

AI-04644 HIPAA Aligned Workflow ChatGPT and Google Workspace

In a small medical office in Florida, faxes and labs results are saved in a folder in the local on premise server (windows shared). These faxes are read and consumed and digested daily by the medical doctor provider. Given the new knowledge that I have learned about ChatGPT Go account (the cheapest plan), I would like to sync the shared windows fax folder to Google Drive and the add the Google Drive folder to ChatGPT Library. What is the BKM for the workflow I just described. Ensure that HIPPA aligned. Create a step by step procedure from various BKM in modern medical clinics where MD efficiency is at utmost priority.

Yes—but there is a **critical HIPAA issue** with the workflow as proposed:

Do not put identifiable patient faxes/lab results into a personal ChatGPT Go account or its Library.

As of August 2026, OpenAI's current HIPAA documentation says that HIPAA-eligible ChatGPT products are specific offerings such as **ChatGPT for Healthcare, ChatGPT Enterprise with a qualifying BAA, ChatGPT for Clinicians, and certain API configurations**. The HIPAA guide explicitly excludes consumer ChatGPT services such as Free/Plus/Pro—and therefore your Go consumer account—from the eligible services. ([OpenAI Help Center](#))

Google Drive **can** be used for ePHI, but only with the appropriate Google Workspace configuration and a BAA with Google; Google itself says customers must accept its BAA before using PHI in covered Workspace services. ([Google Workspace Help](#))

So I would redesign your idea slightly:

Windows Fax Folder → HIPAA-configured Google Workspace → controlled clinical review workflow → HIPAA-eligible AI environment

rather than:

Windows Fax Folder → Google Drive → ChatGPT Go Library

That distinction is extremely important.

HIPAA-Aligned Clinical Fax & Lab AI Workflow

Small Medical Practice — Florida

Objective

Create a highly efficient workflow in which incoming faxes, laboratory results, imaging reports, and other clinical documents are:

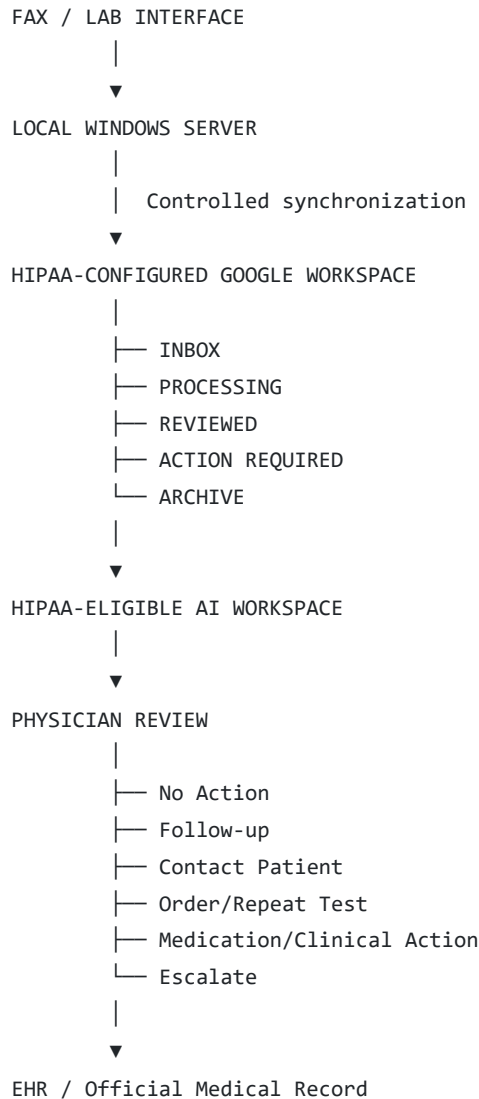
1. Captured electronically.
2. Stored securely.
3. Automatically synchronized from the local Windows server to approved cloud storage.
4. Organized so the physician can rapidly review what is new.
5. Summarized or prioritized using an AI system **only when the AI environment is authorized for PHI**.
6. Reviewed and acted upon by the physician.
7. Archived according to the practice's retention policy.
8. Auditable from receipt through physician disposition.

