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1

Artificial Intelligence and Chiropractic Documentation

What Helps, What Hurts, What's Compliant

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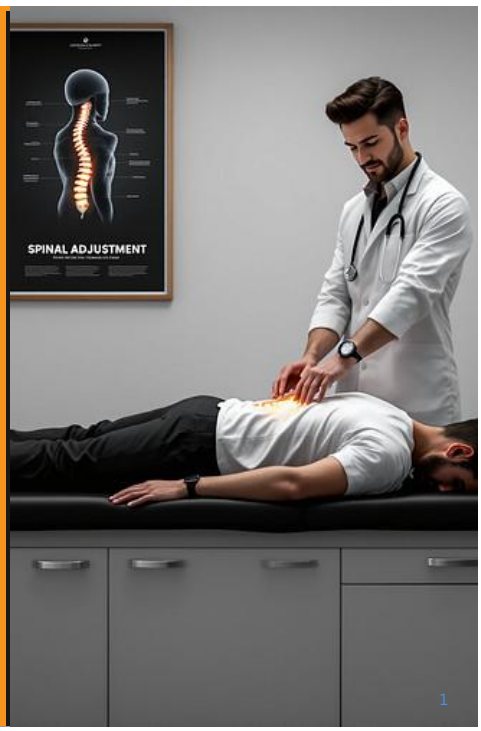

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SHOW OF HANDS

Raise your hand if...

This month
You've used ChatGPT or another AI tool, for anything at all

Your EHR
Has an AI button, or keeps offering you one

Your denials
One came back faster than a human could have read the note

Keep your hand up if you know exactly what happens to the data.

3

Two hours, two sides of the same claim

Hour 1: Your chart
AI basics, and how it fails
Documentation you can sign
Scribes, privacy, and patient data

Hour 2: Their algorithm
How payers use AI
When the denial comes
Your office plan for Monday

Along the way: a few "Would this pass?" moments. Be ready to vote.

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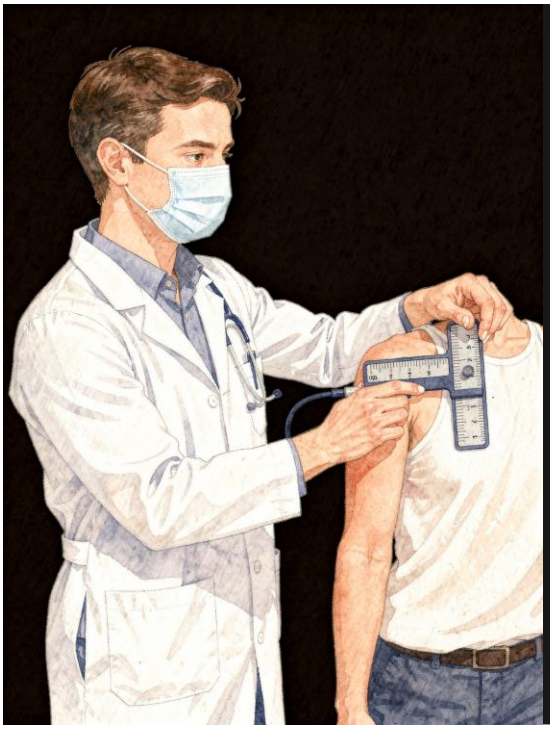

CHAPTER 1

AI Fundamentals

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GOOD PRACTICE

AI Is Already in Your Office

- EHR predictive text and template suggestions
- Dictation and transcription tools
- Claim scrubbers and clearinghouse edits
- Payer analytics and utilization review
- Online forms, scheduling, chat, and patient communication tools

The question is not whether AI is here.
The question is whether your workflow controls it.

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AI in 90 Seconds

Artificial Intelligence
Systems that perform tasks typically requiring human intelligence, such as learning, reasoning, perception, problem-solving, and decision-making.

Machine Learning
A subset of AI where algorithms learn and improve from data without being explicitly programmed for every scenario.

Language Models
Technology that allows computers to understand, interpret, and generate human language, powering tools like virtual assistants.

https://www.ibm.com/think/topics/artificial-intelligence

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It's Not Just More Ovens… It's a Smarter Kitchen

Early AI improved mostly by:
- More ovens
- Bigger ovens

Modern AI improves through:
- smarter recipes
- multiple kitchens
- cooks specializing in different tasks
- systems coordinating together



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Rules Engine vs. LLM

Rules Engine

"If A, then B"

- Defined conditions
- Consistent checks
- Rules can be outdated
- Inputs still need verification

Large Language Model

"Most likely text next"

- Flexible drafting
- Can be confidently wrong
- Requires source checking

Match the tool to the task. Verify the result.

