ARTIFICIAL INTELLIGENCE GOVERNANCE MANUAL

Policy 100-031 | Version 1.0 | July 2026

SAFE • ETHICAL • SECURE • HUMAN-CENTERED AI

Establishing Standards for the Safe, Ethical, Secure, and Accountable Use of Artificial Intelligence in Public Health Practice

POLICY 100-031
Artificial Intelligence Use Policy

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July 1, 2026

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GOVERNANCE PERIOD
2026–2028

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GOVERNANCE FRAMEWORK

This Manual establishes the governance structure, risk management framework, operational procedures, oversight mechanisms, and accountability standards for the use of artificial intelligence technologies by the Ashland County Health Department.

GOVERNING PRINCIPLES

- HUMAN ACCOUNTABILITY
- PUBLIC TRUST
- EQUITY
- PRIVACY & SECURITY
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Human Accountability
We remain accountable for decisions.

Public Trust
We act with transparency and build community confidence.

Equity
We promote fairness, accessibility, and equitable outcomes.

Privacy & Security
We protect sensitive information with appropriate safeguards.

Environmental Stewardship
We consider the environmental impact of AI technologies.

SECTION 1

INTRODUCTION AND GOVERNANCE PHILOSOPHY

Purpose

The Ashland County Health Department (ACHD) recognizes that artificial intelligence (AI) technologies can support public health operations through improved efficiency, enhanced information management, administrative support, workforce productivity, and analytical capabilities while improving service delivery to the community.

This manual establishes a governance framework supporting the safe, ethical, secure, legally compliant, and transparent use of AI tools throughout ACHD.

Governance Principles

ACHD adopts the following governance principles:

Human Accountability

AI supports decision-making but does not replace professional judgment. Final accountability remains with authorized personnel.

Public Trust

AI shall be used in ways that promote transparency, accountability, and community confidence.

Equity

AI-assisted work products shall be reviewed for bias, accessibility, and equitable impact.

Privacy and Security

Sensitive information must be protected using appropriate safeguards.

Environmental Stewardship

ACHD recognizes the environmental impact associated with AI technologies and will consider sustainability when evaluating AI solutions.

SECTION 2

AI GOVERNANCE POLICY

Ashland County Health Department	**Policy: Procedure #: 100-031**

Policy/Procedure Title: Artificial Intelligence Use Policy	**Division:** Operations **Training Required**: Yes **Issue Date**: 07/01/2026 **Revised/Reviewed**:
Approved By: _____ Vickie Taylor, BS, MDiv, MA Health Commissioner	**Effective Date:** **07/01/2026** **Valid Through Date:** 07/01/2028

Purpose:

This policy establishes standards for the responsible, secure, ethical, and legally compliant use of artificial intelligence (AI) tools by Ashland County Health Department. The policy is intended to support appropriate innovation while protecting public trust, individual privacy, public health data, agency records, and the authority of qualified public health personnel.

AI may support public health operations, but it shall not replace professional public health judgment, legal authority, clinical expertise, regulatory decision-making, or human accountability. Final responsibility for agency actions remains with authorized human personnel.

Applicability: This policy applies to all employees, contractors, interns, volunteers, board members, and affiliated personnel who use AI tools for agency business or on behalf of Ashland County Health Department. It applies to AI use involving agency devices, personal devices used for agency business, public-facing work, internal operations, public health data, communications, research, surveillance support, inspections, permitting, enforcement, training, and administrative activities.

Governance: ACHD shall designate an individual, committee, or governance structure responsible for AI oversight, including administration of the agency's AI approval process maintenance of approved tool inventories, review of emerging risks, vendor changes, incidents, and policy updates. Currently, oversight is performed by the leadership team.

1. **Owner of the Policy** – Health Commissioner
2. **Responsible Staff:** Leadership Team
3. **Definitions of Terms:**

Term	Definition
Artificial Intelligence (AI)	Systems or software that perform tasks typically requiring human intelligence, including learning from data, recognizing patterns, making

	predictions, generating content, supporting decisions, or automating tasks.
Generative AI	AI capable of producing new content such as text, images, audio, code, summaries, reports, or other outputs in response to a prompt.
Machine Learning	A subset of AI that enables systems to learn from data and improve performance over time without being explicitly programmed for each task.
Prompt	The instruction, question, data, or context entered by a user into an AI system.
AI Output	The content, analysis, prediction, summary, recommendation, or other result produced by an AI system.
AI-Assisted Work Product	Any document, communication, analysis, decision support material, or other work product created or materially revised with AI assistance.
Sensitive Data	Information that is confidential, regulated, restricted, or could pose harm if improperly disclosed, including PHI, PII, personnel, legal, investigative, security, credential, and non-public agency data.
Protected Health Information (PHI)	Individually identifiable health information protected under HIPAA.
Personally Identifiable Information (PII)	Information that can identify, contact, locate, or distinguish an individual, such as name, address, date of birth, phone number, email address, Social Security number, or unique identifier.
De-Identified Data	Data from which identifiers have been removed in accordance with applicable standards, such as the HIPAA Safe Harbor method or Expert Determination.
Public AI Tool	An AI tool available to the general public that may store, reuse, or train on user inputs unless contractual protections prohibit such use.
Approved AI Tool	An AI system reviewed and authorized by the agency for defined uses, subject to applicable restrictions.
System of Record	The official agency-approved system designated for storing authoritative records.
Hallucination	An AI output that presents inaccurate, unsupported, fabricated, or misleading information as if it were factual.
Human Oversight	Active review, verification, correction, and approval of AI outputs by qualified personnel.

Material AI Use	Using an artificial intelligence tools in a way that meaningfully influences, creates, changes, recommends, or helps determine the content or outcome of a work product, decision, communication, analysis, or action. It generally does **not** include minor administrative uses such as spelling corrections, grammar suggestions, formatting assistance, transcription, or basic scheduling support, provided the AI does not materially change the meaning or outcome.

4. Policy:

Core Policy Principles

- AI is a support tool. AI may assist with drafting, summarizing, organizing, analyzing, and improving workflows, but it may not independently make agency decisions.
- Humans remain accountable. Staff remain responsible for the accuracy, appropriateness, legality, and consequences of any AI-assisted work product.
- Sensitive data must be protected. Protected Health Information (PHI), Personally Identifiable Information (PII), confidential public health data, personnel records, investigative records, legal materials, credentials, and security information may not be entered into unapproved AI tools.
- Use must be transparent and auditable when appropriate. Material AI-assisted work shall be documented, retained, disclosed, and reviewed consistently with public records, retention, and agency accountability requirements.
- AI outputs must be verified. AI-generated content is not authoritative until reviewed, fact-checked, corrected, and approved by qualified staff.
- AI use must advance equity. AI tools and outputs must be reviewed for bias, inequitable impact, accessibility, cultural appropriateness, and potential harm to vulnerable or underserved populations.
- ACHD recognizes that artificial intelligence tools carry an environmental footprint, including the energy and water consumed by the data centers that train and run these systems. Consistent with our mission to protect community health, the Ashland County Health Department will weigh environmental impact as a factor in how we adopt and use AI.