The guiding principle is:

AI should reduce physician information-processing burden—not become an uncontrolled second medical-record system.

1. The Target Architecture

Recommended architecture



The **EHR remains the authoritative clinical record.**

Google Drive should be treated as a controlled document-processing/storage layer—not as a replacement for the EHR.

2. First Principle: Perform a HIPAA Risk Analysis

Before implementing anything, the practice should document a risk analysis.

HHS identifies risk analysis as foundational to HIPAA Security Rule compliance and specifically requires assessment of risks to the confidentiality, integrity, and availability of ePHI. ([HHS.gov](https://www.hhs.gov/ohrt/risk-analysis))

Document at minimum:

- Where faxes originate.
- Where they are initially stored.
- Who can access them.
- How they move from the server to cloud storage.
- Who can access Google Drive.
- Who can access the AI system.
- What AI service receives the documents.
- What happens to AI inputs and outputs.
- How long documents remain in each location.
- How documents are deleted.
- How backups work.
- What happens during ransomware.
- What happens if Google becomes unavailable.
- What happens if the AI service becomes unavailable.
- How unauthorized access is detected.
- How access is logged.
- How terminated employees lose access.

HHS specifically notes that cloud services handling ePHI require appropriate contractual and security arrangements, including a BAA where the cloud provider is a business associate. ([HHS.gov](https://www.hhs.gov))

3. Google Workspace Configuration

Do **not** use an ordinary personal Google Drive account for the practice.

Use an organizational Google Workspace environment configured for healthcare use.

Before any PHI enters Google

- Establish the practice's Google Workspace administrator account.
- Accept Google's HIPAA Business Associate Amendment/BAA.
- Confirm the specific Google Workspace services being used are covered.
- Configure organizational accounts rather than personal Gmail accounts.
- Require strong authentication.
- Enable MFA.
- Disable unnecessary external sharing.
- Establish administrator roles.
- Establish minimum-necessary access.
- Configure audit/logging capabilities.
- Establish retention and deletion policies.
- Establish employee onboarding/offboarding procedures.

Google states that organizations subject to HIPAA must accept its BAA before using PHI in Google Workspace services. ([Google Workspace Help](https://workspace.google.com/learn/hipaa-compliance.html))

4. Create a Dedicated Clinical Document Repository

Do not dump everything into one giant folder.

A better structure is:

```
CLINICAL DOCUMENTS
|
|— 01_INCOMING
|
|— 02_AI_PROCESSING
|
|— 03_PROVIDER_REVIEW
|
|— 04_ACTION_REQUIRED
|
|— 05_COMPLETED
|
|— 06_ARCHIVE
|
|— 99_QUARANTINE
```

Purpose

01_INCOMING

New documents waiting to be processed.

02_AI_PROCESSING

Documents temporarily being processed by an approved AI workflow.

03_PROVIDER_REVIEW

Documents/summaries awaiting physician review.

04_ACTION_REQUIRED

Items requiring a clinical action.

05_COMPLETED

Documents that the physician has reviewed and dispositioned.

06_ARCHIVE

Retention-controlled historical documents.

99_QUARANTINE

Files that are corrupted, duplicated, suspicious, unreadable, or otherwise require human/IT review.

5. Synchronize the Windows Fax Folder

The local Windows server remains the initial landing point.

For example:

```
\\MEDSERVER\Faxes\
```

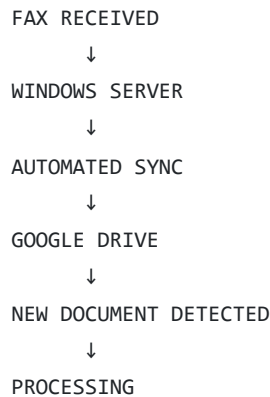
The synchronization process should move/copy documents into the controlled Google Workspace environment.

Important design principle

Do **not** have an employee manually drag-and-drop files into Google Drive every morning.

Automate the mechanical work.