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AI-assisted Documentation

The Promise

Clearer clinical narratives, better goal tracking, fewer missing documentation elements, and improved workflow efficiency.

The Risk

Hallucinations, note cloning, overdocumentation, unsupported coding, and compliance violations that trigger audits.

Bottom line: AI doesn't create compliance—your workflow does.
The technology is neutral; your implementation determines whether it helps or hurts.

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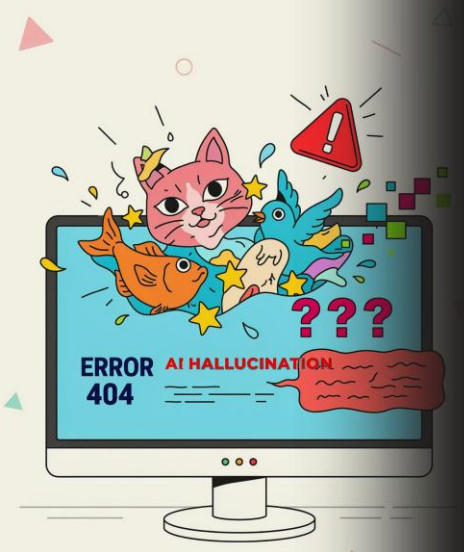

The #1 AI Failure Mode: Hallucinations

- AI may invent facts, measurements, dates, findings, or patient statements
- The output can sound clinically polished and still be false
- Vague prompts and missing source data increase risk
- A fabricated finding can change medical necessity

Treat AI output as a draft, not as evidence.

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WOULD THIS PASS?

Is this the law in Florida?

"Florida now requires a qualified human, not AI, to make every insurance claim denial."

A

Yes. It took effect July 1, 2026

B

It passed the House 108–0, then died in a Senate committee

C

It was never filed

B. HB 527 passed the House 108–0. Its Senate companion, SB 202, died in committee.

Florida Senate bill history: CS/CS/HB 527 and SB 202 (2026 Regular Session)

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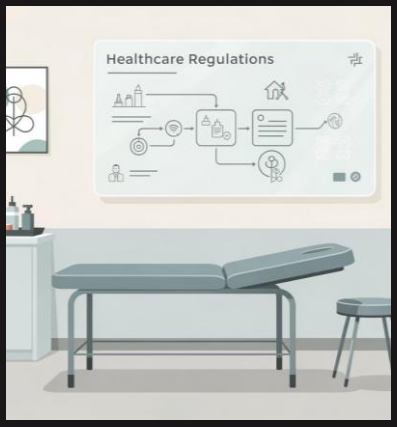
Confident is not the same as correct

- A Florida law firm's website lists it as a 2026 law
- The official bill history says it died in committee
- AI tools learn from websites like that one
- Check the primary source before you repeat it, or bill on it



Florida Senate bill history, HB 527 / SB 202 (2026)

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A provider caught the scribe error

- Healthwatch collected concerns about AI summaries
- One account described an incorrect diagnosis
- The provider identified and challenged the error
- The report does not establish an overall error rate

Healthwatch England, July 16, 2026

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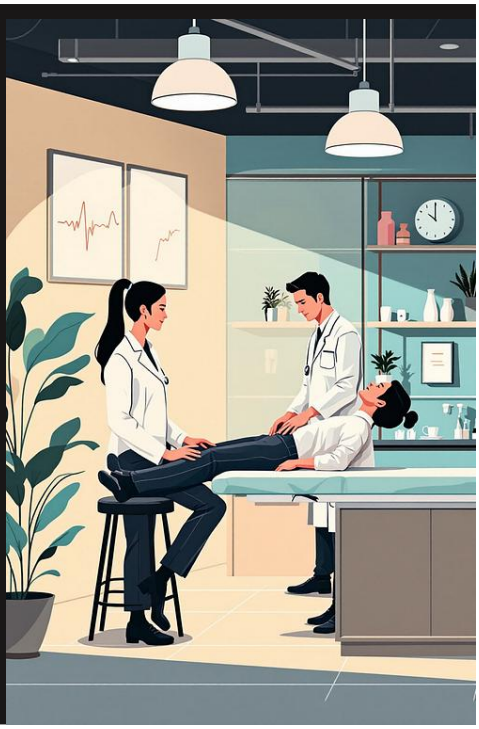
CHAPTER 2

Documentation & Coding Workflows



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Authorship: You Own What You Sign

- AI can assist drafting
- The provider still owns the final record
- The signature represents review and adoption
- Errors become the provider's errors when signed
- Metadata does not replace clinical responsibility

The signer owns the note, even if the computer wrote the first draft.

