PROMPT WORKS STUDIO

Chaos to calm, built to be yours.

Bellbird Street Family Practice

Workflow Audit

Prepared for Dr Tessa Varga, Principal

Chad Maxwell · Prompt Works Studio · Toowoomba

October 2026

> **A made-up example.** Bellbird Street Family Practice and its people aren't real. The software, prices, rules and pay rates in it are, as read on the dates shown.

PROMPT WORKS STUDIO

About me and this Audit

Who I am. I'm Chad, and I help small businesses work out where AI fits. I run my own business on Claude, so I've learned firsthand what it does well and where it needs someone checking.

What this Audit is for. To show you, job by job, what AI can take off your plate, what it can do with a person checking, and what should stay with your people. It's information for you to decide with.

How I work.

- You deal with me, start to finish.
- Privacy's part of every job. Patient details only go into tools you've approved.
- A person in your business checks everything AI does before it goes out.
- I'll tell you when the answer is not yet, or not AI at all.
- I'll show you the options I find, including ones that aren't mine. You choose.
- I only take on a Build that pays for itself within 12 months, counted job by job, with your time costed at the award minimum so the saving isn't overstated.
- When I report on the AI tools your people use, I name the tools and the jobs. I don't say who uses what.
- The report is yours. Take it to anyone you like.
- It's drafted with AI, and checked and signed off by me.

Summary

What I did. A full day at the practice on Tuesday 27 October. I sat with you and Karen (practice manager), spent time at the front desk with Jo, Mel and Hannah, and 20 minutes each with Leah (practice nurse) and your two GPs. I looked at five jobs: four admin jobs, and the GPs' own review of results and letters.

Your patients' details and who checks. Patient details only go into tools the practice has approved under its AI use policy (section 9), and your privacy policy tells patients about each one. Claude, which runs overseas, reads a patient's details only once that patient has said yes. Every piece of AI work is checked by a named person before it's filed or sent. AI makes no clinical decision.

What I found.

- **About 21.5 hours a week go on the jobs I looked at, plus about 10 hours once for job 4.** Jobs 1 to 3, mostly at the front desk, take 14 hours a week.
- **Patient details are going into two tools nobody approved.** A free AI scribe is in use in one consult room, with consent asked out loud but not noted in the record, and some email replies are drafted in free ChatGPT.
- **The privacy policy doesn't mention AI or scribes.** The RACGP says it needs to.
- **Clinical work stays with your GPs.** Reviewing results and letters, and deciding what happens next, stays human in every option here.
- **Your mail and accounts have 4 gaps** (the page before section 10). One mailbox forwards to a personal address, and that's one to stop now.

Fix now (section 7). Stop patient details going into free ChatGPT. Pick one approved scribe, check where it keeps data, and note consent in the record each time. Update the privacy policy. Put a written AI use policy in place.

Your options, without me (section 8). Best of each job: about **$233 to start and $109 a month**, giving back **3.25 to 5.25 hours a week** and saving **$301 to $553 a month** after costs. The biggest single win is job 1: HotDoc, which you already use, sells an AI tool that reads incoming letters and suggests where to file them in Best Practice. Its $99 a month is the lowest published tier, so ask HotDoc what your volume costs.

With me (section 10). What I'd take on now is Set-up and Onboarding ($2,500: your Claude account set up properly, with an AI use policy and a patient consent step) and a Build for job 2, the practice email ($3,400: the job built in your Claude account and handed over working). With HotDoc's tool for job 1, that's **$5,987 to start and $187 a month**, giving back **4.5 to 6.5 hours a week** and saving **$380 to $632 a month**, paying back in **9.5 to 15.7 months** with Set-up counted in. Job 2 on its own pays back in 9.4 to 14.3 months. Job 3 doesn't pay back within 12 months yet, so I'd hold it.

1. The firm today

People	8: Tessa (principal GP and owner), Raj and Ellen (GPs, contractors), Karen (practice manager), Leah (practice nurse), Jo, Mel and Hannah (reception)
Patients	About 4,500 seen in the last two years, mostly Toowoomba families and older patients
Software	Best Practice (Bp Premier) for clinical notes, results and billing. HotDoc for online bookings, reminders and recalls. Medical-Objects secure messaging for results and referrals. Microsoft 365 Business Standard for the practice email, with two Microsoft 365 Copilot Business licences. Faxes arrive as emailed PDFs
Busy season	April to June, with flu vaccinations. Email and results both rise

Tessa's goal for the Audit, in her words: "Get the front desk out from under the paperwork without putting our patients' privacy at risk."

2. AI already in use

You agreed I could talk to each staff member on their own. As agreed, this section names tools and jobs. It doesn't say who uses what.