Vendor, Contracting, and Procurement Requirements

- AI vendors shall address data storage location, retention periods, deletion rights, subcontractor use, security certifications, breach notification procedures, model update practices, audit capabilities, and whether agency data is used for model training.
- Contracts shall address data ownership, confidentiality, cybersecurity requirements, public records obligations, audit rights, data return/deletion, indemnification where appropriate, and restrictions on training models using agency data.
- AI tools that process PHI must have a Health Insurance Portability and Accountability Act (HIPAA)-compliant Business Associate Agreement (BAA) when required, and the BAA shall prohibit use of PHI for AI model training unless expressly authorized and legally permissible.
- Procurement decisions shall consider workforce impact, accessibility, bias risk, equity implications, total cost, training needs, administrative control, environmental impact, and long-term governance burden.

Authorized Use Standard

AI may be used only for authorized business purposes consistent with agency-approved governance, approved tools, applicable law, and required human oversight. Please see Section 8 of this manual.

Prohibited Uses

The following AI uses are prohibited unless expressly authorized by formal agency governance, legal counsel, privacy/security leadership, and any required contractual safeguards. Even when authorization is granted, final authority must remain with qualified human personnel.

- AI shall not be used as the sole basis for employment screening, hiring, promotion, compensation, performance evaluation, disciplinary action, termination, or other personnel determinations without formal governance approval and appropriate human review.
- Fully automated AI systems that materially affect individual rights, access to services, enforcement outcomes, employment decisions, or other significant agency determinations without appropriate human oversight and formal governance approval.
- Entering PHI, PII, confidential public health data, personnel records, legal materials, investigative records, credentials, passwords, security information, or other sensitive data into public, consumer, or unapproved AI tools.
- Using AI to make clinical diagnoses, treatment recommendations, or individual health determinations.
- Using AI to determine quarantine, exclusion, isolation, public health orders, service eligibility, benefits, licensure, permitting, inspection outcomes, enforcement findings, violations, citations, penalties, or disciplinary actions.
- Using AI as the sole source for interpreting statutes, regulations, legal obligations, public records exemptions, or agency authority.
- Using AI-generated synthetic evidence, fabricated citations, unsupported statistics, or hallucinated sources in official records or public communications.
- Using AI to impersonate agency personnel or communicate with the public in a way that conceals automated interaction when disclosure is required or appropriate.
- Creating accounts with agency email, installing AI software, connecting AI extensions, or integrating AI tools into agency systems without approval.
- Relying on AI outputs without human review, validation, correction, and approval.
- Granting AI direct access to create, modify, or delete files, folders, or documents on local or cloud-based systems, databases, or other storage locations without prior approval.

Data Classification and AI Use Rules

Data Classification	AI Use Standard	Examples
Public Data	Generally permitted in approved tools, subject to review and accuracy standards.	Published reports, press releases, public meeting materials, publicly available guidance.
Internal Operational Data	Limited to approved enterprise or agency-authorized tools. Use minimum necessary information.	Draft policies, procedures, agendas, internal planning documents.

Sensitive / Internal Confidential	Restricted. Requires agency approval, documented need, and appropriate safeguards.	Personnel matters, investigations, legal strategy, security information.
PHI	Prohibited unless the tool is specifically approved for PHI, covered by a BAA when required, and configured with appropriate HIPAA safeguards.	Clinical records, case details, reportable disease data linked to individuals.
PII	Generally prohibited in public or unapproved tools. Use only when approved, necessary, and protected.	Names, addresses, dates of birth, phone numbers, emails, SSNs.
Legal / Investigative Material	Restricted or prohibited unless approved by legal counsel and agency leadership.	Enforcement actions, pending investigations, litigation materials.
Credentials / Security Data	Prohibited.	Passwords, API keys, security architecture, vulnerability details.

Staff must classify information before using any AI tool. The minimum necessary standard applies to all AI use. De-identified, aggregated, or hypothetical information shall be used whenever possible.

Privacy, HIPAA, and Public Health Data Protection

- AI use must comply with HIPAA, applicable Ohio and federal privacy requirements, public health confidentiality laws, data use agreements, grant conditions, and agency policies.
- PHI may not be entered into an AI system unless the tool is approved for that use, appropriate contractual protections are in place, and the use is authorized by the Health Commissioner or designated authority.
- Staff must not enter case details, outbreak information, reportable disease records, HIV/AIDS status, substance use treatment records, mental health information, or information protected by heightened privacy laws into unapproved AI tools.
- When de-identifying data, staff must follow approved de-identification methods and consult the Director of Nursing about complex cases or any risk of re-identification.
- Small cell sizes and indirect identifiers must be reviewed and suppressed or modified when necessary to reduce re-identification risk.
- Any suspected disclosure of sensitive data to an AI system must be reported immediately through the incident reporting process.

Public Records, Retention, and Documentation

AI-assisted work conducted for official agency business may create public records. Prompts, outputs, edits, email discussions, decision records, and final AI-assisted work products may be subject to retention, discovery, audit, or public records review depending on their role in agency operations.

- Official AI-assisted work products must be stored in agency-approved systems of record, not solely inside AI platforms.

- AI platforms must not be treated as long-term record repositories or official systems of record unless formally designated by the agency.
- Records retention requirements apply regardless of whether content was AI-assisted.
- For material AI use, staff shall document the tool used, purpose, date, reviewer, validation steps, sources used, and significant edits or overrides.
- Local legal counsel and records retention personnel shall determine retention schedules and public records treatment for AI prompts, outputs, logs, and related artifacts.
- Staff shall assume AI interactions involving agency business may be discoverable or subject to public records review unless counsel decides otherwise. Prompts and outputs used for agency business are retained per record retention schedule and/or public records guidance.

Tool Approval and Governance Review

No employee may independently adopt, install, purchase, integrate, or use an AI tool for official agency operations without approval consistent with agency procedures. The agency will maintain an inventory of approved AI tools and permitted use cases.

