A.I. IS INCREDIBLE:

DAVID'S 7 MOST IMPORTANT TIPS FOR HOW TO USE IT SAFELY AND EFFECTIVELY

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Written by a human (David Hartley of nonprofithelp.ca) and his closest 5 AI friends (Copilot, ChatGPT, Claude, Perplexity, Gemini) with 25+ hours of checks and revisions. This is the first of David's series of documents on this AI topic. We have attempted to ensure we align with the latest 2026 IPC/OHRC AI Principles for Ontario.

TIP 1: Copy and paste between multiple AIs – here is why one AI alone is a real risk

A) ERRORS/OUTDATED INFO: AI is unbelievably helpful, but they all make regular errors (big and small). Sometimes AI will "hallucinate" and draw from a chat you had days or months ago or say something completely screwball. (Ai Scribe, which is well respected but not covered in this document, has been known to have legendary hallucinations). Often errors are subtle and your own human brain will have no idea it is wrong or outdated.

B) INCOMPLETE INFORMATION: One AI can give you their very valuable perspective, but 2 or 3 are far better. They each have their own way of thinking and often access different information.

C) DIFFERENT AI MODELS ARE BEST AT DIFFERENT THINGS:
- Writing skills (say it like a human who cares) and final document creation = *Claude*. Claude is known by engineers like my son. It is easily the best writer and if you want a good looking Word document created, this is where you go.
- Finding Facts = what's true right now = *Perplexity* (which has multiple AIs running inside of it and provides you sources for its facts) or *Gemini*.
- Privacy = *Copilot* with Green Shield icon showing. This is the best vault on the market now.
- Plus, I generally like using *ChatGPT* (if it isn't frozen or slow because it is by far the most used AI) for an extra opinion as it likes to find improvements in detail and tone.
- By the way, all 5 AIs agreed with the above bullets after I pushed them.

D) DOWNTIME: Some AIs will have periods where they seem to get overwhelmed and they become very slow (e.g. CHATGPT which is by far away the most used AI). Having another AI up is very helpful.

> **David's Rule =** run the same question through 2 or 3 AI tools. Use copy and paste, let them argue with each other until they come to agreement, which they will in almost every case. Finish your document with Claude.

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🌐 TIP 2: Taking care when using any AI

🟢 GREEN ZONE: SAFE* & HELPFUL

- Emails, agendas, summaries
  (*don't provide AI with any sensitive data)
- Plain-language rewrites
- Templates (policies, workflows, forms)
- Non-patient education materials
- Brainstorming & ideas

🟠 YELLOW ZONE: SLOW DOWN

- Ministry or Board documents
- QIP (Quality Improvement Plan) narratives
- HR or performance language
- PHIPA / OHIP questions
  → *If it is important*: Crosscheck content with
    2 or 3 AI tools

🔴 RED ZONE: HARD NO

- Names, DOBs, OHIP numbers, any identifiers
- EMR notes, labs, consults
- Identifiable or unique patient or staff stories

Avoid pasting:

- Budget drafts
- HR investigations or performance concerns
- Union issues
- Vendor contracts
- Internal conflict documentation
- Summaries are safer than raw text

ALWAYS OK FOR AI	NEVER OK FOR AI
General research	Anything at all that might possibly identify a patient or staff member or provider
Generic drafting	OHIP, SIN, banking info, any info you wouldn't be willing to be found by accident on the floor in your clinic waiting room.
Brainstorming	Screenshots of your screen
De-identified examples	Internal HR or conflict issues that are not general in nature

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TIP 3: Change the privacy/data settings

Ask every AI you use how to change its settings to make your chats/conversations the most private that that AI can be. Amazingly, an AI model may not know that its very own settings have been updated (it hasn't been "trained" yet), so ask multiple AIs how to change all the settings of all the AIs you use.

TIP 4: AI does not know your context unless you tell it

Without direction, AI defaults, for example, to a generic U.S. healthcare model.

CONTEXT TO PROVIDE:
- Ontario Family Health Team / Interprofessional Primary Care model
- Rural, northern, or underserved population realities
- Publicly funded, Ministrygoverned environment (Schedule A context)
- Ontario privacy and PHIPA expectations (without providing PHI)

ASSIGN A ROLE:
Generic prompts produce generic answers. Assign a role and constraints.
Example: "Act as a Family Health Team Executive Director. Draft a response to a patient complaint about wait times. Validate frustration, explain triage clearly, and avoid defensive language."

David's Rule = AI forgets, sometimes painfully in the middle of a long chat. Ask the AI you are working with (ask them all to check) if it has a place in its settings to put your constant context. That way you won't have to write it each time for each chat or conversation. Don't put anything in there that you wouldn't post on a patient waiting room wall.

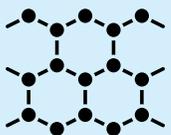## TIP 5: AIs often have different modes you can choose for speed

Fast / Draft Mode: Emails, agendas, rewrites, templates, job postings.
Thinking / Deep Mode: Policy analysis, Schedule A funding reviews, QIP narratives, risk identification, governance materials.
Leadership Note: If the task involves regulatory interpretation, avoid "fast" mode.

TIP 6: AIs biggest risk isn't AI

The biggest risk organizations face isn't the AI itself. It's treating AI output as final rather than as a first draft. **That's why it is so important to:**

- pass important topics through at least 3 AI models (not fast speed versions) over and over, asking questions constantly (even asking AI what questions you should be asking)
- copy and paste everything each time back and forth to each AI

- see the actual sources (Perplexity AI) when possible
- review the final document with a trusted human (SME) who can ensure you asked the right questions and can review the final output is the way to go.
- being careful not to ever use sensitive information (e.g. identifiers)

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2026 fines are higher than ever. De-identification is NOT simply removing a patient's name. Under PHIPA, information is considered de-identified only when there is **no reasonable possibility of identifying an individual** from the information, either alone or **in combination with other information**. Context can identify someone even if specific fields are removed.

AI use must be limited to templates, frameworks, and deidentified scenarios.

IMPORTANT: Even in the **protected** version of Copilot (with Green Shield showing on your screen), PHI (personal health info) is still prohibited. No AI tool used in Ontario primary care is approved for patientidentifying information. Even when not PHI, some internal content should not be pasted into public AI tools.

FINAL NOTE: THE "GREEN SHIELD" DISTINCTION

If your FHT uses Microsoft 365, staff need to understand the two versions of Copilot:

1. Public Copilot
• Data may be used for training by the AI company.
• Prompts may be visible to the AI company.

✅ 2. Protected Copilot (Green Shield showing on your screen)
    • Look for the **Green "Protected" Shield** (Commercial Data Protection).
• Your data is handled with stronger safeguards and is not used to train public models.
• The shield **may not appear in Safari on a Mac** — use Edge or Chrome if you need to confirm.
• The Green Shield does **not** mean the AI is "smarter"; it means **more protected**.

THE RULE: Staff should use the **Protected** version whenever possible. However, the prohibition on PHI applies to **both** versions.

MEET DAVID David has contracted with **54 Family Health teams** to date, providing primarily: **(1) Strategic Planning/ dashboards** including patient engagement; **(2) Board governance evaluation and training; (3) risk management assessment/ dashboards; (4) all staff or small team retreats.**

Please see our website for **pricing and 200+ testimonials: nonprofithelp.ca, along with David's full bio and references.**

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