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Common AI Documentation Failures

- Cloned language that repeats across visits
- Overdocumentation that makes routine care look complex
- Normal findings that were never performed
- Unsupported coding or diagnosis suggestions
- Polished notes that hide weak clinical reasoning

AI can make a bad record look better than it is. That is not the same as making it defensible.

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A record built to survive an audit

- A 2025 federal settlement: $45 million
- Alleged: records and procedure notes created to support what was billed
- Alleged: written to evade scrutiny if an audit came
- AI makes after-the-fact text faster. It doesn't make it legal

Write the note from the encounter, not from the bill.



U.S. DOJ False Claims Act settlement, Nov. 2025 (reported by Physicians Practice, Dec. 18, 2025)

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Cloning:
The Fastest Way to Look Guilty

1

The Problem

Copy-paste documentation suggests you didn't actually re-evaluate the patient or consider clinical changes.

2

The Fix

Use AI to vary language only when clinical facts truly differ. Consistency where appropriate; variation where individualized.



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Patient Visit	Subjective Documentation
Day One	"The patient is troubled by a moderate grade of intermittent dull pain with stiffness and soreness in her head on both sides."
Day Two	"In both sides of her head she is afflicted by a moderate grade of dull pain with stiffness and soreness which occurs intermittently."
Day Three	"The patient is afflicted by an intermittent dull pain with stiffness and soreness of a moderate degree in her head bilaterally."

Patient Visit	Objective Documentation
Day One	"Evidence of subluxation is detected coupled with tender deep paraspinal musculatures located at the middle and lower cervical regions on both sides."
Day Two	"Joint dysfunction is noted coupled with tenderness located in the middle and lower cervical areas on both sides."
Day Three	"The presence of subluxation is apparent, plus tender deep paraspinal musculatures overlying the lower and middle cervical region on both sides."

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WOULD THIS PASS?

Three visits, one note: would it pass?

A

Pass. The patient is stable, so the note is stable

B

Pass, as long as the doctor signed each visit

C

Flag. Same findings, reworded, with no change and no new decision

C. New words aren't new findings. Show what you re-checked and what you decided today.

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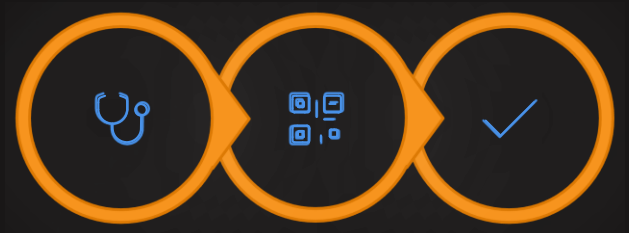
Don't Let AI Overstate the Visit



AI can assist with step 2, but step 1 must always come from your direct patient encounter—not an algorithm's assumptions, and step 3 falls 100% on the clinician.

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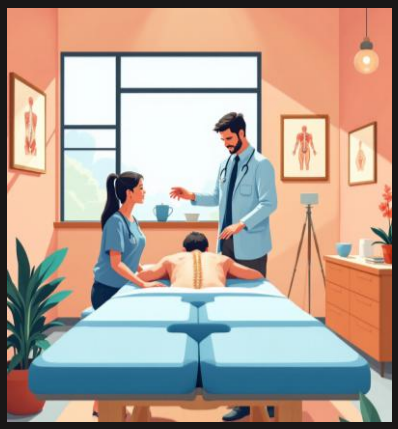
Subjective: preserve the patient's meaning

- Identify the reason for today's visit
- Describe meaningful symptom change
- Name the activity the patient finds limited
- Keep patient report distinct from observation



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Objective: record the assessment performed

Document the tests actually completed

Give meaningful location and laterality

Use comparable measures when appropriate

Verify every carried-forward normal finding

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Assessment: explain the clinical connection

- Connect history and findings to the impression
- Distinguish working diagnosis from certainty
- State the actual purpose of today's care
- Explain response and the next clinical decision



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Goals make the plan testable

Activity meaningful to this patient

Current measurable limitation

Reasonable target improvement

A defined point for reviewing the response

26

Florida records must explain the care

- Support the diagnosis and justify treatment
- Preserve history, findings, assessment, and plan
- Record daily care and indicated reassessments
- Date entries and identify the treating clinician
- Apply retention and preservation requirements

F.A.C. 64B2-17.0065; F.A.C. 64B2-17.006(5)

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WOULD THIS PASS?

The fluent rewrite: would you sign it?

Your shorthand: "Pain same; new foot dragging reported." AI draft: "Improving; neurologic status normal."

A

Sign it. It reads better

B

Fix the wording, then sign

C

Stop. Delete the invented findings and evaluate the foot drag

C. Two invented statements and one new red flag. The fix is clinical, not editorial.

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GOOD PRACTICE

The AI Signature Checklist

- Did I verify all clinical facts?
- Did I remove findings that were not performed?
- Does the assessment reflect my reasoning?
- Does the plan match what I actually recommended?
- Would I defend this note if audited?