The workflow should be:

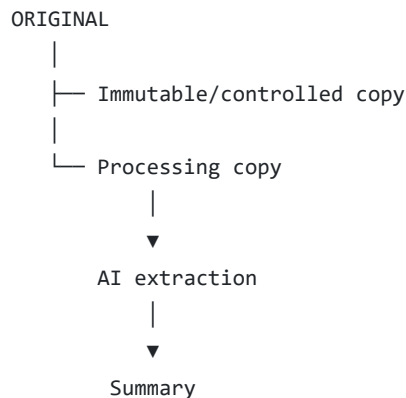


This eliminates a large amount of administrative work.

6. Preserve the Original Document

Never let the AI workflow modify the original fax or laboratory report.

For every incoming document:



The original should remain available for verification.

This is particularly important when OCR or AI interpretation is involved.

7. Use a Deterministic File-Naming Convention

Avoid:

fax123.pdf
scan004.pdf
newlab.pdf

Prefer something such as:

2026-08-21_ABC123_LAB.pdf

or, if your policy permits patient identifiers:

2026-08-21_PATIENTID_LAB.pdf

However, OpenAI's current HIPAA configuration guide is particularly restrictive about PHI in ChatGPT workspace metadata and file names, so **do not assume patient identifiers can safely be placed into AI-system file names simply because the underlying workspace has a BAA.** ([OpenAI](#))

The practice should establish the exact naming convention with its compliance/privacy officer.

8. Introduce a Document Classification Layer

Before sending anything to AI, classify the document.

Example:

DOCUMENT TYPE

LAB RESULT

IMAGING

SPECIALIST NOTE

HOSPITAL DISCHARGE

MEDICATION

REFERRAL

CONSULTATION

OTHER

This can dramatically improve physician efficiency.

For example:

LAB RESULT

↓

Extract:

- Test
- Result
- Reference range
- Abnormal flag
- Collection date
- Ordering provider
- Critical result

while:

SPECIALIST NOTE

↓

Extract:

- Diagnosis
- Assessment
- Recommendations
- Medication changes
- Follow-up
- Outstanding tests

9. Build a "Physician Morning Brief"

The physician should **not** have to open 47 PDFs individually.

The system should produce a daily queue.

Example:

TODAY'S CLINICAL DOCUMENT QUEUE

● URGENT / CRITICAL
3 documents

● ACTION REQUIRED
11 documents

● ABNORMAL BUT NONURGENT
17 documents

● NORMAL / INFORMATIONAL
29 documents

📄 OTHER
6 documents

The physician starts with the highest-risk items.

This is much more efficient than chronological fax processing.

10. AI Should Extract — Physician Decides

The AI's role should be:

READ

↓

EXTRACT

↓

ORGANIZE

↓

PRIORITIZE

↓

SUMMARIZE

The physician's role remains:

```

INTERPRET
↓
VERIFY
↓
DECIDE
↓
ACT

```

The AI should never be positioned as:

```

AI → diagnosis → automatic treatment

```

Instead:

```

SOURCE DOCUMENT
↓
AI SUMMARY
↓
ORIGINAL DOCUMENT
↓
PHYSICIAN VERIFICATION
↓
CLINICAL DECISION

```

11. Recommended AI Summary Format

For laboratory reports:

PATIENT / DOCUMENT

Date:

Document type:

KEY FINDINGS

- ...

ABNORMAL RESULTS

- ...

CRITICAL / POTENTIALLY URGENT

- ...

TREND

- Compared with prior results, if available

CLINICAL CONTEXT

- ...

FOLLOW-UP SUGGESTIONS

• ...

SOURCE

Original laboratory report

For specialist reports:

SPECIALIST CONSULT SUMMARY

- Reason for referral:
- Diagnosis/assessment:
- Important findings:
- Medication changes:
- Tests ordered:
- Recommendations:
- Follow-up interval:
- Items requiring PCP attention:

SOURCE:

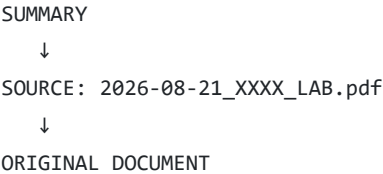
Original consultation report

The AI should explicitly distinguish **what the document says** from **what the AI infers**.

12. Always Preserve Traceability

Every AI-generated summary should allow the physician to locate the original document immediately.

