5DD027846699C51F36C439A580F.ashx
6. Federal Law No. 2 of 2019 concerning the Use of Information and Communication Technology in Health Fields, issued 6 February 2019, and its implementing regulation, Cabinet Decision No. 32 of 2020. Articles 2, 4, 13, 16 and 20 as summarised in Latham & Watkins, "New UAE Law Regulates Healthcare Data", Client Alert No. 2514, 19 June 2019. www.lw.com/thoughtLeadership/lw-new-uae-law-regulates-healthcare-data
7. Federal Decree-Law No. 45 of 2021 on the Protection of Personal Data (PDPL), in force 2 January 2022. Scope, sensitive data, consent and automated decisions as summarised in K&L Gates, "New UAE Federal Data Protection Law", 10 February 2022. www.klgates.com/thought-leadership/New-UAE-Federal-Data-Protection-Law-2-10-2022
8. AMSA&LC, "Privacy violations and secret disclosure under the UAE", Chambers and Partners, 7 May 2025. Article 431 of Federal Decree-Law No. 31 of 2021 and Article 44 of Federal Decree-Law No. 34 of 2021, on recording without consent. Law-firm summary. chambers.com/articles/privacy-violations-and-secret-disclosure-under-the-uae
9. UAE Government portal, "Handling emergencies": 998 for an ambulance. u.ae/en/information-and-services/justice-safety-and-the-law/handling-emergencies
10. Xamun, "Xami Workers: meet Sam", and Position Paper No. 10, "Jawda counts what you wrote down, not what you did." (October 2026). www.xamun.ai/xami-workers

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