Tool	Paid for by the practice?	Used for	Patient details going in?
Heidi, an AI scribe, free plan, in one consult room	No	Drafting consult notes, copied into Best Practice	Yes: the whole consult. Consent is asked out loud and not noted in the record
ChatGPT, free version, on a practice PC	No	Drafting replies to the practice email	Sometimes: names and what the patient asked about
Copilot in Outlook and Word, from two Microsoft 365 Copilot Business licences	Yes	Hardly used	No
Lyrebird Scribe, built into Best Practice	A free tier comes with a Best Practice subscription (Lyrebird says to check eligibility)	Not switched on	No

Nobody was doing anything they thought was wrong. The free tools were just the easiest thing to hand. But nobody has checked where the free scribe keeps recordings and notes, and free ChatGPT isn't set up for patient information.

The AI built into Best Practice, HotDoc and Microsoft 365 counts too. The National AI Centre suggests listing it alongside anything you add yourself (see section 3).

3. What the guidance says, and what I saw

This section sets out what the regulators and professional bodies have published, next to what I saw on the day. **It isn't legal or clinical advice.** For what it means for your practice, talk to your adviser or your medical defence organisation.

Guidance	What it asks for, in short	What I saw
Ahpra, Meeting your professional obligations when using AI in healthcare (page reviewed 22 August 2024)	The practitioner stays responsible and checks every AI scribe note. Tell patients you use AI. Get informed consent and ideally note it in the record. Know where the tool keeps data. Check your indemnity covers it. Its case study warns against putting patient details into a general tool like ChatGPT.	Consent not noted. Patient details in free ChatGPT. Indemnity not checked.
RACGP, AI scribes fact sheet (last updated October 2025)	GPs must get consent before using a scribe, and some defence organisations say in writing. Check whether data goes overseas, and avoid a vendor that can't say. Update the privacy policy to tell patients. Check any MBS item numbers a scribe suggests.	Data location not checked. Privacy policy silent on scribes.
RACGP, Conversational AI (last updated September 2025)	GPs "should never enter sensitive or identifying data into a conversational AI tool". Say in the privacy policy how AI is used.	Identifying details in free ChatGPT.
TGA, Digital scribes (last updated 16 October 2026)	A scribe that only records, transcribes and drafts for the practitioner to check isn't a medical device. One that suggests diagnoses or treatments is likely to be, and then must be on the Australian Register of Therapeutic Goods unless it's exempt. Practitioners get consent and check the record. Ahpra's 2024 page says scribes usually aren't regulated by the TGA. The TGA's own page, updated since, draws the line by what the scribe does.	Not checked for the scribe in use.
OAIC, Guide to health privacy (collated May 2025)	Health information is sensitive information. Collect it with consent. Use it for another purpose only with consent, or where the patient would reasonably expect it and it's directly related. Before it goes overseas, take reasonable steps, and you stay accountable. Every practice is covered, whatever its size.	The privacy policy doesn't say whether information goes overseas.

Guidance	What it asks for, in short	What I saw
OAIC, Guidance on privacy and commercially available AI products (21 October 2024, updated 17 January 2025)	Check a product before you choose it. Best practice is to keep personal and especially sensitive information out of public AI tools. Update your privacy policy to cover AI.	Not done.
Australian Commission on Safety and Quality in Health Care, AI Clinical Use Guide and Ambient scribe scenario (version 1.0, August 2025)	The clinician is accountable for AI outputs that inform a clinical decision or the record. Consent is documented. For a scribe, data is stored and processed in Australia unless the patient has explicitly agreed to it going offshore.	Not known for the scribe in use.
RACGP, Standards for general practices, 5th edition (GP2.2 and C6.3), and the 6th edition (F11, Artificial intelligence)	5th edition, used for accreditation now: results, reports and correspondence the practice receives are reviewed, noted, acted on where needed, and put in the record. Patients with clinically significant results are recalled. Patients are told how the practice manages their information. The 6th edition adds criteria for practices that use AI: informed consent, privacy, clinical oversight, governance, and checking a tool's TGA status. Practices move to it after a transition the Commission will announce.	The results routine works, but outstanding requests are chased from memory. Nothing in place yet for the AI criteria.
OAIC, APP Guidelines chapter 1, version 2.0 (updated 30 September 2026)	From 10 December 2026, if a computer program makes, or does something closely tied to, a decision that could significantly affect a person, the privacy policy has to say so. A person reviewing the output doesn't on its own take it out of the rule.	Nothing in this report decides anything about a patient. Worth knowing before any option that would, such as triage.
National AI Centre, Guidance for AI adoption: foundations, first published October 2025 (current version 5 May 2026)	Someone accountable for AI. A policy. A register of the AI you use, including AI built into other software. Human control matched to the stakes.	No one named. No register.