- Review should include, as appropriate: IT, privacy/security, legal counsel, records retention personnel, program leadership, finance/procurement, and agency leadership.
- Approval criteria shall include data handling, retention/deletion practices, ownership, vendor transparency, whether inputs train models, data storage location, security controls, audit logging, access control, human oversight capabilities, bias mitigation, public records implications, and HIPAA/public health compliance.
- Approved tools must identify allowed users, approved use cases, prohibited use cases, data limitations, documentation expectations, and the contact responsible for questions.
- Consumer AI platforms generally may be used only for public, de-identified, hypothetical, or non-sensitive tasks and only if permitted by agency policy.
- Material changes to an AI tool, vendor terms, model behavior, integrations, or data handling practices require reassessment.

Human Review, Quality Control, and Validation

All AI-generated outputs used in agency operations must receive appropriate human review before reliance, release, or final action. The level of review shall increase with risk.

- Reviewers must verify factual accuracy, citations, statistics, legal references, health guidance, and source claims against authoritative sources.
- Reviewers must assess outputs for hallucinations, bias, incomplete context, outdated guidance, accessibility, cultural appropriateness, health literacy, and equity implications.
- Reviewers must have sufficient subject matter knowledge and authority to reject, modify, or approve AI outputs.
- Clinical, legal, regulatory, enforcement, public health order, emergency communication, or other individual-impacting AI uses require enhanced human review and, where appropriate, secondary review or formal agency approval. AI shall not independently generate or disseminate emergency public health instructions, alerts, advisories, or response directives without qualified human review and authorized approval.

- AI tools shall not be cited as authoritative sources in official materials. Primary sources will be cited instead.

Transparency and Disclosure

Disclosure of AI use shall be reasonable, risk-based, and aligned with public trust. Routine spelling, grammar, formatting, or minor readability assistance generally does not require disclosure. Substantive AI involvement may require disclosure depending on context.

- Disclosure is generally appropriate when AI materially contributes to public-facing reports, analysis, synthetic media, automated public interactions, chatbots, or decisions affecting the public.
- AI-generated images, audio, video, or other synthetic media used publicly shall be clearly identified unless an exception is approved by leadership and counsel.
- When AI interacts directly with members of the public, users will be informed that they are interacting with an AI-enabled or automated system.
- Disclosure practices shall be documented in agency procedures and applied consistently.

Training and Competency

Staff authorized to use AI tools must complete training appropriate to their role, level of access, and risk of use. Training shall be refreshed at least annually and updated as tools, laws, and agency practices change.

Audience	Required Training Topics
All Users	What AI, machine learning, and generative AI are; approved and prohibited uses; difference between decision support and decision-making authority; limitations such as hallucinations, over-confidence, incomplete data, and bias.
All Users	Data privacy, HIPAA, PII, PHI, confidential data, prohibited data entry, data retention, prompt logging, vendor risks, and how AI tools may store or reuse prompts.
All Users	Public health ethics, bias, equity, accessibility, health literacy, human accountability, and the principle that AI does not replace human judgment or emotional intelligence.
All Users	Approved tools, allowed users, governance rules, documentation expectations, disclosure expectations, incident reporting, and when to ask for help.
All Users	Prompting and quality control, including writing effective prompts, checking outputs, recognizing unsupported claims, verifying citations, and redrafting.
Leadership / Supervisors / Power Users	Evaluating AI proposals, risk assessments, vendor reviews, procurement considerations, change management, workforce impact, monitoring, auditing, and continuous improvement.

Incident Reporting and Response

AI-related incidents must be reported promptly to Director of Operations or the Health Commissioner according to agency incident procedures.

- Reportable incidents include suspected PHI/PII disclosure to an AI tool, unauthorized AI tool use, security incidents, inaccurate public communication, biased recommendations, hallucinated or fabricated outputs used in agency work, data retention concerns, and violations of this policy.
- Response steps shall include immediate reporting, containment, risk assessment, documentation, leadership notification, legal/privacy review, correction or retraction where needed, affected party notification if required, and a lessons-learned review.
- Potential HIPAA breaches must be evaluated under agency breach procedures and applicable federal and state requirements.
- The agency shall use incident findings to update training, approved tool lists, workflows, contracts, and policy language.

Enforcement

Violations of this policy may result in corrective action, mandatory retraining, restriction of AI tool access, disciplinary action up to and including termination, and potential civil, criminal, contractual, licensure, or regulatory consequences where applicable. Staff who observe suspected violations must report them through agency procedures.

SECTION 3

AI GOVERNANCE STRUCTURE

The Health Commissioner shall maintain responsibility for AI governance activities.

Governance Layers

Level	Responsibility
Board of Health	Policy oversight
Health Commissioner	Executive accountability
Leadership Team	Program oversight
AI Governance Committee	AI operational governance
Supervisors	Compliance monitoring
Staff	Responsible use

SECTION 4

AI GOVERNANCE COMMITTEE CHARTER

Purpose

Provide leadership, oversight, risk management, review, and continuous improvement of AI activities. A summary of the AI Governance Committee structure is provided below. The formal Committee Charter is maintained in Appendix A.

Authority

The Committee operates under delegated authority of the Health Commissioner.

Membership

Permanent Members

- Health Commissioner
- Director of Operations
- Program Representative
- IT/Security Representative

Optional Members

- Director of Nursing
- Director of P&P
- Director of Environmental Health
- Board Liaison

Responsibilities

The Committee shall:

- Review AI tool requests
- Maintain approved tool inventory
- Conduct quarterly reviews
- Evaluate incidents
- Monitor emerging risks

- Recommend policy revisions
- Conduct annual evaluations
- Review audit findings

Meetings

Quarterly minimum.

Emergency meetings may be called by the Health Commissioner.

SECTION 5

ROLES AND RESPONSIBILITIES

The successful implementation of artificial intelligence (AI) at the Ashland County Health Department depends upon clearly defined accountability, oversight, and operational responsibilities. While AI may support agency operations, final authority and accountability remain with human decision-makers.