For example:



Never create a summary that becomes detached from its source.

The ideal physician interface is:

ACTION REQUIRED
Abnormal laboratory result
AI SUMMARY
...
⚠️ VERIFY AGAINST ORIGINAL

13. Create a Physician "One-Touch" Workflow

The goal should be:

One document → one decision → one disposition.

For each document:

Physician opens summary

↓

Physician verifies original

↓

Physician chooses:

NO ACTION

or

FOLLOW-UP

or

PATIENT CONTACT

or

ORDER / REPEAT TEST

or

MEDICATION ACTION

or

REFER / ESCALATE

↓

Document is marked COMPLETE

↓

Appropriate clinical information is entered into the EHR.

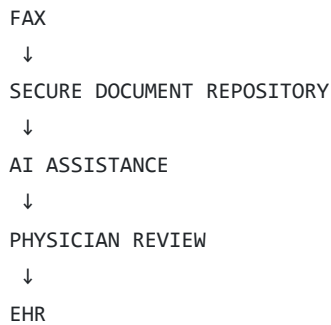
This creates a very fast clinical "inbox zero" process.

14. The EHR Remains the System of Record

This is one of the most important architectural decisions.

Google Drive should **not** become the permanent substitute for the EHR.

The workflow should be:

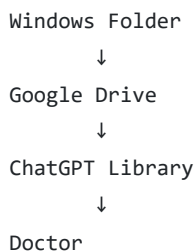


The EHR contains the definitive clinical record.

The document repository is the controlled intake/processing environment.

15. The ChatGPT Go Issue

Your original idea was:



For PHI, **stop at Google Drive** if the only available AI account is ChatGPT Go.

Do not upload identifiable patient documents into the ChatGPT Go Library.

OpenAI's current HIPAA documentation says consumer ChatGPT services—including Free, Plus, Pro and Business—are not the HIPAA-eligible services under the HIPAA configuration guide. ([OpenAI Help Center](#))

OpenAI currently identifies:

- ChatGPT for Healthcare
- ChatGPT Enterprise with a qualifying BAA
- ChatGPT for Clinicians
- Certain API configurations

as HIPAA-eligible offerings. ([OpenAI Help Center](#))

OpenAI also specifically states that PHI should not be shared with ChatGPT for Clinicians unless a BAA is in place and the user is authorized to sign it. ([OpenAI Help Center](#))

Therefore:

Your personal ChatGPT Go account

Excellent for:

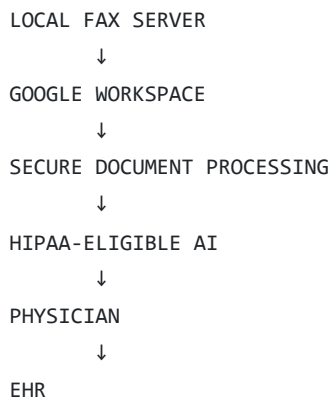
- Learning
- Creating workflows
- Developing prompts
- Building SOPs
- Creating non-PHI templates
- Testing ideas with synthetic/de-identified data

Do not use it for:

- Patient faxes
 - Patient lab results
 - Patient names
 - DOB
 - MRNs
 - Addresses
 - Phone numbers
 - Insurance information
 - Clinical histories containing identifiable information
 - Any other ePHI
-

16. The Better AI Architecture

For an actual medical practice, the target should be:



OpenAI's healthcare offering is specifically designed for regulated healthcare use and supports organizational controls such as RBAC, audit logs, data residency options, and a BAA. ([OpenAI Help Center](#))

17. Minimize AI Exposure

A strong design principle is:

Don't send more PHI to AI than the task requires.

For example, if the task is:

"Identify abnormal laboratory values."

the AI doesn't necessarily need:

- Patient address
- Phone number
- Insurance information
- Fax number
- Administrative information

The practice should design its workflow around minimum necessary access and documented risk analysis.

18. Security Controls

At minimum, implement:

Identity

- Individual user accounts.
- No shared physician passwords.
- MFA.
- Strong password policy.
- Immediate termination of former employees' access.

Access

- Role-based access.
- Minimum necessary access.
- Physician access to clinical documents.
- Staff access limited according to job duties.
- No public links.
- No personal Google accounts.