The good news: none of this is hard to put right. Section 7 lists what to do.

4. The jobs and hours now

Hours are a typical week outside flu season. Tessa checked and signed off these figures on the day.

Job	Hours a week	Who does it	How I timed it
1. Filing letters (about 120 a week)	5	Jo, Hannah	Timed on the day: Jo filed 20 while I kept time, without me reading them
2. Practice email (about 150 a week)	5	Mel, Karen	Email count from Outlook, time your estimate
3. Keeping track of results	4	Leah, Jo	Your estimate, checked against Karen's count from Best Practice
4. Privacy policy and consent forms	10, once	Karen, Tessa	Your estimate
5. Reviewing results and letters	7.5	The GPs	Your estimate
Total a week	**21.5**		

Signed: Dr Tessa Varga, 27 October 2026

5. The map

Each step of each job goes one of three ways:

- **Hand to AI:** AI does it or drafts it. A person reads it before it goes anywhere.
- **Hand over with a check:** AI does the work, and a named person checks it against the source every time. The checking time is shown, and it's already taken off the hours back in section 8.
- **Keep human:** a person does it. AI doesn't touch it.

Job and step	Where it goes	Why
1. Filing: reading each faxed, emailed or scanned letter and suggesting the patient, the doctor and the category	Hand over with a check, about 45 minutes a week	Reception checks every field before anything's imported. The GP still reviews every letter (RACGP Standards).
1. Filing: deciding the match when the name or date of birth doesn't fit	**Keep human**	A wrong match puts one patient's letter in another's record.
1. Filing: the GP reading the letter and acting on it	**Keep human**	See section 6.
2. Email: setting aside anything from or about a patient who hasn't said yes to AI (including mail from hospitals and other services), and anything that might be clinical	**Keep human**	Consent first (Ahpra, OAIC).
2. Email: sorting the rest into fees, forms, hours, appointments and other	Hand over with a check, about 30 minutes a week	Mel checks the sort.
2. Email: drafting replies to routine questions from your approved answers	Hand to AI	Mel reads every reply before it goes.
2. Email: requests for a copy of a patient's records	**Keep human**	Karen handles these, as now.

Job and step	Where it goes	Why
3. Results: listing overdue requests and patients not yet contacted, from Best Practice's own lists	Hand over with a check, about 30 minutes a week	Leah checks the list against Best Practice.
3. Results: drafting the follow-up to the lab or the patient	Hand to AI	Reception reads each one before it goes. Nothing clinical in it.
3. Results: reviewing a result and deciding what happens next	**Keep human**	See section 6.
4. Privacy: first draft of the privacy policy and consent wording	Hand to AI	Tessa signs off (RACGP, OAIC).
4. Privacy: checking where a scribe keeps data, and its TGA status	**Keep human**	Karen reads the vendor's terms and the register (TGA, RACGP).
4. Privacy: asking each patient for consent	**Keep human**	See section 6.
5. Review: every result and letter	**Keep human**	See section 6.

6. What stays human, and why

- **Reviewing results and letters, and deciding what happens next.** The practitioner stays responsible for the care (Ahpra), and the Standards ask that every result and letter is reviewed, and acted on where needed (RACGP GP2.2).
- **Anything clinical in a reply to a patient.** What a result means, or whether to come in. A GP decides. Leah may pass on the GP's advice.
- **Asking for consent.** A person explains and takes the patient's yes, and ideally notes it in the record (Ahpra, TGA).
- **MBS item numbers.** If a scribe suggests one, the GP checks it (RACGP).
- **Matching a letter when the details don't fit.** A person decides, every time.
- **Requests for a patient's records.** Karen handles them, as now.

These stay human for good. Reception's set-aside step in job 2 could change once most patients have said yes to AI on the new form. I'd look at that again at your 12-month review.

7. Fix now

These are risks, so they don't wait for a choice between options. Each comes from the guidance in section 3. None of them needs anything from me.

What to do	Why	Guidance
Stop patient details going into free ChatGPT	It isn't set up for patient information, and you don't know where it keeps it	Ahpra, RACGP, OAIC
Pick one approved scribe. Check where it keeps data, and that it only drafts notes (so it isn't a medical device). Note each patient's consent in the record	One is in use with no check and no record of consent	Ahpra, RACGP, TGA, ACSQHC
Update your privacy policy and consent forms for AI and scribes, and say whether information goes overseas	Neither mentions AI. This is job 4 (section 8 has the options)	RACGP, OAIC
Put a written AI use policy in place. Write your own from section 3, or use any provider's	You don't have one, and it's the base for everything else	National AI Centre

What to do	Why	Guidance
Ask your defence organisation whether your AI use is covered	Not checked	Ahpra
Name who's accountable for AI, and keep a list of the AI you use	No one's named and there's no list	National AI Centre, RACGP 6th edition

8. Your options

For each of jobs 1 to 4 I've set out the options I found that don't involve me. Job 5 stays human (section 6), so it has none. What I'd do is in section 10, kept apart so you can weigh these on their own.

