Treatment Plans Are Where Revenue Meets Risk

Treatment plans are sales tools too — so staff reach for AI to make them more persuasive. But a plan doesn't stop being health information because you're using it to sell.

Treatment Plans Are Where Revenue Meets Risk

> A treatment plan does not stop being patient health information because the practice calls it sales.

This is general educational material for dental practice owners and staff, not legal advice. This guide covers the *sales/revenue* angle; the Treatment Plans: Stop The Spread guide covers the privacy/spread side of the same documents.

> **Two privacy laws apply in NSW.** As well as the Commonwealth *Privacy Act 1988* and its Australian Privacy Principles (APPs), dental practices in NSW are also bound by the NSW *Health Records and Information Privacy Act 2002* (HRIP Act) and its Health Privacy Principles (HPPs). Read the considerations here against both. General information, not legal advice.

Why this matters

The treatment plan is one of the highest-value documents in the practice. It is also a **sales document** — it is how a practice presents recommended care, fees and finance, and a big lever on production and case acceptance.

That sales pressure is exactly what drives the risk. When the goal becomes "lift acceptance", staff reach for tools to help:

- Pasting the plan into **ChatGPT** to "make this warmer / more persuasive".
- Dropping it into **Canva** or a design tool to make it look better.
- Using **Word/email AI** to rewrite the wording.
- Sending it through **marketing tools** for follow-up campaigns.

Every one of those is the extraction cycle: a document full of patient name, clinical context and finances leaves the protected system to be "improved" for conversion.

The line that matters

> **A treatment plan does not stop being health information because the practice calls it sales.**

The patient's name, their diagnosis, the proposed treatment and the costs are health and personal information whether the document is sitting in the clinical record or being polished for acceptance. The privacy obligations (APPs and the NSW HPPs) travel with the *content*, not with what the practice intends to use it for.

Lift acceptance without extracting patient data

You can improve treatment-plan conversion without sending patient plans out of the system:

- **Improve the template, not the patient's plan.** Build strong, clear, compliant wording blocks and layouts *generically* — then apply them inside the PMS. The AI work happens on the template, never on an identifiable plan.
- **Personalise inside the system.** Use the PMS's own tools to tailor and present the plan.
- **Follow up from the system.** Track unscheduled and unaccepted treatment and follow up through the PMS / approved channels — not by exporting patient lists into a marketing tool.
- **Train the conversation, not the rewrite.** Most acceptance gains come from how the plan is explained chairside, not from an AI rewording the document.

Quick self-check

- Are staff pasting patient plans into public AI to make them "sound better"? (Red — extraction.)
- Are plans going into Canva, marketing tools or personal email for follow-up?
- Is treatment-plan follow-up done inside the PMS, or by exporting patient lists?
- Could acceptance work be done on **generic templates** instead of identifiable plans?

This guide is educational material only. It is not legal advice. Identifying a risky workflow indicates possible exposure, not a declared breach. Seek qualified advice for your specific circumstances.

Disclaimer: Educational guidance only, not legal advice. This guide is intended for practice workflow education. Do not enter patient-identifiable information into public AI tools.