Palo Alto Health Labs

Keep, Refactor or Rebuild — Decision Worksheet

Not legal advice. Not a compliance certification.

Purpose: choose an investigation path for each component of a physician-built prototype. This is not a validated score or a production-release approval.

Project: _____ Version: _____ Review date: _____
Task/user: _____
Intended output and allowed action: _____
Excluded uses: _____
Decision owner: _____ Technical reviewer: _____
Clinical reviewer, if relevant: _____

Step 1 — inventory the evidence

Mark Available / Missing / Not applicable; add an evidence reference, not sensitive content.

Evidence	Status	Reference	Owner
Reproducible source/configuration/dependencies			
Data-flow and vendor inventory			
User/tenant access model and denied-access tests			
Agreement and service-eligibility review			
Recovery/rollback rehearsal			
Intended-use and clinical workflow acceptance			
Maintenance and incident ownership			

Step 2 — choose at component level

Keep candidate: behavior is understood, reproducible and supported by acceptance evidence.
Refactor candidate: useful behavior can be isolated and a weak boundary replaced with testable controls.
Rebuild candidate: core identity/data model or deployment cannot support a demonstrable boundary through bounded repairs.
Pause: purpose, legal role, clinical acceptance or accountable ownership is unresolved.

These are proposed engineering decision criteria, not claims about the quality of all generated code.

Component	Useful behavior to preserve	Evidence gap	Keep / Refactor / Rebuild / Pause	Reason / owner
Interface/navigation				
Authentication/authorization				
Data/storage layer				
AI/model integration				
EHR integration				
Logging/operations				

Step 3 — test the proposed path

- What must remain unchanged for users? _____
- What boundary changes, and how will it be tested? _____
- Which synthetic-data scenarios demonstrate denied access? _____
- What happens if an external service fails? _____
- How will records be reconciled during migration? _____
- Who can stop the cutover, and how is rollback rehearsed? _____
- What historical data-handling questions require separate review? _____

Suggested clinical review prompts: what may users infer; what must be confirmed in source records; how is incomplete information shown; who accepts generated drafts? These are proposed safeguards, not evidence of clinical validation.

Step 4 — make the decision accountable

Recommended path: _____
Blocking issues and evidence needed: _____
Next action / owner / due: _____
Decision reviewer / date: _____
Reassessment trigger: _____

A new codebase does not by itself resolve past exposure or establish compliance. HHS calls for risk analysis and appropriate safeguards alongside cloud BAAs.

Sources

- HHS cloud guidance <https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/cloud-computing/index.html>, opened/read 2026-11-07 PST.
- HL7 FHIR R4 security <https://hl7.org/fhir/R4/security.html>, opened/read 2026-11-07 PST, for access control, logging and implementation context.
- Companion article 8 is planned/unpublished and supplies the narrative decision criteria, not additional independent evidence.

Limits

Checkboxes and decision gates are proposed practices, not a complete legal checklist, clinical validation instrument or compliance certification.

No PAHL delivery capability or client outcome is asserted.

Do not enter patient identifiers, PHI, credentials or access tokens in these worksheets; use system labels and approved evidence references instead.

Not legal advice.

Do not invent a booking URL, availability or deliverables for the free call.