How I worked out the figures. I didn't ask what anyone's paid. I cost the time at the award minimum for the role. Your receptionists are under the Health Professionals and Support Services Award 2020, and the award names "Receptionist" at Support Services Level 3: $29.11 an hour at the minimum rate. Karen's award rate is higher, Leah is under the Nurses Award 2020 at a higher rate, and your GPs are the owner and contractors, so they're not on an award. I've costed every job at $29.11, the lowest award rate in your practice. These are the least the time is worth. If your receptionists' duties put them higher (the award puts admin staff who need "a comprehensive knowledge of medical terminology and/or a working knowledge of health insurance schemes" at Level 5), every figure here improves.

Check any figure yourself, or any quote you get. Months to pay back = cost to start ÷ (hours back a week × $29.11 × 4.33 weeks, less any cost a month).

Hours back are my estimates from what I saw, after checking time is taken off. "Hours still spent" is what the job still takes each week with that option in place.

These are the options I found. There may be others. I looked at what Best Practice, HotDoc and Microsoft 365 already do, the makers' own price pages, and products built for Australian general practice. Prices are from each maker's own page on 31 October 2026.

Job 1. Filing letters and referrals that come in (5 hours a week)

The job now. Results and some letters come by secure messaging and Best Practice files them to the right patient and doctor on its own. Anything it can't match lands on its Incoming reports screen, which reception checks for "lost" results. The rest, about 120 a week, comes as faxes in the email, emailed PDFs from specialists and hospitals, and paper that gets scanned. For each one, the front desk opens it, finds the patient by name and date of birth, checks which doctor it's for, and imports it into Best Practice for that doctor to read. About 2.5 minutes each. The GP then reviews it, notes it and acts on it (job 5).

	Fix without AI: fewer faxes and set times	HotDoc Document Assistant	Lyrebird Document Sorter
What it does	Ask your regular specialists and hospitals to send by secure messaging, and file in two set batches a day	An AI tool from HotDoc, which you already use, working in the HotDoc Sidebar. Reads each uploaded letter, pre-fills patient, date of birth, doctor, sender, category and date, matches the patient, and imports it into Best Practice	Reads letters forwarded by email, dropped in a folder or uploaded, matches them to the patient and doctor in Best Practice with a confidence score, and files in one click
What's left for your staff	Everything, for what still comes by fax or email	Uploading the documents, checking every field, and fixing any wrong match	Forwarding or dropping the files, checking every field, and fixing any wrong match

	Fix without AI: fewer faxes and set times	HotDoc Document Assistant	Lyrebird Document Sorter
Setting it up (my estimate)	About 4 hours: letters to senders and a filing routine	About 3 hours: trial, staff training	About 3 hours: email forwarding, folder, training
Where patient details are kept	Best Practice, as now	Processed in Australia, encrypted, and deleted from HotDoc within 72 hours. Not used to train AI	Lyrebird says all patient data is processed and stored in Australia and not used to train external AI
Who checks	Jo and Hannah, as now	Jo or Hannah checks every field before import	Jo or Hannah checks every field. Documents go to the doctor's Inbox by default
Limits	Some senders will keep faxing	Best Practice only. Priced by volume, and only the lowest tier's price is published	Best Practice only. Needs a Lyrebird account
Cost to start	$116 (4 hours at $29.11)	$87 (3 hours)	$87 (3 hours)
Cost a month	Nothing	From $99, the lowest of four tiers. The page doesn't say if that includes GST, so I've counted $108.90	$207.90 ($189 plus GST, billed monthly, or $149 plus GST if paid yearly)
Hours back a week (my estimate)	0.5 to 1	2 to 3	2.5 to 3.5
Hours still spent a week	4 to 4.5	2 to 3	1.5 to 2.5
Saves a month, after costs	$63 to $126	$143 to $269	$107 to $233
Pays back in	1 to 2 months	Under a month	Under a month

Lyrebird's Document Sorter also comes inside its clinic plans (from $299 plus GST a month, paid yearly), with its scribe. Worth a look if you settle on Lyrebird as your scribe.