Devices

- Encrypted workstations.
- Automatic screen locking.
- Managed antivirus/endpoint protection.
- Patch management.
- Disk encryption.
- No uncontrolled USB transfers.

Network

- Firewall.

- Secure Wi-Fi.
- Separate guest Wi-Fi.
- Current Windows security patches.
- VPN where appropriate for remote access.

Monitoring

- Google audit logs.
- Server access logs.
- AI workspace audit capabilities where available.
- Periodic access reviews.
- Incident monitoring.

HHS specifically identifies access controls, audit controls, authentication, integrity controls, and transmission security as core Security Rule technical safeguards. ([HHS.gov](https://www.hhs.gov))

19. Backup Strategy

Do not treat Google Drive synchronization as a backup.

Synchronization can propagate:

DELETE

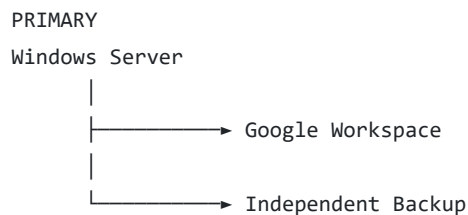
or:

RANSOMWARE

across systems.

Maintain an independent backup strategy.

A good model is:



Use:

- Versioned backups.
- Offline/immutable backup where appropriate.
- Tested restoration procedures.
- Documented recovery objectives.

HHS specifically notes backup and recovery as relevant considerations when using cloud services. ([HHS.gov](https://www.hhs.gov))

20. Ransomware Protection

This workflow actually creates an opportunity to improve the existing practice.

The old model:

```
FAX
↓
Windows Server
↓
One copy
```

is vulnerable.

The improved model:

```
FAX
↓
Windows Server
↓
Protected cloud repository
↓
Independent backup
```

should provide significantly better resilience—provided synchronization, permissions, backup and recovery are correctly configured.

21. Daily Physician Workflow

7:30 AM — Automated Processing

System automatically:

```
Collect new documents
↓
Deduplicate
↓
OCR if necessary
↓
Classify
↓
Extract structured information
↓
AI summarize
↓
Prioritize
↓
Create physician queue
```

No physician involvement.

8:00 AM — Physician Review

Physician opens:

TODAY'S CLINICAL INBOX

First:

 Critical / urgent

Then:

 Action required

Then:

 Abnormal

Finally:

 Normal

Physician Processing

For each item:

```
graph TD
    A[READ SUMMARY] --> B[OPEN ORIGINAL]
    B --> C[VERIFY]
    C --> D[DECIDE]
    D --> E[DOCUMENT]
    E --> F[DISPOSITION]
```

22. The "60-Second Rule"

For routine documents, design the system so the physician can determine within approximately one minute:

1. What is this?
2. Is anything abnormal?
3. Is anything urgent?
4. What changed?
5. Does something need to be done?

6. What is the next action?

If the answer is "nothing," disposition it and move on.

The AI's value is therefore not merely "summarization."

It is:

Reducing physician cognitive load and document-navigation time.

23. Exception Handling

AI should automatically flag:

CRITICAL RESULT
UNREADABLE DOCUMENT
MISSING PAGE
DUPLICATE
POSSIBLE WRONG PATIENT
MISSING IDENTIFIER
CONFLICTING INFORMATION
UNUSUAL RESULT
POTENTIAL URGENT FOLLOW-UP

These should go into:

HUMAN REVIEW

rather than being silently processed.

24. Wrong-Patient Protection

This deserves special emphasis.

Before associating a document with a patient, compare available identifiers such as:

Patient name
DOB
MRN
Ordering provider
Date

If identifiers conflict:

DO NOT AUTO-FILE
↓
QUARANTINE
↓
HUMAN REVIEW

Never allow an AI workflow to silently attach a document to the wrong patient's record.

25. AI Quality-Control Loop

Periodically sample completed summaries.

Compare:

ORIGINAL DOCUMENT

VS.

AI SUMMARY

Look for:

- Missing results.
- Incorrect numbers.
- Incorrect units.
- Incorrect reference ranges.
- Incorrect dates.
- Misclassification.
- Overinterpretation.
- Missed critical findings.

