QUICK-REFERENCE DESK CARD

HIPAA-SAFE AI INTAKE WORKFLOW

A Practical Privacy & Prompting Guide for Behavioral Health Clinicians

1. HIPAA SAFE HARBOR 18-IDENTIFIER SANITIZATION MATRIX

Identifier Category	What to Remove	Replacement
Names & Relationships	Client, spouse, child, or provider names and initials	[Client], [Spouse], [Child], [PCP]
Geographic Markers	Street address, apartment, city, county, full ZIP code	Remove street/city; broad region only
Dates (Except Year)	DOB, intake, admission, discharge, or trauma dates	Age in years and relative duration
Contact & Digital IDs	Phone, fax, email, IP address, URLs, social handles	Delete entirely; note access only
Gov & Record IDs	SSN, MRN, Medicaid/ insurance ID, account numbers	Delete entirely; never paste IDs
Licenses & Devices	Driver's license, plates, vehicle or device serials	Delete serials; functional note only
Employers & Events	Specific company, school, shelter, or rare events	Generalize role (e.g., "retail shift")

2. HIPAA SAFE HARBOR 18-IDENTIFIER SANITIZATION MATRIX

2. THE UNIVERSAL AI PROMPT

Act as a licensed behavioral health clinician drafting a formal biopsychosocial assessment from de-identified intake shorthand. Organize the facts below into five sections: (1) Presenting Problem and History, (2) Biological Factors (medical conditions, medications, sleep, appetite, substance use), (3) Psychological Factors (mental status observations, mood, trauma history, coping mechanisms), (4) Social Factors (housing, employment, family dynamics, legal or financial stressors), and (5) Clinical Risk and Strengths. Use objective, third-person clinical phrasing and distinguish client self-report ('Client reports...') from clinician observation ('Client presented with...'). Refer to the individual strictly as [Client]. Do not infer unstated symptoms, fabricate clinical details, or assign a DSM-5-TR diagnosis. At the end, list any standard biopsychosocial domains missing from the shorthand so I can address them manually: [Paste Sanitized Shorthand Here]

⚠️ Legal & Compliance Caution

Standard consumer versions of ChatGPT, Claude, Gemini, and Microsoft Copilot do not include a signed Business Associate Agreement (BAA). Toggling off chat history does not make a consumer AI tool HIPAA compliant. Never enter unredacted Protected Health Information (PHI) into any AI platform lacking an executed BAA.

💡 Clinical Efficiency Pro-Tip

Keep a saved text snippet or digital form template with your standard de-identification placeholders ([Client], [Spouse], [PCP]) so you take session notes in HIPAA-safe shorthand from the first minute of the interview.

3. BEFORE-AND-AFTER CLINICAL SANITIZATION BENCHMARK

Unsafe Raw Shorthand (Contains 9 PHI Markers - Do Not Prompt)	Safe Harbor De-Identified Input (Zero PHI - Ready for Any AI)
"Marcus Vance, DOB 04/12/1988, lives at 412 Oak St, Springfield, IL 62701. Referred by Dr. Patel after ED visit at Mercy General on 10/03/2026 for acute panic attack. Lost warehouse job at Apex Logistics two weeks ago. Drinks 4 beers nightly to fall asleep. Denies SI/HI. Wife Elena supportive; sister lives in Chicago."	"[Client], age 38, referred by [Primary Care Provider] following an emergency department visit three weeks ago for acute panic symptoms. Recently laid off from full-time warehouse employment two weeks ago. Reports consuming four beers nightly for sleep onset. Denies current suicidal or homicidal ideation. Reports supportive relationship with [Spouse] and extended family support out of state."

4. DEFENSIBLE CLINICAL PHRASING STARTERS (FOR CLINICIAN REFINEMENT)

Clinical Documentation Goal	Defensible Verbatim Phrasing Starter
Separating Self-Report from Observation	"Client reports experiencing daily panic episodes over the past three weeks; during the intake interview, client maintained steady eye contact, exhibited calm psychomotor activity, and spoke at a regular rate and rhythm."
Documenting Substance Use Objectively	"Client self-reports consuming four 12-ounce beers nightly over the past 14 days to initiate sleep, denying morning withdrawal tremors or prior detoxification episodes."
Establishing Medical Necessity	"Functional impairment is evidenced by recent job loss, sleep disruption averaging four hours per night, and avoidance of public transit, warranting weekly outpatient individual therapy."
Documenting Risk & Protective Factors	"Client denies active or passive suicidal ideation, intent, or plan; protective factors include stable housing, engagement with [Spouse], and willingness to attend weekly sessions."

5. HUMAN-IN-THE-LOOP PRE-SIGNATURE QUALITY & COMPLIANCE AUDIT

Audit Checkpoint	Verification Standard	Required Clinician Action
1. Zero Hallucination Check	Every medication dosage, symptom duration, medical condition, and trauma date matches raw session notes	Delete any AI-interpolated adjectives, timelines, or clinical assumptions not stated in your intake shorthand
2. Risk Statement Precision	Suicidal ideation, homicidal ideation, self-harm, and mandatory reporting disclosures reflect exact client statements	Manually verify all safety language and document specific protective factors and safety plan steps
3. Original Clinical Formulation	Diagnostic impression, clinical summary, and medical necessity justification reflect licensed clinical judgment	Author the final diagnostic formulation and treatment recommendations yourself rather than relying on AI prose
4. Re-Identification in EHR Only	Real client name, DOB, and contact details are restored exclusively inside your BAA-protected clinical platform	Confirm that temporary AI chat sessions are cleared and the finalized note is stored in the client's encrypted chart