What I'd take from this: HotDoc's Document Assistant saves the most, comes from a company you already deal with, and processes documents in Australia. Ask HotDoc which tier 120 documents a week puts you on, since I've used the lowest.

Job 2. The practice email (5 hours a week)

The job now. About 150 emails a week come into the practice address: patients asking about fees, forms, opening hours and appointments, hospitals and other services sending or asking for information, and suppliers. Mel reads each one, answers the routine ones, passes anything clinical to a GP, and sends

records requests to Karen. Karen covers when Mel's on the phones. Neither Best Practice nor HotDoc sorts the inbox for you.

	Fix without AI: auto-reply and saved answers	What you already have: Copilot in Outlook
What it does	An automatic reply with your hours, fees and forms links, and saved replies in Outlook for the ten most common questions	Drafts a reply when someone picks "Help me reply" on an email, one at a time
What's left for your staff	Reading every email, sorting, and sending	Reading every email, sorting, setting aside anything with patient health details, checking each draft, and sending
Setting it up (my estimate)	About 4 hours: write the auto-reply and saved answers	About 2 hours: show the front desk how, and what not to put in
Where patient details are kept	Microsoft 365, as now	Microsoft 365, under your licences
Who checks	Mel, as now	Mel reads every draft before it goes
Limits	Patients still write in about things the auto-reply covers	Nothing is sorted or tracked. Under your AI policy, emails with health details would stay out of it
Cost to start	$116 (4 hours)	$58 (2 hours)
Cost a month	Nothing	Nothing more (in your Copilot licences)
Hours back a week (my estimate)	0.5 to 1	0.75 to 1.25
Hours still spent a week	4 to 4.5	3.75 to 4.25
Saves a month, after costs	$63 to $126	$95 to $158
Pays back in	1 to 2 months	Under a month

I didn't find a product made for Australian general practice that sorts a practice's email and drafts replies. The practice software I read sends SMS and handles online requests instead. Some AI receptionist add-ons answer patient calls and messages, but none I found says it works with Best Practice for email.

What I'd take from this: Copilot, which you already pay for, gives a little back. Most of the 5 hours stays, because someone still reads and sorts every email.

Job 3. Keeping track of results (4 hours a week)

The job now. When a GP orders a test, Best Practice records the request. The result comes back by secure messaging, and the GP reads it in their Inbox and picks an action. Anything except "No action" goes to the Follow up Inbox, where reception contacts the patient, books a recall appointment if the GP wants one, and marks them contacted. Separately, someone should check Best Practice's Investigation requests screen for tests ordered but never returned, and chase the lab or the patient (who may not

have gone). Here, Leah and Jo do the follow-up calls daily, but the outstanding requests are chased from memory and sticky notes.

	What you already have: Best Practice, used in full	HotDoc Results
What it does	A weekly check of the Investigation requests screen (filtered by doctor and date) and the Incoming reports screen, on a set day, by a named person	Sends patients an SMS or app message about non-urgent results once the GP has actioned them, and lets them book from the message. Pauses when they book
What's left for your staff	Running the check, chasing each lab and patient, and calling about anything urgent	Chasing outstanding requests, and calling about anything urgent or that the GP wants discussed
Setting it up (my estimate)	About 3 hours: the weekly routine, and the doctors' actions set up the same way	About 2 hours, plus HotDoc's own set-up
Where patient details are kept	Best Practice, as now	HotDoc, linked to Best Practice (where HotDoc stores it isn't on the page I read)
Who checks	Leah, weekly	The GP chooses the action. Reception watches for patients who don't book
Limits	Labs use the "complete" flag differently, Best Practice warns, so some requests show as outstanding when they aren't. Sending SMS from the Follow up Inbox would save calls, but it's paid from prepaid Bp Comms credits, which cost extra, so I've left it out	Non-urgent results only. Doesn't chase tests that never came back
Cost to start	$87 (3 hours)	$58 (2 hours)
Cost a month	Nothing	Quoted: HotDoc doesn't publish the price
Hours back a week (my estimate)	0.5 to 1	1 to 1.5
Hours still spent a week	3 to 3.5	2.5 to 3
Saves a month, after costs	$63 to $126	$126 to $189, less HotDoc's price
Pays back in	Under 2 months	Depends on the quote

What I'd take from this: start by using what Best Practice already has, every week. It's free, and it covers the gap I saw: tests ordered that never came back, which nobody checks on a set day.