Track the error rate.

The workflow should be continuously improved.

HHS emphasizes that security measures should be periodically evaluated and risks reevaluated rather than treated as a one-time project. ([HHS.gov](https://www.hhs.gov))

26. Recommended Implementation Sequence

Phase 1 — Security

- Perform HIPAA risk analysis.
- Identify all ePHI.
- Identify all systems touching ePHI.
- Establish Google Workspace BAA.
- Establish appropriate AI BAA if AI will process PHI.
- Establish policies.
- Establish access controls.

Phase 2 — Infrastructure

- Clean up Windows fax directory.
- Create standardized folder structure.
- Implement automated synchronization.
- Configure Google Workspace security.
- Configure backup.
- Configure logging.

Phase 3 — Document Processing

- OCR.
- Classification.
- Deduplication.
- Patient matching.
- Priority classification.
- AI extraction.
- AI summarization.

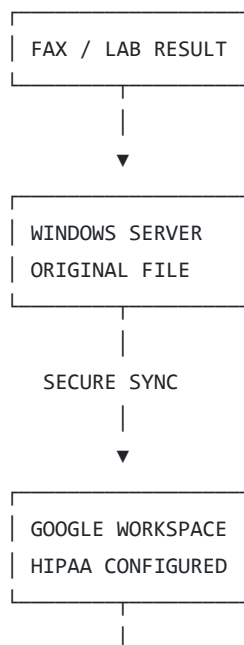
Phase 4 — Physician Workflow

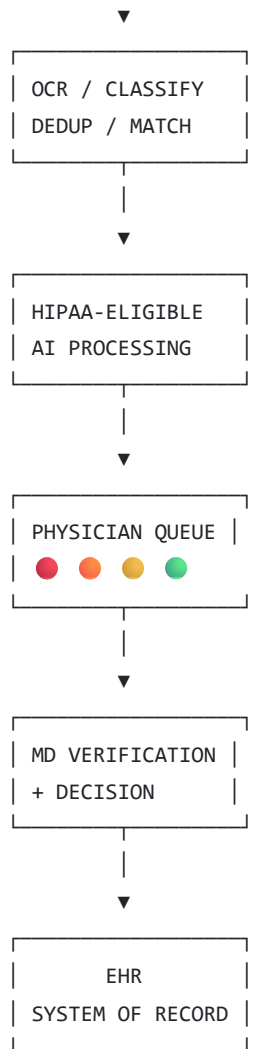
- Create physician inbox.
- Create priority queue.
- Create standardized summary format.
- Create disposition buttons/categories.
- Establish EHR documentation workflow.

Phase 5 — Quality Assurance

- Test with synthetic documents first.
 - Test wrong-patient scenarios.
 - Test duplicate documents.
 - Test unreadable faxes.
 - Test critical results.
 - Test system outage.
 - Test ransomware recovery.
 - Audit AI summaries.
 - Obtain physician approval before production.
-

27. The Best-Known Method in One Diagram





28. The Most Important Change to Your Original Idea

Your original concept is **technically very good from an information-flow and physician-efficiency perspective.**

The mistake would be assuming:

"Google Drive + ChatGPT Go = HIPAA-compliant clinical AI."

It does not.

The better formulation is:

Google Workspace can be part of a HIPAA-controlled clinical document pipeline, but the AI endpoint must itself be authorized for PHI under an appropriate BAA and configured according to the provider's HIPAA requirements.

HHS explicitly permits cloud computing for ePHI when the appropriate contractual and Security Rule requirements are met. ([HHS.gov](https://www.hhs.gov))

And OpenAI's current documentation now provides specific HIPAA-eligible healthcare offerings—but **ChatGPT Go should not be treated as one of them.** ([OpenAI Help Center](https://openai.com/help/center))

Bottom line

Use your ChatGPT Go account to design and prototype the workflow using synthetic/de-identified data.

For production:

Windows Fax → HIPAA-configured Google Workspace → HIPAA-eligible AI with BAA → Physician → EHR

That gives you the thing you actually want:

A "clinical inbox co-pilot" that eliminates the physician's daily fax-reading burden while keeping the physician in control of every clinical decision.