Role	Primary Responsibilities
Health Commissioner	• Serves as the executive sponsor and final governing authority for AI governance. • Approves agency-wide AI policies and major revisions. • Authorizes adoption of new AI tools with significant operational, legal, privacy, or financial impact. • Ensures alignment of AI use with ACHD mission, strategic priorities, and public trust responsibilities. • Reports AI governance activities and significant risks to the Board of Health annually or as needed. • Assigns membership and responsibilities for the AI Governance Committee.
AI Governance Committee	• Conducts quarterly reviews of AI program activities, risks, incidents, and emerging technologies. • Maintains the agency's approved AI tool inventory. • Reviews proposed AI use cases and provides recommendations regarding adoption, continued use, or discontinuation. • Evaluates policy updates and governance needs. • Reviews reported AI-related incidents, privacy concerns,

	security issues, or compliance concerns. • Monitors legal, regulatory, ethical, and public health implications of AI technologies. • Recommends training priorities and continuous improvement opportunities.
Leadership Team	• Provides operational oversight of agency AI implementation. • Reviews and approves routine AI use cases within their areas of responsibility. • Conducts periodic risk reviews of AI tools and applications. • Ensures appropriate resources, controls, and staff support are available. • Oversees AI training requirements and staff compliance. • Escalates significant governance, legal, security, or operational issues to the Health Commissioner and AI Governance Committee as appropriate.
Supervisors and Program Managers	• Ensure staff comply with all AI policies, procedures, and training requirements. • Review AI-assisted work products as appropriate before final use or publication. • Verify required human oversight and documentation are maintained. • Monitor AI use within their programs and identify potential risks or inappropriate uses. • Report incidents, concerns, or emerging issues to leadership. • Support employee training and responsible AI practices.
Staff, Contractors, Interns, and Volunteers	• Use only approved AI tools for authorized business purposes. • Complete required AI training and comply with agency policies. • Exercise professional judgment and verify AI-generated outputs before use. • Protect confidential, sensitive, regulated, and restricted information. • Report AI incidents, suspected errors, privacy concerns, security issues, or inappropriate outputs.

	• Maintain required documentation regarding material AI use when applicable. • Understand that responsibility for work products remains with the employee, not the AI system.

Human Oversight Requirement: No AI system may independently make public health, regulatory, employment, enforcement, clinical, financial, or legal decisions on behalf of ACHD. Final review, approval, and accountability remain with qualified human personnel at all times. This governance structure exists to ensure transparency, compliance, public trust, and responsible innovation.

Governance Accountability

Final Accountability: Health Commissioner

Operational Oversight: Leadership Team

Program Review and Recommendations: AI Governance Committee

Departmental Compliance Monitoring: Supervisors

Day-to-Day Responsible Use: All Workforce Members

SECTION 6

AI RISK MANAGEMENT FRAMEWORK

Purpose

The Ashland County Health Department (ACHD) utilizes a risk-based approach to the evaluation, approval, implementation, and oversight of artificial intelligence (AI) tools and use cases. The level of review, approval, monitoring, and documentation required shall be proportional to the level of risk posed to individuals, agency operations, legal compliance, privacy, security, public trust, and public health outcomes.

Risk Classification

Low Risk

Low-risk uses involve routine administrative or productivity activities with minimal potential for harm and no use of protected, confidential, regulatory, personnel, or sensitive information.

Examples

- Drafting agendas
- Meeting summaries
- Basic correspondence
- Formatting assistance
- Grammar and editing support
- Brainstorming ideas
- Creating presentation outlines

Required Controls

- Use approved AI tools.
- Human review prior to final use.
- No entry of PHI, PII, confidential, or sensitive information.

Moderate Risk

Moderate-risk uses support planning, analysis, or programmatic activities where errors could affect agency operations but are unlikely to directly impact legal rights, public health decisions, or regulatory actions.

Examples

- Grant writing
- Strategic planning
- Program analysis
- Survey summaries
- Policy research
- Training material development
- Community health assessment support

Required Controls

- Supervisor review.
- Verification of factual information and citations.
- Documentation of material AI use when appropriate.

- Review for bias, accuracy, and completeness.

High Risk

High-risk uses involve sensitive information, regulatory functions, personnel matters, or activities where inaccurate outputs could materially affect individuals, agency decisions, legal compliance, or public health operations.

Examples

- Protected Health Information (PHI)
- Personally Identifiable Information (PII)
- Personnel matters
- Enforcement activities
- Clinical support
- Regulatory decisions
- Incident investigations
- Contract review
- Emergency preparedness planning involving sensitive information

Required Controls

- Leadership Team approval prior to implementation.
- Formal risk assessment.
- Human review and approval by qualified personnel.
- Documentation and audit trail requirements.
- Compliance review for privacy, security, legal, and policy requirements.
- Use only agency-approved tools with appropriate contractual protections.

Critical Risk

Definition

Critical Risk is any AI-related activity, system failure, error, or incident that could result in significant harm to individuals, public health operations, the organization, legal compliance, data security, public trust, or ACHD's ability to fulfill its mission.

Critical Risks require immediate notification of leadership and review through the policies and governance procedures established within this manual.

Examples

- Unauthorized disclosure of PHI, PII, confidential public health information, personnel records, or restricted information.
- Cybersecurity incidents involving AI systems, vendors, integrations, or data connections.
- Violations of federal, state, or local laws, regulations, contractual obligations, or agency policies.
- AI use that creates substantial risk of discrimination, bias, inequitable treatment, or harm to protected or vulnerable populations.
- AI-generated misinformation that could adversely affect public health actions, investigations, enforcement activities, emergency response operations, or public confidence.
- Use of unapproved AI tools involving sensitive or restricted information.
- Vendor failures, system outages, data breaches, or material changes that significantly increase organizational risk.
- AI-generated recommendations that materially influence regulatory, enforcement, employment, clinical, or public health decisions without required human oversight.
- Any AI-related event that may result in litigation, regulatory investigation, significant financial loss, reputational damage, or loss of public trust.

Required Controls

- Immediate notification of supervisor and Leadership Team.
- Health Commissioner notification within one business day or sooner when warranted.
- Incident documentation and investigation.
- AI Governance Committee review.
- Corrective action plan when applicable.

- Suspension of tool or use case pending review when necessary.
- Board of Health notification when the event presents significant organizational risk or legal exposure.

Risk Review and Approval Matrix

Risk Level	Approval Authority	Required Review
Low	Supervisor	Human review prior to use
Moderate	Supervisor and AI Governance Committee	Risk and quality review
High	Leadership Team	Formal risk assessment and documented approval
Critical	Health Commissioner with AI Governance Committee review; may require IT	Incident investigation, mitigation plan, and executive oversight

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Incident Escalation Requirements

Any employee who becomes aware of a High-Risk or Critical-Risk AI incident shall immediately notify their supervisor and follow ACHD incident reporting procedures.

The AI Governance Committee shall review all Critical-Risk incidents during its next scheduled meeting and may recommend policy changes, additional safeguards, training requirements, vendor review, or discontinuation of AI tools when necessary.

No AI system shall independently make clinical, enforcement, regulatory, employment, legal, or public health decisions on behalf of ACHD. Final authority and accountability remain with qualified human personnel at all times.

