

WORKTABLE DATA RULES

1. What the Worktable is

The DentaVate Worktable is a limited patient-level operational and evidence system. It records DentaVate's own authorized service activity, patient-reported operational context, review evidence, and reporting information. **It is not a replacement or replica of the Client's practice management system or clinical chart.** The Client's PMS remains the authoritative patient and clinical record.

2. Where work comes from

CLINIC PMS – authoritative record, and where work originates
↓
Authorized patient or task identified in the PMS
↓
DentaVate admin or Care Team Member performs the authorized work
↓
Authorized PMS updates are made in the Client's system
↓
WORKTABLE – records what DentaVate did
↓
DentaVate review
↓
Reviewed output becomes client-visible
↓
PMS REMAINS AUTHORITATIVE

The Worktable does not assign patients. A worker takes the patient from the PMS and records afterwards what happened.

3. Permitted fields

Identity

- patient_name — **and nothing else**

Where another document refers to a "patient identifier," it means patient_name. It is **not** authorization to add a date of birth, a chart number, a health number, or a PMS patient ID. Adding any other identifier requires privacy review first.

Settled. Patient name is an approved limited Worktable field. The Worktable is a deliberately limited operational and service-evidence record — **not a second practice management system and not a patient database.** The clinic's PMS remains the authoritative patient and clinical record.

Any **additional** patient identifier, or expanded clinical information, requires separate approval before it is added.

Work evidence

- clinic, service, assignment or work cycle
- date worked
- Care Team Member who reported the work



- action taken
- structured outcome
- booked yes/no
- follow-up state

Evidence provenance — the three-layer model in section 7

- `report_source_type`, `report_source_reference`
- `plausibility_status`, `plausibility_basis`, `plausibility_checked_by`, `plausibility_checked_at`

Financial context

- `reported_amount`
- `amount_source`: PMS_STORED_FEE | CLINIC_PROVIDED | OTHER_APPROVED
- `reviewed_amount`, set only by a reviewer

There is no `amount_verified` flag. The reported amount and its source stay as recorded; a reviewer's figure is a separate fact, exactly as a review finding is separate from a worker's reported outcome.

Coverage context

- coverage note
- `coverage_source`: PATIENT_REPORTED | CLINIC_RECORD | INSURER_RESPONSE | PREDETERMINATION

Operational context

- short operational note (see section 5)
- callback context
- referral or workflow context

Review

- reviewer, review status, review finding, review date
- `client_visible_at`

4. Not permitted by default

Date of birth • provincial health number • full insurance policy details • payment card information • full chart exports • radiographs or images • diagnoses • clinical findings authored by DentaVate • prescriptions • medical history • unrelated patient information • **third-party personal information beyond what a referral workflow genuinely requires**

Adding any field to section 3 requires privacy review before implementation. A generic JSON or free-text column must not be used to bypass this list.

5. The operational note

The test: what does the next person need in order to continue or understand this work?

Not: what could we possibly write about this patient?

Helper text to display beside the field:



Record only what is reasonably necessary to document or continue this work. Do not enter diagnoses, clinical findings, unrelated health information, full insurance details, card information, or descriptions of the patient's characteristics. Record what the patient said as patient-reported information. Do not interpret it clinically.

Acceptable

- Patient at work; requested callback after 5 pm.
- No voicemail option available; will try again later.
- Patient reported they are moving out of the city and will call once settled.
- Patient reported they do not wish to proceed at this time.
- Referral not present in PMS; escalated to clinic.
- Predetermination requested.
- Quoted the fee stored in the clinic's system.

Not acceptable

Do not write	Why	Instead
Heavy Chinese accent	Records an unnecessary personal characteristic that invites inference on a protected ground, and has no operational value	Communication difficulty — clinic follow-up suggested; or <i>Patient requested a Mandarin-speaking caller</i> , if the patient asked
Filling doing well	Reads as DentaVate's clinical statement	Patient reported the filling is doing well
Ng 100% covered	States coverage as a guarantee	Patient reported coverage; or <i>Clinic record indicated coverage on [date]; payment not guaranteed</i>
As per clinical notes, patient was interested in fills	Copies chart content into the Worktable	Contacted patient regarding clinic-identified pending treatment
I spoke to [name] at [company]; can you resend the referral?	A message to the clinic buried in a patient row	Structured escalation: outcome Referral issue, organization, action required, escalation OPEN

Attribution wording. Workers write *Patient reported...*, *Patient stated...*, *Clinic record indicates...*, *Clinic instructed...* — never a statement that reads as DentaVate's own clinical conclusion.

6. Two reasons that must stay separate

TREATMENT_STATUS_REASON is structured, never inferred from text:

Situation	Value
Entry rejected because it duplicates another	DUPLICATE_ADMINISTRATIVE_CLEANUP
Patient told DentaVate they do not wish to proceed	PATIENT_REPORTED_DECLINE
Another clinic-approved reason	OTHER_CLINIC_APPROVED



The PMS may use the same status for both. DentaVate's record must preserve which one it was.

7. Three records, never one

Your canonical rule is **worker report** → **plausibility** → **reviewer finding**. Self-reported is not observed, and observed is not reviewed. All three persist; none overwrites another.

```
reported_outcome
report_source_type      - CARE_TEAM_MEMBER_REPORT | ADMIN_REPORT
report_source_reference

plausibility_status     - Plausible | Not corroborated | Contradicted | Not checked
plausibility_basis      - e.g. appointment exists in PMS; call event exists
plausibility_checked_by, plausibility_checked_at

review_finding          - Corroborated | Verified | Unable to verify | Disputed
reviewed_by, reviewed_at

client_visible_at
```

Worked example:

Field	Value
reported_outcome	BOOKED
report_source_type	CARE_TEAM_MEMBER_REPORT
plausibility_status	Plausible
plausibility_basis	Appointment exists in PMS for that patient and date
review_finding	Corroborated

A plausibility check is not verification, and a review finding is not proof. The report stays a report forever. Nothing in the schema may collapse these into a single climbing status.

8. Client visibility

A row is not client-visible until DentaVate releases it. This is enforced in the data layer, not by convention.

9. Amounts feeding reports

Client-facing financial reporting uses `reviewed_amount` only. A reported amount never reaches a clinic report without a reviewer's figure behind it, so a stray entry cannot become production attributed to DentaVate.

10. Recall intervals

An interval change is an authorized record action, not a note. The app must capture:

- direction: shortened or lengthened

- requested_by: PATIENT_REQUEST or CLINIC_INSTRUCTION. **DentaVate never initiates a longer interval itself.** A clinic may direct a change in either direction
- stated reason, recorded as patient-reported
- whether this is a **deferral of one visit** or a **change to the standing interval** - different actions, and the worker must choose

Interval lengthening is disabled entirely until the clinic's interval rules are configured. Once configured, block lengthening where the current interval is below the clinic's threshold and route to escalation. There is no default threshold.

Patient-requested lengthenings appear on the clinic's monthly exception list. Clinic-directed changes do not — the clinic already knows. A stray value must never become "production generated by DentaVate."