Job 4. Updating your privacy policy and consent forms (about 10 hours, once)

The job now. Once a scribe's in use, the RACGP says the privacy policy has to tell patients about it. The job runs in five steps. Check where your chosen scribe keeps data, and whether it needs to be on the Australian Register of Therapeutic Goods (TGA). Update the privacy policy: what you collect, how it's used, who it goes to, whether it goes overseas, and how to complain. Update the new patient form and

the consent wording, so a patient's yes is noted in the record. Show staff how to ask. Set a review date. Karen and Tessa estimate about 10 hours. Some defence organisations advise consent in writing.

	Fix without AI: the RACGP template	What you already have: Copilot in Word
What it does	The RACGP's free privacy policy template, filled in by hand, plus any patient information your scribe's maker provides	Drafts a first version in Word from the RACGP template and your notes on how you'll use AI
What's left for your staff	Writing the AI parts, checking the scribe, the forms, and training	Checking every line, checking the scribe, the forms, and training
Setting it up (my estimate)	Nothing	Nothing
Where patient details are kept	No patient details involved	No patient details involved
Who checks	Tessa signs off. Your defence organisation if unsure	Tessa signs off. Your defence organisation if unsure
Limits	You write the AI parts yourself	Copilot doesn't know your rules unless you tell it
Cost to start	Nothing	Nothing
Cost a month	Nothing	Nothing more (in a Copilot licence you already pay for)
Hours back a week (my estimate)	None a week: 3 to 4, once	None a week: 4 to 5, once
Hours still spent a week	None a week: 6 to 7, once	None a week: 5 to 6, once
Saves a month, after costs	$87 to $116, once	$116 to $146, once
Pays back in	At once	At once

What I'd take from this: it's a one-off, so the saving is small whichever way you go. It needs doing before any AI reads patient details.

All four jobs, without me

If you took the option that saves you the most each month for each job, this is the total. For job 3 that's Best Practice in full, since HotDoc Results' price isn't published.

	1. Filing	2. Email	3. Results	4. Privacy (once)	Total
Option	HotDoc Document Assistant	Copilot in Outlook	Best Practice, in full	Copilot in Word	
Cost to start	$87	$58	$87	Nothing	**$233** (from the unrounded figures)
Cost a month	$108.90	Nothing	Nothing	Nothing	**$108.90**
Hours back a week (my estimate)	2 to 3	0.75 to 1.25	0.5 to 1	4 to 5, once	**3.25 to 5.25** (jobs 1 to 3)
Hours still spent a week	2 to 3	3.75 to 4.25	3 to 3.5	5 to 6, once	**8.75 to 10.75** (jobs 1 to 3)
Saves a month, after costs	$143 to $269	$95 to $158	$63 to $126	$116 to $146, once	**$301 to $553** (jobs 1 to 3)

Jobs 1 to 3 take 14 hours a week now. Without me, 8.75 to 10.75 of those hours are still spent each week.

9. Policy and staff

You need a written AI use policy (section 7). For a practice it should cover:

- what staff can and can't put into AI tools, and that nothing clinical goes in without a practitioner
- which tools the practice has approved, including the scribe
- how a patient's consent is asked and noted, and what happens if they say no or change their mind
- who checks AI work before it's filed or sent, and how that's recorded
- who's accountable (usually the principal)

Staff. Everyone I spoke to was keen, and the front desk was the most stretched. Nobody had been shown how to use AI safely with patient information. A short session once the policy's in place would cover what's allowed, how to check AI work, and how to ask a patient for consent.

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Your mail and accounts

Your email, your domain name and who can get into them sit under everything else in this report, so they get a page of their own. Your domain's public records were read from outside. On the day, the practice manager logged in and we went through the admin screens together. I didn't log in or take a password, nothing was changed, and no patient mail or files were opened.

What I looked at	What I found	Where it stands
Your domain name	It's in the practice's name, the practice manager can log in, and it renews in April 2027	OK
Where your mail goes	To Microsoft 365, on your own domain	OK
Proof your mail is really from you	SPF and DKIM are right, and DMARC is set to its top step	OK
Other things that send as you	We didn't find anything else sending with your address on the day	OK
Who looks after it	Nobody outside the practice. The practice signed up direct, so the account is yours	OK
Plan and licences	Business Standard, seven licences, all in use, with two Copilot licences on top	OK
Getting back in	One admin account, the practice manager's everyday one. If it's locked, there's no second one to get back in with	Gaps 1 and 2
Two-step sign-in	Microsoft's security defaults are on	OK
Mail protection	The built-in protection is on, and so are Microsoft's Standard settings	OK
Mail forwarded out	Set to Automatic, and one mailbox forwards to a personal address. Microsoft says to set this to On or Off	Gap 3
One login a person	Two on the front desk share one login to the practice mailbox, so nobody can tell who did what	Gap 4
People who've left	No old accounts can sign in. The steps for when someone leaves are written down	OK
Where the screen says your data sits	Australia. That's as far as this page goes	Noted
Backup	Nothing keeps a copy of your mail outside Microsoft	Your call

What this means for your security. Microsoft's own list for a small business starts with two-step sign-in and looking after admin accounts. Your security defaults cover the first. Gaps 1 and 2 are the second. Gap 3 matters because patient mail shouldn't be leaving for a personal address, and it's worth asking your adviser about what's already gone there. Keeping a copy of your mail is your call. I haven't picked a backup product, so I don't recommend one.