SECTION 7

APPROVED AI TOOL PROGRAM

Tool Approval Workflow

1. Submit AI Use Case Request
2. Risk Assessment

3. Privacy Review
4. Security Review
5. Governance Review
6. Approval Decision
7. Inventory Entry
8. Annual Reassessment

SECTION 8

APPROVED AI USE CASES – Initial Catalog

*Note: This list is maintained by committee; updates become effective upon committee approval. A complete list will be published in the AI Folder on the all-staff drive.

Administration

- Strategic planning
- Policy drafting
- Board packet development
- Meeting summaries

Health Education

- Educational materials
- Public communication drafts
- Campaign planning

Nursing

- Educational resources
- Health promotion content

Epidemiology

- De-identified data analysis
- Trend reporting support

Environmental Health

- Educational materials
- Inspection communication templates

(Actual use case catalog maintained by AI Governance Committee.)

SECTION 9

DATA GOVERNANCE, PRIVACY, AND HIPAA

Incorporates policy requirements for:

- PHI
- PII
- Confidential data
- Investigative records
- Public health data protection
- De-identification
- Small cell suppression

These requirements are governed directly by Policy 100-031.

SECTION 10

PUBLIC RECORDS AND DOCUMENTATION

Includes:

Material AI Documentation Requirements

- Tool used
- Purpose
- Reviewer
- Validation steps
- Significant edits

- Record location

Consistent with policy documentation requirements.

SECTION 11

HUMAN OVERSIGHT AND VALIDATION

Purpose: The Ashland County health Department requires human oversight and validation of AI-generated outputs to ensure accuracy, reliability, compliance, transparency, and protection of public trust. AI tools may support agency work but should not replace professional judgment, regulatory authority, legal reviews, clinical expertise, or human accountability. Human oversight requirements are established in Policy 100-031 (section 2) and apply to all authorized AI use.

Human Oversight Requirement

All AI-assisted work products used for agency business shall be reviewed by qualified personnel before reliance, publication, release, or final action.

The level of review required shall be proportionate to the risk of the use case and shall follow the Human review, Quality Control, and Validation requirements established in Policy 100-031.

Reviewer Responsibilities

The assigned reviewer is responsible for:

- Evaluating the accuracy and completeness of AI-generated content
- Verifying information against authoritative sources when appropriate
- Identifying potential hallucinations, unsupported claims, or fabricated citations
- Evaluating content for bias, accessibility, equity, cultural appropriateness, and health literacy considerations
- Making necessary revisions before approval
- Rejecting outputs that do not meet agency standards
- Ensuring documentation requirements are completed when Material AI Use applies

Reviewers must possess sufficient subject matter expertise and authority to approve, modify, or reject AI-generated outputs.

Enhanced Review Requirements

Certain activities require additional review consistent with Policy 100-031 and the ACHD AI Risk Management Framework.

Examples include:

- Public-facing health communication
- Regulatory or enforcement-related activities
- Legal or compliance matters
- Personnel-related activities
- High-risk or critical-risk use cases
- Emergency preparedness or emergency communication activities
- Uses involving confidential, regulated, or sensitive information

Additional reviewers, supervisory approval, leadership review, or Governance Committee review may be required depending upon the assigned risk level.

Validation Documentation

When Material AI Use documentation is required, validation activities shall be documented using the Material AI Documentation Log (Appendix E, this form is found in SharePoint).

Documentation may include:

- Reviewer identification
- Validation activities completed
- Significant corrections or modifications
- Disclosure determinations when applicable
- Records retention confirmation

Documentation requirements are governed by Policy 100-031 and related governance procedures.

Validation Checklist

Reviewers should confirm that applicable validation activities have been completed.

Review checklist:

□ Facts verified

□ Citations verified

□ Statistics verified

□ Equity considerations reviewed

□ Accessibility reviewed

□ Hallucination review completed

□ Approved by qualified reviewer

Based on policy validation requirements.

SECTION 12

OPERATIONAL AI GOVERNANCE WORKFLOW

The Ashland County Health Department utilizes a standardized governance process to evaluate, approve, monitor, document, and continually improve the use of artificial intelligence technologies. The workflow ensures that AI use remains compliant with agency policy, privacy requirements, public records obligations, and applicable laws.

Step 1: Identify an AI Tool or Use Case

An employee identifies a proposed AI tool or a new use of an existing approved AI tool.

Examples may include:

- Grant-writing assistance
- Strategic planning support
- Data analysis
- Educational material development
- Administrative workflow improvements

The employee shall consult the Approved AI Tool Inventory to determine whether the proposed tool is already approved.

Referenced Documents:

- Approved AI Tool Inventory (Appendix B)

Step 2: Submit Request

If the tool or use case has not been previously approved, the employee completes an AI Use Case Request Form.

The request shall describe:

- Business purpose
- Anticipated benefits
- Users involved
- Data classifications involved

- Human review requirements
- Compliance considerations

Referenced Documents:

- AI Use Case Request Form (Appendix D)

Step 3: Risk Assessment

The proposed use case shall undergo a risk assessment using the ACHD AI Risk Assessment Matrix.

Risk categories include:

- Privacy
- Security
- Legal and regulatory compliance
- Accuracy
- Equity and bias
- Public trust
- Records management
- Operational impact

The resulting risk score determines the required level of review and approval.

Referenced Documents:

- AI Risk Assessment Matrix (Appendix C)

Step 4: Governance Review and Approval

The appropriate approval authority reviews the proposal.

Risk Level	Approval Authority
Low	Supervisor
Moderate	AI Governance Committee
High	AI Governance Committee and Leadership Team

Critical	Health Commissioner (and additional review as required)

Approval decisions may include:

- Approved
- Approved with Conditions
- Deferred
- Denied

Step 5: Training and Authorization

Prior to use, authorized users shall complete required AI training and acknowledge their responsibilities under Policy 100-031.

Training should include:

- AI fundamentals
- Privacy and HIPAA requirements
- Human oversight
- Records management
- Incident reporting

Referenced Documents:

- Training Acknowledgement Form (Appendix G)

Step 6: Operational Use

Once approved, staff may use the AI system in accordance with:

- Approved use cases
- Data classification restrictions
- Human review requirements
- Documentation requirements
- Disclosure requirements

AI use shall remain consistent with Policy 100-031.

Step 7: Human Validation and Documentation

All material AI-assisted work products shall undergo human review and validation before official use.

Where required, staff shall document:

- Tool used
- Purpose
- Validation activities
- Significant revisions
- Record location

Referenced Documents:

- Material AI Documentation Log (Appendix E)

Step 8: Incident Reporting and Response

Any suspected AI-related incident shall be reported immediately.