Before signing, ask whether the note is accurate, not whether it sounds impressive.

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How chiropractic EHRs are using AI right now

Ambient subjective
Listens during the visit and drafts only the subjective, in the patient's words. You review and edit.

Compliance scan
Reviews the note before you sign and flags gaps that could lead to a denial or an audit.

Episode summary
Pulls a series of visit notes into one progress summary for a re-exam, referral, or records request.

Different tools, same rule: the doctor reviews, edits, and owns the result.

Chiropractic EHR vendor product materials and demonstrations, 2025–2026 (vendors not named)

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Why one vendor stops at the subjective

What it does

Records only after you confirm consent

Captures what the patient says about the complaint

Filters out small talk

No auto-completion or guessing

What it won't do

Diagnose

Assess

Plan care

Write your exam findings

The safest part to automate is what the patient tells you. The exam, assessment, and plan are yours.

Chiropractic EHR vendor documentation, 2026

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WOULD THIS PASS?

Which number goes in your business plan?

You're deciding whether to pay for an ambient AI scribe.

A

Vendor marketing: "60–80% less note-completion time"

B

2026 multisite JAMA study: about 16 minutes saved per 8 patient hours

C

Your own numbers from a 30-day trial

C, using B as a realistic starting point. And count the time you spend correcting drafts.

Rotenstein et al., JAMA (2026); AI scribe vendor marketing (2026)

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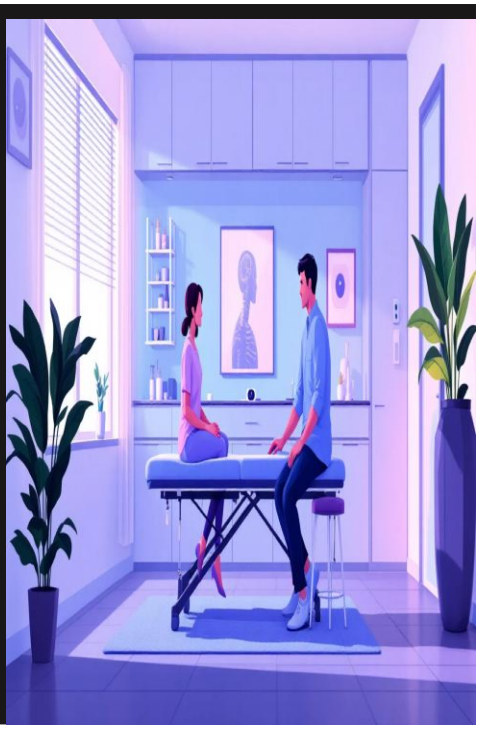
CHAPTER 3

Scribes, Privacy & Patient Data



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TECHNOLOGY SPOTLIGHT

Ambient Listening (AI Scribe)



How It Works
The tool captures or processes conversation and produces a draft.

The Big Benefit
Potentially less typing and more attention to the patient.

The Big Risk
Consent, data handling, and errors in the transcript or summary.

HHS OCR: cloud computing and business-associate safeguards

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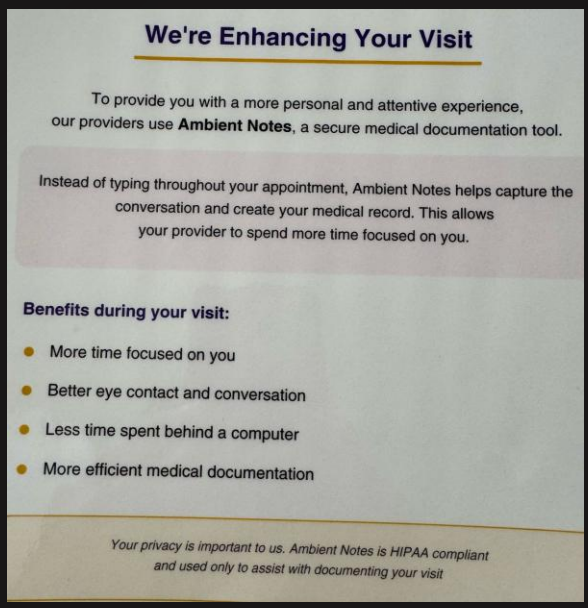

We're Enhancing Your Visit

To provide you with a more personal and attentive experience, our providers use **Ambient Notes**, a secure medical documentation tool.

Instead of typing throughout your appointment, Ambient Notes helps capture the conversation and create your medical record. This allows your provider to spend more time focused on you.