What I didn't look at. Your computers, phones, network, antivirus, firewall, files and folders. This isn't a security audit, and a clean row doesn't mean nothing can go wrong.

What I can't do. I don't work on a domain or account someone else holds, or on the things I didn't look at. If you think someone's already got into your accounts, you need an IT security firm. I'm not one.

What it costs to close these: with a real report, a separate quote comes with it. You don't need me for any of them. This page is yours, so you can take it to anyone you like, including an IT provider.

10. What I can do for you

This is what doing it with me would look like, in your own Claude account. All my prices include GST.

My solution, job by job

	1. Filing	2. Email	3. Results	4. Privacy (once)
What Claude does	Nothing. I'd use HotDoc's Document Assistant (section 8): it does the job inside Best Practice and processes documents in Australia	When Mel starts it in Claude, reads the emails she's cleared, sorts them, and drafts replies to routine ones from your approved answers	Each Monday, when Leah starts it in Claude, works from the lists she takes from the Investigation requests screen and the Follow up Inbox, sets out what's overdue by lab and by doctor, and drafts the follow-ups. How the lists come out of Best Practice gets settled before the Build	Nothing beyond Set-up: the patient consent step comes with it. The rest of the privacy policy and forms, as in section 8
Who checks	Jo or Hannah, as in section 8	Mel checks the sort and reads every reply before it goes. Anything that might be clinical goes to a GP	Leah checks the list against Best Practice. The GP decides anything clinical	Tessa signs off, and checks with your defence organisation if unsure
Build	None	$3,400 (Tier 1: sorting and drafting, with no figure you rely on)	$4,200 (Tier 2: pulling details out and drafting, plus one because results follow-up sits next to a Standards duty)	None
Hours back a week (my estimate)	2 to 3	2.5 to 3.5	1.5 to 2.5	None a week: 4 to 5, once, as section 8
Hours still spent a week	2 to 3	1.5 to 2.5	1.5 to 2.5	None a week: 5 to 6, once

A **Build** is the jobs I build in your Claude account and hand over working. Each job is priced by its **Tier**. The Tier comes from the kind of work: drafting, sorting or pulling details out is Tier 1 ($3,400), and reviewing or analysing is Tier 2 ($4,200). It goes up one if the output carries a figure you rely on, and one if it sits near a compliance duty, to a top of Tier 3 ($5,500). Patient information gets its own safeguards on every Tier. I build it with you, train your staff on it, come back for a short follow-up session two to three weeks after go-live, answer your questions free for 30 days, and check in at 3, 6 and 12 months. All of that is in the Build price.

What a Build needs

A Build runs in a Claude plan in your practice's name, under Anthropic's business terms. For a practice your size that's the Team plan: at least two seats, US$25 a seat a month billed monthly, with tax added at billing. I couldn't find an Australian price on Anthropic's pages. Two seats come to about $71 a month before tax at the 30 October exchange rate, about $78 with GST on top, and that's the figure below. One seat is for Mel, who'd run job 2 day to day, and one for Karen. Staff who only read a draft in Outlook

don't need one. You pay Anthropic for the plan, on top of my prices, and there's no extra charge from me for the second seat.

Because these jobs handle patients' details, each one runs on your Team plan, and a named person starts every run. It can run in a Claude chat, in Cowork or in Claude Code, and I'll pick whichever suits the job. In Cowork I set it to stop and ask before each action. Nothing with patient details in it runs on its own. Any automatic or scheduled step would only work on information with names taken out.

Why a business plan rather than a free or Pro one: on the Free, Pro and Max plans, Anthropic may use what you type to train its models unless each person turns that off in their own settings, and I've found no practice-wide setting that lets you check they have. On Team it doesn't, by default.

You don't have a Claude plan now (section 2). Setting one up properly is my **Set-up and Onboarding** service: the right plan and privacy settings, your practice's context, a written AI use policy, and, for a health practice, a patient consent step (what patients are told and how their yes is noted). It covers that part of job 4. For 6 to 10 people it's $2,500.

