



Health data and scope — what is settled, and what is not

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Pilot scoping file, access log, register of authorisations · fictional document

Fictional document — demonstration example

This document is produced by the Blue Lemon Agent website to illustrate what an AI agent hands to its users. The companies, matters, amounts and people in it are invented. It has no legal, accounting or commercial value.

Fictional document, produced for the demonstration. **This attachment ALSO says what is not settled. The pilot runs on local inference; nothing is hosted outside the home, and health-data hosting remains a scoping decision to be settled before any go-live.**

What is true today on this pilot — and checkable

Point	Status	How it is checked
Where the agent runs	A machine in the unit, local inference	Hardware inventory, machine address, absence of outbound traffic
Dictation	Processed locally	Network log: no outbound traffic during dictation
Writing up handover notes	Processed locally	Network log

Point	Status	How it is checked
Reading incoming prescriptions	Processed locally	Network log
Sending requests to prescribers	The home's secure health messaging	Send log, after nurse validation
External hosting of health data	None	There is nothing to host anywhere else

What is not settled — and will be settled before, never after

Open question	What would reopen it	When it is settled
HDS requirement for hosting health data	Any access from outside the home: an on-call nurse from home, access for the coordinating physician, an off-site backup	BEFORE the access is opened, at scoping — never after go-live
Extension to the care assistants' notes	22 additional users instead of 5	Prior review of the access scope, costed in the year-in-review
Reading hospital discharge summaries	Documents produced outside the home	Prior review of the data scope

This document does not say the HDS question is settled, because it is not. On this pilot it was dealt with by making it disappear — nothing goes out — and not by answering it. A supplier claiming otherwise would expose you precisely where you believe you are covered.

What holds confidentiality, independently of hosting — art. L1110-4

Guarantee	Actual setting	How it is checked
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Access by role	A care assistant does not see what a nurse sees; the coordinating physician sees what their role requires	Register of authorisations, quarterly review
Sharing limited to what is strictly necessary	A request to a prescriber carries the area concerned, not the record	Request template, send log
Logging of every access to the record	Name, time, resident consulted	Log open to the nurse coordinator
Encryption at rest and in transit	The unit machine's disk, secure health messaging	Configuration, operations audit
No pooling	Environment strictly dedicated to the home	Inventory, no shared tenant
No measurement of carers by name	Corrections and set-asides counted by reason	It is that counting by reason that produced the 261 carry-overs published

Why the absence of a per-carer indicator is a setting rather than a nicety: a correction rate per nurse would become a target; the target would push down declared corrections, not errors; and the unit would lose the one signal that made it possible to find the error of the 261 carry-overs. The exception, and it is not one: whoever VALIDATES a note is named, with the date and the time — a validation is not a counter, it is a signature.

Scope and scoping review conducted with management and the nurse coordinator, on:

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deployment chosen.