

Working Safely with Patient Data

AI Essentials for the Busy Clinician · Brian Whittaker · RRM Academy

Orientation

One rule, one skill, one contract question. This is the module that lets your practice use AI without lying awake at night. Safe practice, not legal advice.

Lesson

The rule

Patient information never goes into ChatGPT, Claude, Gemini, or any everyday AI tool. No exceptions.

The moment you press enter, that text is on an outside company's servers under an ordinary consumer contract. Deleting the chat does not un-send it. The rule is absolute on purpose: bright lines survive busy days.

The part worth restating, even to professionals

You know what PHI is. The part that trips people in AI use is that identifiability is judged by combinations, not by the identifier checklist: "a 41-year-old teacher in [small town] with [rare condition] seen Tuesday" identifies a person with no name, date of birth, or record number anywhere in it. Text bound for an AI tool gets held to that standard. When in doubt, it is identifying.

Worth restating: combinations identify. A rare condition plus a small town plus an age singles a patient out with every formal identifier stripped. Judge AI-bound text by that standard, not by the 18-identifier checklist.

The skill: de-identify, then use freely

Nearly everything AI does well works just as well on an anonymous version. Three moves:

1. **Strip** names, dates, places, numbers.
2. **Generalize**: exact age becomes "late 30s," the town disappears.

3. **Reread as a neighbor:** could someone who knows her recognize her here? If maybe, blur more or do not send.

Then use it freely: *"Draft the questions a woman in her late 30s with recurrent early miscarriage will likely ask, with plain-language answers I can adapt."* Everything useful survived. Nobody is findable.

The de-identification skill: strip, generalize, reread as a neighbor. Three moves, and AI's clinical usefulness stays available inside the rule.

The contract question

Real patient data can flow to an AI product under exactly one arrangement: a signed BAA with that vendor, for that product. That is what makes legitimate scribes and EHR AI possible. Three things to remember:

- "HIPAA-compliant" on a website is marketing. A signed BAA in your files is the fact. Ask "where is our signed BAA?" before go-live.
- A BAA covers that product only. Never anyone's personal ChatGPT.
- A BAA covers data, not quality. The scribe's notes still get clinician review, every note.

The BAA question. Before any patient-data AI goes live: "where is our signed BAA for this product?" It covers that product only, and it never replaces clinician review.

The three lanes, on one card

- **Everyday AI:** business writing + de-identified clinical thinking. Never identified patients.
- **BAA-covered products:** identified data, that product's job only, with review.
- **Neither fits?** No AI for that task. "No" is a complete sentence, even at 6pm.

Scenario: try it yourself

Setup. Your manager proposes: everyday AI for business writing, de-identified vignettes for clinical thinking, the new scribe for real patient data "since the vendor says they are HIPAA-compliant."

Model answer. "The three lanes are exactly right. One fix: before the scribe goes live, get the signed BAA into our files, marketing claims are not contracts. And that BAA covers the scribe only, so any future patient-data AI needs its own agreement first."

Terms from this module

Term	What it means, and why you care
The patient data rule	Patient information never goes into ChatGPT, Claude, Gemini, or any everyday AI tool. No exceptions; disclosure happens at send, and deleting the chat undoes nothing.
De-identify for AI: the three moves	Strip identifiers, generalize the details, reread as a neighbor. Combinations identify: judge AI-bound text by that standard, not the identifier checklist.
The BAA question	Before any patient-data AI goes live: "where is our signed BAA for this product?" It covers that product only, and it never replaces clinician review.

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