This should ultimately be reviewed by the practice's HIPAA/privacy/security officer and counsel before production deployment; HIPAA compliance is a system-level responsibility, not something established merely by choosing a particular cloud or AI product.

Provide a CapEx and Monthly expenses for Google Workspace + ChatGPT Subscription. Are there yearly plans as well?

Yes. For a **small Florida medical office**, the Google Workspace portion is relatively inexpensive. The big cost question is the **HIPAA-capable AI layer**—and I would not budget ChatGPT Go for PHI.

1. Google Workspace

Google currently lists these U.S. prices:

Business Starter	\$8.40/mo	\$7/mo	30 GB	Too limited for your workflow
Plan	Flexible monthly	Annual/Fixed-term	Storage/user	My take
Business Plus	\$26.40/mo	\$22/mo	5 TB	Best if you need stronger retention/eDiscovery
Enterprise	Contact Google	Contact Google	5 TB+	Probably overkill initially

Google confirms that its annual/fixed-term plan can be billed monthly or annually, while the flexible plan is month-to-month. ([Google Workspace Help](#))

For this particular use case, I would start with **Business Standard** because 2 TB/user is substantially more comfortable for a clinical document repository than the 30 GB in Starter.

Google Workspace pricing

2. What I would budget for a 1-doctor practice

Assume:

- 1 physician
- 1 administrator/office manager
- 1 additional clinical/admin user
- **3 Google Workspace licenses**
- Business Standard
- HIPAA BAA with Google

- Existing Windows server
- Existing fax system
- No new server purchase

Google Workspace — 3 users

Annual commitment:

\$14 × 3 = **\$42/month**

\$42 × 12 = **\$504/year**

So the basic cloud productivity/document-storage infrastructure is only about:

\$504/year

Google's HIPAA BAA is an important part of the architecture; Google provides a specific HIPAA Business Associate Addendum for qualifying Workspace customers. ([Google Workspace](#))

3. ChatGPT Go

Your personal **ChatGPT Go** subscription is useful for developing the workflow, prompts, SOPs, automation logic, etc.

However, I would assign it:

\$0 clinical PHI budget

In other words:

Do not put patient faxes/labs containing PHI into your Go account.

OpenAI currently says its HIPAA support is available through a BAA for eligible offerings such as **ChatGPT for Healthcare** and certain API healthcare customers. ([OpenAI](#))

OpenAI's current pricing page also says Go has a monthly plan, while annual plans are offered for Business and Enterprise. ([OpenAI](#))

So:

ChatGPT Go	❌ No	Personal/prototyping
ChatGPT Plus AI option	❌ Not my recommendation for PHI Use for PHI?	Personal/prototyping Budget
ChatGPT for Healthcare	✅ Designed for HIPAA-compliant use	Contact sales
OpenAI API + appropriate BAA/configuration	✅ Potentially	Usage-based

OpenAI explicitly describes ChatGPT for Healthcare as a secure AI workspace supporting HIPAA-compliant use, with enterprise security controls, data retention controls and a BAA. ([OpenAI Help Center](#))

4. The real CapEx

Interestingly, **Google Workspace + AI itself doesn't require much CapEx** if the practice already has the Windows server.

I'd budget approximately:

Google Workspace setup/configuration	\$0–\$500
Windows → Google Drive synchronization setup	\$300–\$1,000
Item	Estimated one-time cost
Security/MFA/access configuration	\$200–\$500
AI workflow development	\$500–\$2,000
Physician workflow/SOP development	\$300–\$1,000
Backup configuration	\$300–\$1,000
Approximate implementation	\$1,800–\$6,500

These are **implementation estimates**, not Google/OpenAI list prices.

If you or someone in the practice is technically capable, you could potentially bring the implementation cost down dramatically.