Examples include:

- PHI disclosure
- PII disclosure
- Unauthorized tool use
- Hallucinated public information
- Security concerns
- Documentation failures

Investigations and corrective actions shall be documented.

Referenced Documents:

- AI Incident Report Form (Appendix F)

Step 9: Quarterly Governance Review

The AI Governance Committee shall review program activities at least quarterly.

Quarterly reviews include:

- Approved tools

- Use cases
- Risk assessments
- Documentation compliance
- Training completion
- Incidents
- Emerging risks

Referenced Documents:

- Quarterly Governance Review Worksheet (Appendix H)

Step 10: Annual Program Evaluation

The AI Governance Committee shall conduct an annual evaluation of the AI Governance Program.

The review shall include:

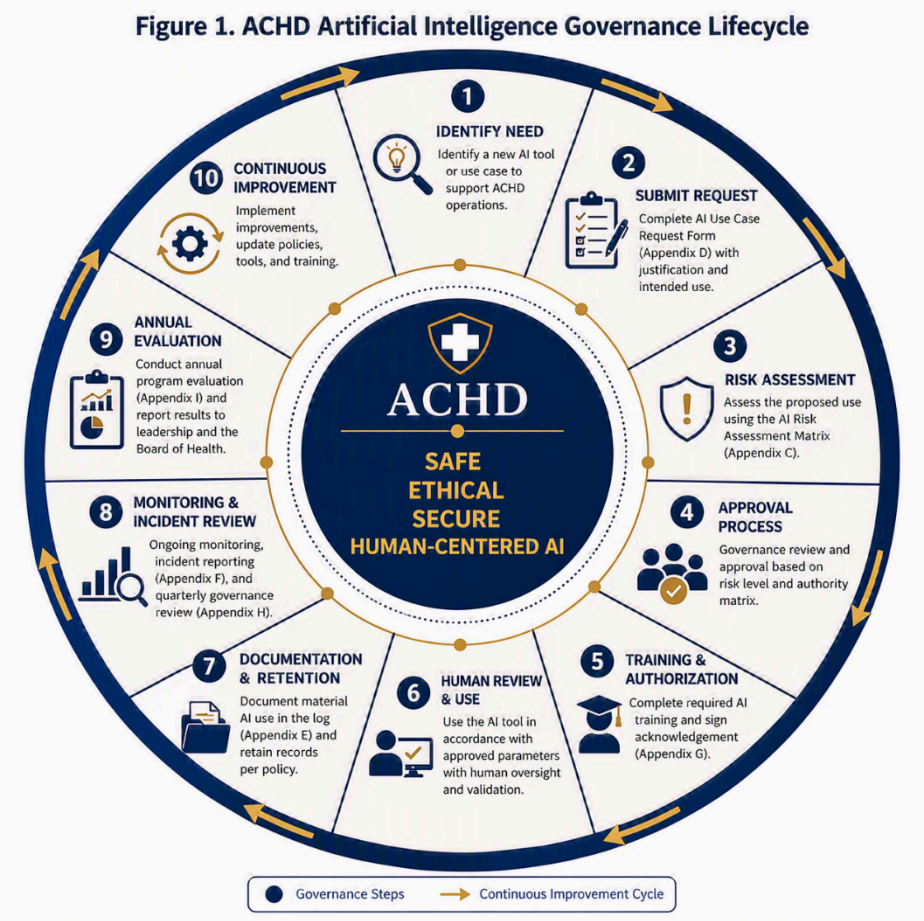
- Governance effectiveness
- Tool inventory review
- Risk trends
- Incident trends
- Workforce development
- Policy revisions
- Strategic recommendations

Results shall be reported to leadership and incorporated into Board of Health oversight activities.

Referenced Documents:

- Annual AI Program Review Template (Appendix I)
- Board Dashboard Template (Appendix K)

Figure 1. ACHD AI Governance Lifecycle



SECTION 13

TRAINING AND WORKFORCE DEVELOPMENT OVERVIEW

Annual training requirements mirror the policy and include:

- AI Fundamentals
- Privacy
- Security
- Prompting
- Human Review
- Equity
- Governance

Leadership training includes:

- Risk Assessment
- Procurement
- AI Governance
- Incident Review

Consistent with the policy training requirements.

SECTION 14

INCIDENT REPORTING AND RESPONSE PROCEDURE

Purpose

Employees, contractors, interns, volunteers, and affiliated personnel shall promptly report any actual or suspected AI-related incidents.

Examples include:

- Unauthorized use of an AI tool
- Use of an unapproved AI tool for ACHD business
- Entry of PHI, PII, confidential, investigative, legal, or personnel information into an unauthorized AI platform
- AI generated hallucinations or fabricated information used in agency work products
- Inaccurate public communication resulting from AI-assisted content
- Security concerns involving AI tools or integrations
- Failure to complete required documentation for material AI use
- Bias accessibility, equity, or discrimination concerns related to AI-generated content
- Unauthorized disclosure of information
- Any event that may create legal, regulatory, operational, financial, or reputational risk to ACHD

Steo 1 – Immediate Reporting

Upon discovery of a suspected incident, the individual identifying the concern shall:

1. Stop use of the affected AI took, workflow, or work product, if appropriate.
2. Notify immediate supervisor as soon as possible.
3. Complete the AI Incident Report Form (Appendix F; copies are on the ACHD Shared Drive in SharePoint).

4. Notify the Director of Operations or Health Commissioner if the incident involves
    a. PHI
    b. PII
    c. Security Concerns
    d. Public communications
    e. Legal exposure
    f. Regulatory implications
    g. Significant operational disruption

Immediate reporting should occur as soon as possible and no later than one business day following discovery whenever feasible.

Step 2 – Containment

The supervisor, Director of Operations, or designated reviewer shall evaluate whether immediate containment measures are necessary.

Containment actions may include:

- Removing or correcting AI-generated content
- Suspending use of the affected AI tool
- Restricting user access
- Preserving records and documentation
- Coordinating with IT support
- Contacting the AI vendor when appropriate
- Preventing further disclosure of information

The objective of containment is to limit additional risk while preserving information necessary for review.

Step 3 – Initial Assessment

An initial assessment shall be conducted to determine:

- Nature of the incident
- Information involved
- Individuals potentially affected
- Risk level
- Regulatory implications
- Potential public trust impact
- Whether escalation is required

The incident shall be classified as:

Severity Level	Description
Low	Minimal operational impact and limited risk
Moderate	Potential impact requiring management review
High	Significant operational, legal, privacy, security, or compliance risk
Critical	Immediate threat to individuals, agency operations, legal compliance, or public trust

Incident classification shall be documented on the AI Incident Report Form.