Benefits during your visit:

- More time focused on you
- Better eye contact and conversation
- Less time spent behind a computer
- More efficient medical documentation

Your privacy is important to us. Ambient Notes is HIPAA compliant and used only to assist with documenting your visit

35

Florida: consent before private recording

- Plan for all parties whose conversation is captured
- Explain listening, use, storage, and access
- Document valid prior consent
- Provide an appropriate non-recorded option
- Revisit the process when people or use change

Fla. Stat. §934.03(2)(d)

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AI Vendor Due Diligence

- Will they sign a BAA, and on which plan tier?
- Where does data go between tools?
- Is data used to train models?
- Can data be deleted at termination?
- Are audit logs and access controls available?
- Who reviews output before use?

If the vendor cannot answer basic questions, the practice shouldn't use the tool with PHI.

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GOOD PRACTICE

Data Minimization for AI Inputs

- Default to no raw PHI unless an approved workflow exists
- Use only the information needed for the task
- Prefer structured data over full chart dumps
- Remove identifiers when patient-specific detail is not required
- Do not paste entire records into unapproved tools
- A "HIPAA compliant" badge on a website is not a BAA

The safest PHI is the PHI the tool never receives.

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Patient data now walks in on a wrist

Less FDA oversight
January 2026 guidance lets some wellness wearables estimate blood pressure, oxygen saturation, or HRV without device regulation.

Wellness is not diagnostic
A watch reading can start a conversation. It doesn't replace your exam or a validated measure.

Record what you relied on
Note the device, the reading, the date, and that you reviewed it. Skip the full data dump.

In your chart, it's PHI
Once it's in your record, your HIPAA safeguards apply to it like anything else.

FDA, General Wellness: Policy for Low Risk Devices (Jan. 6, 2026)

39

WOULD THIS PASS?

The smartwatch chart: what goes in the record?

A patient shows a watch graph: HRV down and sleep worse "since the adjustment." She asks you to put it in her chart.

A
Copy the readings into the Objective section

B
Record it as patient-reported data, then do your own exam

C
Refuse to look at it

B. It's useful context from a consumer device. Your objective findings still come from your exam.

Teaching example

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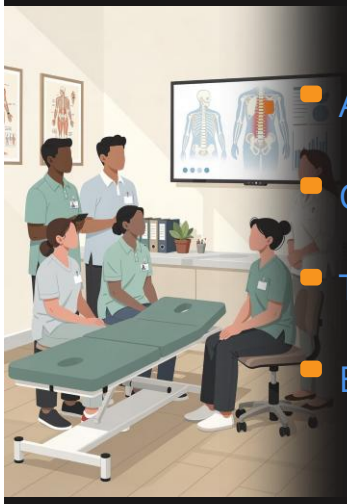
When patients bring AI research



- Ask what they asked and what worried them
- Check sources, context, and any self-directed changes
- Take useful information seriously
- Explain your reasoning and an appropriate next step

NCMIC: How to Handle Patients' AI Research, October 21, 2026

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A response that keeps the relationship

"Show me what stood out to you."

"That may be useful. Let's check the original evidence."

"Here is what fits your situation, and what remains uncertain."

"Here is our next step, and when to contact me."

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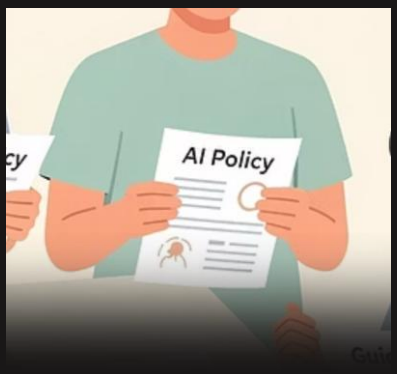
Three things for Monday

1. Sign only what happened
Read every AI draft against the actual visit

2. No PHI in unapproved tools
If there's no BAA and no approval, it gets no patient data

3. Consent before you record
Florida requires every party's prior consent



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CHAPTER 4

Payers and Their Algorithms

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AI on the Payer and Audit Side

Payers can use analytics to identify patterns

Cloned and over-polished records may stand out

Documentation inconsistency becomes easier to detect

AI-generated records do not protect unsupported care

Verbose records are not the same as medical necessity

⚠ If AI helps you write, assume technology also helps reviewers analyze patterns in the writing.