5. Recurring Monthly Operating Cost

A realistic small-office budget might look like this:

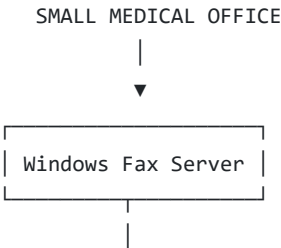
Google Workspace Standard — 3 users	\$42
Independent cloud/immutable backup	\$20–\$75
Expense	Monthly
AI processing	TBD
Security/endpoint protection	\$30–\$100
Non-AI baseline	~\$92–\$247/mo

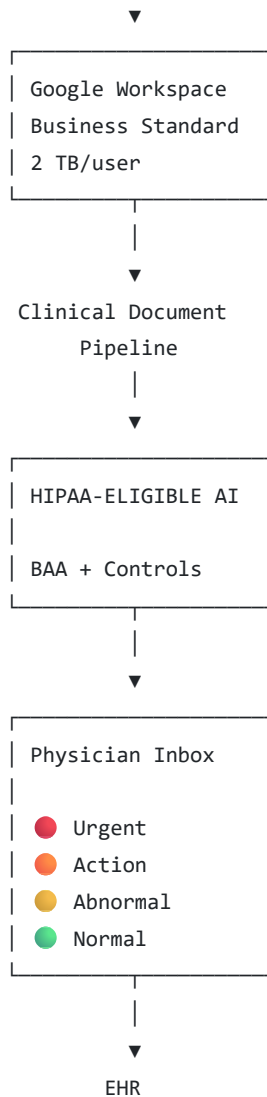
The **AI processing cost is the wildcard**.

If you use an API-based architecture, you generally pay based on usage rather than simply buying another consumer ChatGPT subscription. OpenAI describes its API as an option for building healthcare workflows, with eligible customers able to apply for a BAA. (OpenAI)

6. My Recommended "Lean Clinic" Configuration

For this particular project, I'd actually design it like this:





Approximate first-year budget

Lean implementation:

- Google Workspace: **\$504/year**
- Backup/security: **\$600–\$1,500/year**
- AI: **variable**
- Implementation: **\$1,800–\$6,500 one-time**

So I would initially budget approximately:

\$3,000–\$8,500 first year ⇔

excluding the AI subscription/API usage and any professional HIPAA/legal consulting.

Then:

~\$100–\$250/month baseline ⇔

plus whatever the HIPAA-eligible AI solution actually costs.

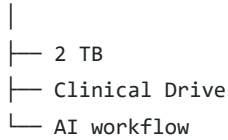
7. One Important Cost Optimization

You may **not need Google Workspace for every employee at the same level.**

For example:

DOCTOR

Google Workspace Business Standard



OFFICE ADMIN

Google Workspace license



OTHER STAFF

Only if their job requires it

The number of Workspace licenses should be based on **who actually needs access**, not simply "everyone gets an account."

Google's pooled-storage model means storage is associated with licensed users, and Standard provides 2 TB per user. ([Google Workspace](#))

8. Annual vs Monthly — Yes

Google Workspace

Yes.

For Business Standard:

Flexible

$\$16.80 \times 12 = \text{\$201.60/user/year}$

Annual commitment

$\$14 \times 12 = \text{\$168/user/year}$

That's a **\\$33.60/user/year savings.**

For 3 users:

Flexible: \$604.80/year

Annual: \$504/year

Savings:

\$100.80/year

([Google Workspace Help](#))

ChatGPT

OpenAI currently offers:

- **Go:** monthly

- **Plus:** monthly
- **Business:** monthly or annual
- **Enterprise:** annual

(OpenAI)

But for this medical-office project, **the question shouldn't be "Can I buy ChatGPT Go annually?"**

It should be:

"Which OpenAI product can the medical practice obtain under a BAA and use for PHI, and what is the quoted price?"

That's the purchasing question that matters.

My recommendation

For a **small 1–3 physician Florida practice**, I would start with:

Google Workspace Business Standard — annual commitment

- **3–5 licensed users depending on access requirements**
- **independent backup**
- **HIPAA-eligible AI/API**
- **existing Windows fax server**
- **automated synchronization**
- **EHR as system of record**

And keep your personal **ChatGPT Go** completely separate for **designing, testing and improving the system with synthetic/de-identified documents**.

That gives you a surprisingly inexpensive infrastructure foundation while keeping the PHI boundary clear.