Step 4 – Escalation Requirements

Low Risk – handled by the supervisor with documentation retained for committee review.

Moderate Risk – Reported to Leadership Team and included in the next AI Governance Committee Review

High Risk – Requires

- Immediate leadership notification
- Formal investigation
- Corrective action plan
- AI Governance Committee Review

Critical Risk – Requires:

- Immediate Health Commissioner notification
- Leadership Team involvement
- AI Governance Committee review
- Legal Review when applicable
- Privacy review when applicable
- Board of Health notification when warranted

Step 5 – Investigation

The designated reviewer shall investigate the incident and identify:

- Root Cause – Examples include
    - Human error
    - Insufficient training
    - Unauthorized tool use
    - Inadequate oversight

    - Vendor failure
    - System malfunction
    - Process weakness
- Impact Assessment – the investigation shall evaluate
    - Privacy concerns
    - Security impacts
    - Operational impacts
    - Financial impacts
    - Regulatory impacts
    - Public trust implications
    - Equity of accessibility concerns

Findings shall be document on the AI Incident Report Form

Step 6 – Corrective Action Planning

When necessary, a corrective action plan shall be developed. Corrective actions may include:

- Additional employee training
- Revision of procedures
- Revision of governance controls
- Increased oversight
- Documentation improvements
- Vendor review
- Tool restrictions
- Tool removal
- Policy revisions

Corrective actions shall identify:

- Responsible individual(s)
- Completion date
- Verification method

Step 7 – Resolution and Documentation

Prior to closing an incident:

- Investigation activities shall be completed
- Required corrective action shall be assigned
- Documentation shall be filed in the designated location on the SharePoint Folder
- Any necessary notifications shall be completed

- Lessons learned shall be documented

The AI Incident Report Form shall serve as the official incident record

Step 8 – Governance Committee Review

The AI Governance Committee shall review:

- All critical incidents
- Significant high-risk incidents
- Patterns or recurring issues
- Open corrective actions
- Emerging governance concerns

Committee recommendations may include:

- Policy revision
- Procedure revision
- Additional training
- Enhanced monitoring
- Tool reevaluation
- Vendor review
- Governance structure changes

Findings shall be incorporated into quarterly and annual program reviews

Step 9 – Continuous Improvement

Lessons learned from AI incidents shall be used to improve:

- Training programs
- Risk assessments
- Approved tool inventories
- Documentation practices
- Governance procedures
- Procurement decisions
- Public trust safeguards

Incident trends shall be reviewed quarterly and summarized annually as part of the AI Governance Program Evaluation.

Required Documentation

The following records shall be maintained according to ACHD retention requirements:

- AI Incident Report Forms
- Investigation records
- Corrective action plans
- Committee review documentation
- Communication related to the incident
- Final closure documentation

SECTION 15

MONITORING AND CONTINUOUS IMPROVEMENT

Quarterly Review

Review:

- Tool Inventory
- Incidents
- Training
- Risks
- Use Cases

Annual Program Evaluation

Review:

- Governance effectiveness
- Program maturity
- Emerging technologies
- Policy updates
- Resource needs

SECTION 16

BOARD OVERSIGHT AND REPORTING

Annual AI Governance Report

Recommended dashboard:

Measure	Target
Approved Tools	Tracked
Training Completion	100%
Incident Resolution	100%
Annual Review Completion	100%
Committee Meetings Held	≥4

APPENDICES

Appendix A– AI Governance Committee Charter

Artificial Intelligence Governance Committee Charter

Purpose

The Artificial Intelligence Governance Committee serves as the operational oversight body responsible for implementing and supporting the Artificial Intelligence Governance Manual and Policy 100-031.

The Committee promotes responsible, ethical, secure, and transparent use of artificial intelligence technologies in support of the Ashland County Health Department's mission and strategic priorities.

Scope

The Committee provides oversight for:

- Approved AI tools
- Approved AI use cases
- AI-related risk assessments
- AI-related incidents
- AI workforce development activities
- Annual AI governance reviews
- Recommendations for updates to the Governance Manual

The Committee does not replace management authority, supervisory authority, legal review, privacy review, or human decision-making responsibilities.

Membership

Membership shall be appointed by the Health Commissioner.

The Committee should include representatives from:

- Leadership
- Operations
- Program Services
- Privacy/Compliance
- Information Technology

- Records Management

Additional members may be appointed as needed.

Meeting Frequency

The Committee shall meet:

- Quarterly at a minimum
- Following significant AI-related incidents
- As needed to review high-risk AI proposals

Annual Responsibilities

The Committee shall complete the following activities annually:

Activity	Due
Review AI Governance Manual	Annually
Review Approved AI Tool Inventory	Annually
Review Approved Use Cases	Annually
Conduct Program Evaluation	Annually
Review Incident Trends	Annually
Review Training Program	Annually
Submit Recommendations to Leadership	Annually

Quarterly Responsibilities

The Committee shall:

- Review newly proposed AI tools
- Review newly proposed AI use cases
- Evaluate completed risk assessments
- Review incident reports and corrective actions
- Monitor training completion
- Monitor emerging AI risks and regulatory developments

Deliverables

The Committee shall maintain:

- Approved AI Tool Inventory
- Approved AI Use Case Register
- Quarterly Review Worksheets
- Annual AI Program Review
- AI Governance Recommendations
- Meeting Minutes

Reporting

The Committee shall provide recommendations to the Health Commissioner and Leadership Team.

An annual summary of Committee activities shall be incorporated into the AI Governance Program Review and Board reporting process.

Charter Review

This Charter shall be reviewed annually and revised as needed.

Appendix B– Approved AI Tool Inventory

Purpose:
This inventory identifies artificial intelligence tools approved for use by the Ashland County Health Department and documents approved uses, restrictions, oversight requirements, and review schedules.

Review Frequency: Annually or upon significant vendor, technology, contractual, security, or regulatory changes.