45

How Payers use Artificial Intelligence

- 84% of health insurers use AI or ML
  - 56% for utilization management
  - 44% for claims adjudication
- Prior authorization automation
- Claims Adjudication and Coding Audits.
- Fraud, Waste, and Abuse (FWA) Detection

https://www.healthaffairs.org/doi/10.1377/hlthaff.2025.00897

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The Challenges for Clinicians

- Lack of Individualized Clinical Review
- High-Volume Batch Denials
- Opaque "Black Box" Criteria
- Algorithmic Bias



https://www.ama-assn.org/practice-management/prior-authorization/how-ai-leading-more-prior-authorization-denials

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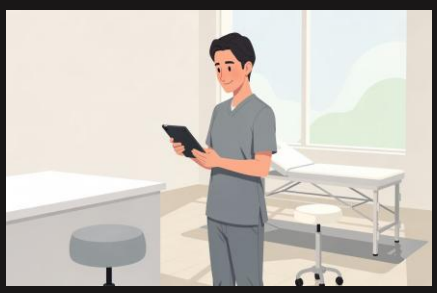
Evolving Guardrails



- Federal Medicare Rules
- State-Level Bans on AI-Only Denials
- Federal Legislative Proposals
- Provider Non-Discrimination Rules

https://www.medicarerights.org/medicare-watch/2026/05/07/the-use-and-regulation-of-ai-in-claims-review

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Prior-authorization transparency in 2026

- Impacted payers must give specific non-drug denial reasons
- Applicable standard decisions: 7 calendar days
- Applicable urgent decisions: 72 hours
- The timing provisions have program exceptions
- These are not universal claim-payment deadlines

CMS-0057-F; CMS operational FAQs

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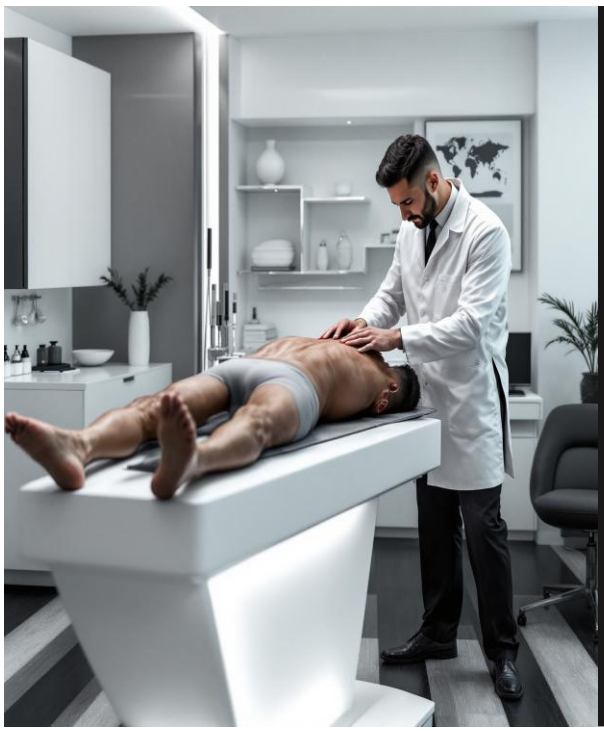

CHAPTER 5

When the Denial Comes

50

What kind of decision is this?

01 Rejection: address the submission problem

02 Coding or payment edit: test the billed facts

03 Authorization: address pre-service requirements

04 Medical necessity: supply clinical evidence

05 Recoupment: preserve the dispute and record trail

51

WOULD THIS PASS?

Case A: what do you do first?

The claim is rejected at the clearinghouse: the subscriber ID doesn't match. The note is excellent.

A

File an appeal with the SOAP notes attached

B

Verify eligibility and the member ID, correct it, resubmit, and confirm acceptance

C

Ask the patient to call their insurance company

B. A rejection never reached adjudication. There's nothing to appeal yet. Fix the data.

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An appeal example worth remembering

- OIG report published June 2026
- Study: June 2024 skilled-nursing admission requests
- 18% of denials were appealed
- 95% of appealed denials were overturned
- These are not chiropractic or AI-causation statistics



HHS OIG OEI-09-24-00331 (June 2026)

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An appeal built for a real reader

- Identify the decision and requested remedy
- Quote the actual disputed criterion
- Answer it with dated chart evidence
- Explain relevant individual circumstances
- Verify attachments, citations, and receipt

DOL/EBSA: health-benefit claims; CMS: MA enrollee reconsideration

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Case B: continued care is denied

- Fictional policy: progress plus frequency rationale
- Sitting tolerance: 15 minutes to 35 minutes
- Patient's target: 60 minutes for work
- Request: 4 visits over the next 2 weeks
- The chart does not explain that frequency



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Case B: map the support and the gap

Issue	Supplied evidence	What it establishes
Progress	Sitting: 15 to 35 minutes	Measured improvement
Remaining goal	60 minutes for work	Ongoing functional target
Requested frequency	4 visits over 2 weeks	Rationale not established

Fictional case. The table organizes evidence; it does not determine coverage.