Where your patients' details go

The worry I'd expect from any practice is patient details going off to a server overseas, so here's the straight answer. Claude runs on Anthropic's servers in the United States and other countries, and anything the Build reads is processed there. On a Team plan, Anthropic doesn't use it to train its models by default, and your practice controls the account. For a health practice that needs care: the OAIC treats everything you collect in providing care as health information, so even a patient's email about fees counts. Before health information goes overseas you have to take reasonable steps, you stay accountable for it, and your privacy policy has to say so (section 3). The Commission's line for scribes is to keep data in Australia unless the patient has explicitly agreed, and job 2 is set up to meet it as well: Claude reads only emails from patients who've said yes on your consent form, and reception sets the rest aside, as the map shows. The RACGP goes further: GPs "should never enter sensitive or identifying data into a conversational AI tool". Read strictly, job 2 sits against that line even with consent. If you or your defence organisation read it that way, job 2 changes: reception takes names and details out before Claude sees an email, and the hours back drop. That's also why I'd point you to HotDoc for job 1: letters are full of clinical detail, and HotDoc processes them in Australia.

Your patients' details don't come to me: I work inside your account with your named person present, and my data handling addendum, which comes with the Build agreement, sets out what can reach me (at most, file names in the reports your person sends, and only if you choose that, and in a practice those can carry patients' names) and what never does. Before a Build starts, I sit with you and read Anthropic's terms for your plan, so the decision is yours, made with the terms in front of you.

Your mail and accounts. With a real report, a separate quote for any gaps I can close comes with it. None of it counts in the 12-month test or the totals below.

Each job, counted on its own

I only take on a Build that pays for itself within 12 months, counted job by job. The $1,500 **Build fee** (once per Build, however many jobs are in it) is nil for you, because your $1,500 Audit fee comes off it as an **Audit credit** if you go ahead within 90 days.

Job 2 on its own is what I'd take on now. It costs $3,400 and carries the whole $78 a month Claude plan. It saves $237 to $363 a month and pays back in 9.4 to 14.3 months, so it passes at the better end of my estimates.

If you later added job 3, the two would share the plan, half each:

Job	Cost	Saves a month, after its share of the plan	Pays back in
2. Email	$3,400	$276 to $402	8.5 to 12.3 months
3. Results	$4,200	$150 to $276	15.2 to 28 months

Job 3 doesn't pass yet, even sharing the plan (on its own it's 17.7 to 37.9 months), and it needs your consent step working first, so I won't take it on until both are true. Set-up isn't counted in either job's payback. It's in the totals below.

These are the least the time is worth, at the award minimum. If your people are paid more, every job pays back sooner than shown.

The two totals side by side

	All four jobs, without me (section 8)	All four jobs, with me	What I'd take on now
What's in it	The best option for each job	HotDoc for job 1, Builds for jobs 2 and 3, Set-up (with the consent step)	HotDoc for job 1, a Build for job 2, Set-up (with the consent step)
Cost to start	$233	$10,187 (with Set-up)	$5,987 (with Set-up)
Cost a month	$108.90	$187 (HotDoc and Claude)	$187 (HotDoc and Claude)
Hours back a week (my estimate)	3.25 to 5.25	6 to 9	4.5 to 6.5
Hours still spent a week (of 14 now)	8.75 to 10.75	5 to 8	7.5 to 9.5
Saves a month, after costs	$301 to $553	$569 to $947	$380 to $632
Pays back in	Under a month	10.8 to 17.9 months	9.5 to 15.7 months
Ahead after three years, after all costs	$10,594 to $19,670	$10,306 to $23,919	$7,699 to $16,775

"With me" catches up with "without me" after 25.2 to 37.1 months. Job 3 is in the middle column so you can see the whole picture, but I wouldn't take it on yet. All figures are at the award minimum, and leave out job 4's one-off hours.

Prices

A Build, per job	$3,400 (Tier 1), $4,200 (Tier 2) or $5,500 (Tier 3), with the follow-up session, 30 days of questions and check-ins at 3, 6 and 12 months included
Build fee	$1,500, once per Build, however many jobs are in it
Audit credit	Your $1,500 Audit fee comes off the Build fee if you go ahead within 90 days of this report
Claude Set-up and Onboarding	$2,500 for 6 to 10 people
An AI use policy on its own	$750. You don't have to use mine. Any provider's will do, or you can write your own
Monthly tune-up (optional)	$750 a month, for up to 4 hours of checks and fixes to what's built

To start, reply to this report or call me, and we'll go through it together.

In 30 days I'll book a 20-minute call: what you've done, what's stuck. It's part of the Audit, whatever you choose.

This report is yours. Keep it, share it, take it to any provider.

It was drafted with AI (Claude) from my notes on the day, then checked and finalised by Chad Maxwell.