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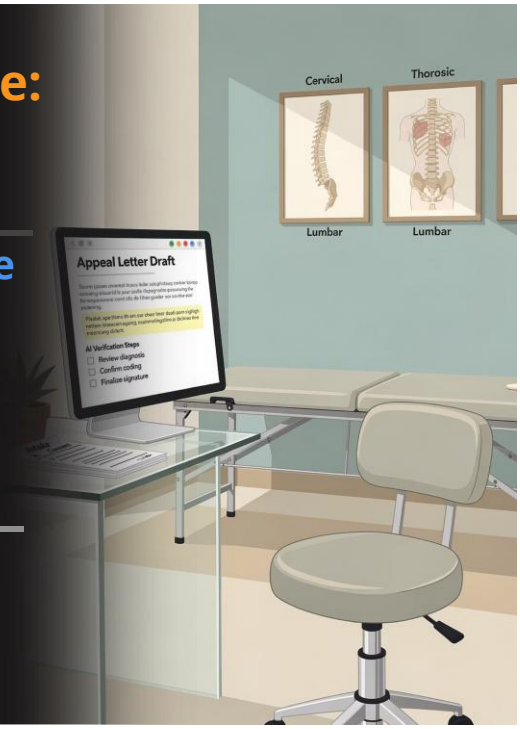
Appeals and Correspondence: AI Can Help With Guardrails

Draft the Appeal
Organize the actual policy, dated record facts, and requested remedy.

Limit the Source
Use supplied facts only. Cite their location. Flag missing support.

Final Review
Verify reasoning, sources, route, deadline, authority, and receipt.

Florida DFS and plan-specific appeal procedures



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Deadlines and escalation depend on the plan

- Identify the benefit appeal or provider-dispute process
- MA enrollee reconsideration: generally 65 calendar days
- ERISA health-benefit claimant appeal: at least 180 days
- Provider payment disputes can follow different rules
- A complaint does not automatically pause an appeal

CMS: MA reconsideration; DOL/EBSA: benefit appeals; Florida DFS

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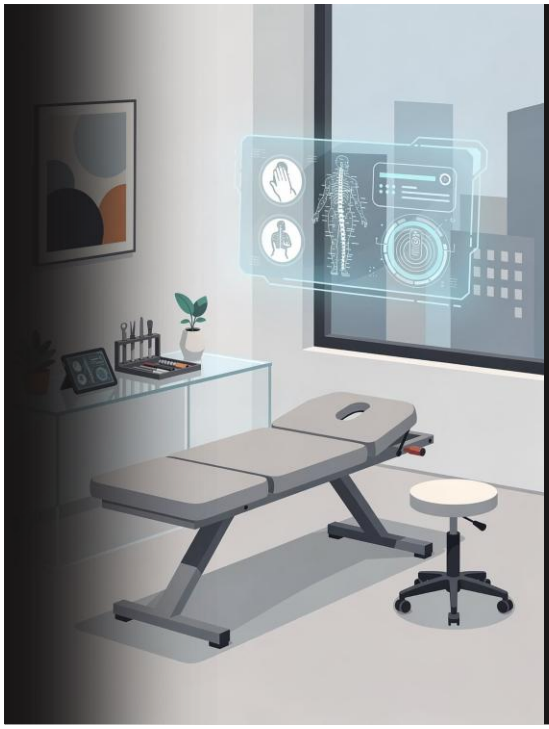

CHAPTER 6

Your Office Plan

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NCMIC case: AI pointed to the wrong first call

- ND patient developed vomiting and slurred speech
- AI advised contacting the malpractice carrier first
- NCMIC directed the doctor to call 911
- Emergency evaluation took priority over liability questions

NCMIC ND Insights case study, published October 21, 2026

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If something goes wrong

- Address immediate patient safety and contain unsafe use
- Alert the designated privacy, security, and clinical owners
- Preserve records, logs, prompts, and relevant settings
- Contact qualified response help and applicable insurers promptly
- Assess correction, notification, and follow-up duties

HHS incident / breach guidance; NCMIC Claims Services

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Agents need limited permissions

- Approve the task and the systems it may access
- Prefer read or draft access before send or change access
- Require approval for consequential actions
- Keep logs and a quick way to revoke access
- Treat outside content as potentially untrusted



NIST agent identity and authorization design tenets, October 27, 2026

62

AI wrote your marketing. You still own it

Florida says
False, deceptive, or misleading advertising is grounds for discipline

The FTC says
No fake or AI-generated reviews or testimonials. Civil penalties apply

Watch the promises
"Cures," "guaranteed," "in 3 visits": every claim needs real support

A human reviews it all
Website copy, social posts, review replies. And no PHI in a review reply

Fla. Stat. §460.413(1)(d); F.A.C. 64B2-15.001; FTC Rule on Consumer Reviews and Testimonials, 16 CFR Part 465 (eff. Oct. 21, 2024)

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WOULD THIS PASS?

Your AI-written website: would it pass?

AI drafted your new homepage: "Relieves migraines in 3 visits, guaranteed!" It also wrote five glowing "patient" testimonials.

A
Publish it. Everybody's website says that

B
Publish the copy, but delete the testimonials

C
Rewrite what you can't support. Use only real reviews, with written permission

C. The guarantee is misleading advertising, and AI-written testimonials break the FTC rule.

Teaching example

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Safe lane or danger lane?

Safer uses

- Rewrite generic patient education
- Create policy drafts without PHI
- Summarize non-patient regulatory guidance
- Check note completeness after human entry
- Draft staff training scenarios

Higher-risk uses

- Clinical diagnosis or treatment selection
- Raw PHI in unapproved tools
- Unreviewed AI-generated SOAP notes
- Coding without clinical verification
- Automated patient communication without review

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GOOD PRACTICE

A Simple AI Policy for the Office

01
List approved AI tools and approved purposes

02
Prohibit PHI in unapproved tools

03
Require human review before chart entry or claim use

04
Define who approves new vendors

05
Document patient recording process for ambient tools

06
Audit usage periodically

The policy should be simple enough that staff can actually follow it.

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A measured 30-day pilot

01 Week 1: choose one task and approve the workflow

02 Week 2: train a small pilot group

03 Weeks 3–4: measure time, errors, and corrections

04 Revise or stop before expanding

05 Recheck the result after the change

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What to do Monday morning

01 List every AI feature in your office: EHR, scribe, scrubber, chatbot, website

02 Ban PHI in any tool without a BAA and approval, starting today

03 Read five signed AI-assisted notes against what really happened

04 Get written answers from each vendor: storage, training use, deletion

05 Write your ambient-recording consent script (every party, before recording)

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Irony Break: Yes, I Used AI to Help Build This Course

I Used AI For:

Organizing outlines, exploring wording options, and structuring complex regulatory topics digestible sections.

I Did NOT Use AI For:

Clinical claims, coding rules, or regulatory "facts" without independent independent verification against primary sources.



The same rule applies to you: Draft fast with AI assistance, verify hard using your clinical judgment and knowledge. without accuracy creates liability, not efficiency.

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Sources

Florida
F.A.C. 64B2-17.0065; 64B2-17.006
Fla. Stat. §934.03(2)(d)
Fla. Stat. §460.413(1)(d); F.A.C. 64B2-15.001
Florida Senate: CS/CS/HB 527; SB 202 (2026)

Privacy, scribes, devices
HHS OCR: covered entities, business associates, cloud computing
Rotenstein et al., JAMA (2026)
Healthwatch England (July 2026)
FDA General Wellness guidance (Jan. 6, 2026)

Payers and appeals
Health Affairs (2025): insurer use of AI
CMS MA coverage FAQ (Feb. 6, 2024); 42 CFR 422.566(d)
CMS-0057-F
HHS OIG OEI-09-24-00331 (June 2026)
DOL/EBSA: health benefit claims

Enforcement and risk
DOJ False Claims Act settlement (Nov. 2025)
FTC Rule on Consumer Reviews and Testimonials, 16 CFR Part 465 (2024)
NCMIC case study (Oct. 21, 2026)
NIST AI agent guidance (Oct. 27, 2026)

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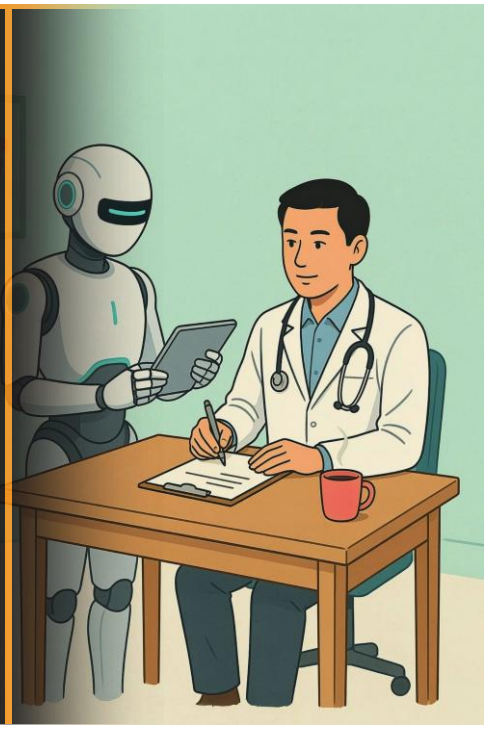
Artificial Intelligence and Chiropractic Documentation

What Helps, What Hurts, What's Compliant



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