Approved AI Tool Inventory

Tool	Vendor	Tool Type	Approved Users	Approved Uses	Prohibited Uses	Data Classification Allowed	Risk Level	Owner	Initial Approval Date	Review Date
Microsoft Copilot for Microsoft 365	Microsoft	Enterprise AI Assistant	Authorized ACHD Staff	Drafting documents, meeting summaries, email drafting, administrative support, policy development, strategic planning support, report development, presentation development	PHI unless specifically approved and configured; automated decision-making; personnel actions; regulatory decisions	Public, Internal Operational, Approved Confidential Data	Moderate	Director of Operations	07/01/2026	Annual
ChatGPT	OpenAI	Generative AI	Authorized ACHD Staff	Research assistance, drafting educational materials, brainstorming, policy drafting, public communications development, training materials, grant-writing support	PHI, PII, personnel information, investigative records, legal materials, enforcement actions, clinical decision-making	Public Data and De-Identified Data Only	Moderate	Director of Operations	07/01/2026	Annual
Magai	Magai	AI Productivity Platform	Authorized ACHD Staff	Content development, public health education, strategic planning support, communications, policy development,	PHI, PII, personnel information, investigative records, legal materials, regulatory decisions	Public Data and De-Identified Data Only	Moderate	Director of Operations	07/01/2026	Annual

				grant-writing support, project planning						

Vendor Due Diligence Review

Approved Use Conditions

The following conditions apply to all approved AI tools:

Human Oversight Required

All AI-generated content must be reviewed and approved by qualified ACHD personnel before reliance, publication, or official use.

Documentation Requirements

Material AI use shall be documented using the ACHD Material AI Documentation Log.

Public Records Requirements

AI-assisted work products may constitute public records and shall be retained in accordance with ACHD records retention requirements.

Privacy Requirements

PHI, PII, confidential public health information, personnel records, investigative records, and security-sensitive information shall not be entered into an AI tool unless specifically approved under Governance Manual 100-031.

AI Disclosure

Disclosure requirements shall be followed when AI materially contributes to public-facing products, reports, communications, or public interactions.

Pending Review / Proposed AI Tools

Tool	Requestor	Proposed Use	Risk Level	Date Submitted	Status

Retired or Removed Tools

Tool	Date Removed	Reason for Removal

AI Governance Committee Review Log

Review Date	Committee Chair	Changes Made	Next Review Date
07/01/2026	Director of Operations	Initial Inventory Established	07/01/2027

Appendix C– AI Risk Matrix

Purpose

The AI Risk Assessment Matrix provides a standardized framework for evaluating risks associated with proposed artificial intelligence tools, use cases, workflows, and projects. The matrix assists the AI Governance Committee in determining the level of review, oversight, and approval required before implementation.

Risk assessments shall be completed:

- Prior to approval of a new AI tool
- Prior to approval of a new AI use case
- Following significant vendor changes
- Following significant regulatory changes
- Following major AI-related incidents
- During annual program reviews

Risk Categories

Each proposed use shall be evaluated in the following categories.

Risk Category	Description
Privacy	Potential impact on confidentiality, PHI, PII, or protected information
Security	Potential cybersecurity, unauthorized access, credential exposure, or system compromise risks
Legal & Regulatory	Potential violations of HIPAA, Ohio law, public records laws, grant requirements, contracts, or regulations
Operational	Potential disruption of ACHD operations, workflows, staffing, or service delivery
Accuracy	Potential for hallucinations, misinformation, incorrect recommendations, or inaccurate outputs
Equity & Bias	Potential for unfair, discriminatory, inaccessible, or inequitable outcomes

Public Trust	Potential reputational impacts or loss of public confidence
Financial	Potential fiscal impacts, recurring costs, contract liabilities, or resource burden
Records Management	Potential impacts on records retention, public records, discovery, or audit requirements
Dependency Risk	Potential for overreliance on AI or reduction in human oversight

Risk Scoring Scale

Each category shall receive a score from 1–5.

Score	Definition
1	Very Low Risk
2	Low Risk
3	Moderate Risk
4	High Risk
5	Very High Risk

Risk Assessment Worksheet

Risk Category	Score (1-5)	Comments
Privacy		
Security		
Legal & Regulatory		
Operational		
Accuracy		
Equity & Bias		

Public Trust		
Financial		
Records Management		
Dependency Risk		

Total Score: _____

Average Score: _____

Risk Level Determination

Average Score	Risk Level	Required Approval
1.0 – 2.0	Low Risk	Supervisor
2.1 – 3.0	Moderate Risk	AI Governance Committee
3.1 – 4.0	High Risk	AI Governance Committee + Leadership Team
4.1 – 5.0	Critical Risk	Health Commissioner Approval Required

Low-Risk Examples

Typically include:

- Grammar and spelling assistance
- Meeting summaries
- Draft agendas
- Draft emails
- Publicly available information summaries
- Presentation formatting
- Policy formatting assistance

Characteristics:

✅ No PHI

✅ No PII

✅ Human review required

✅ Public or internal operational information only

Moderate-Risk Examples

Typically include:

- Strategic planning support
- Grant writing assistance
- Program evaluation summaries
- Performance management reporting
- Workforce development materials
- Public health education content

Characteristics:

✅ Human review required

✅ Public, de-identified, or approved internal data

✅ Potential influence on agency operations

High-Risk Examples

Typically include:

- Workforce or personnel matters
- Regulatory determinations
- Legal analysis
- Investigation support
- Public-facing automated interactions

- Public health communications with community impact

Characteristics:

✅ Enhanced review required

✅ Leadership notification

✅ Secondary reviewer required

✅ Formal documentation required

Critical-Risk Examples

The following activities are generally prohibited or require extraordinary approval:

- PHI entered into unapproved systems
- Clinical diagnoses
- Treatment recommendations
- Automated enforcement decisions
- Public health order determinations
- Hiring, promotion, discipline, or termination decisions based solely on AI
- Automated actions affecting individual rights or services

Characteristics:

✅ Health Commissioner review

✅ Legal review

✅ Privacy review

✅ Potential Board notification

✅ Formal risk mitigation plan

Required Mitigation Measures

When any category receives a score of "4" or "5," the reviewer shall document mitigation strategies.

Examples:

Risk Area	Potential Mitigation
Privacy	De-identification, restricted access, approved platform
Security	Multi-factor authentication, audit logging
Accuracy	Secondary review, source verification
Equity	Bias review and accessibility review
Public Trust	Disclosure statement and leadership review
Records	Records retention process and documentation log

Approval Recommendations

Recommendation	Description
Approve	Risk is acceptable with standard controls
Approve with Conditions	Risk acceptable only after specified mitigation measures are implemented
Defer	Additional information required
Deny	Risk exceeds acceptable tolerance

Risk Review Signatures

Requestor: _____

Date: _____

Supervisor: _____

Date: _____

AI Governance Committee Review: _____

Date: _____

Health Commissioner Approval (if required): _____

Date: _____

Appendix D – AI Use Case Request Form

Purpose:
This form shall be completed when requesting approval for a new AI use case, workflow, project, pilot, or implementation involving an approved or proposed AI tool. The AI Governance Committee will use this form to evaluate risks, benefits, compliance requirements, and governance considerations prior to approval.

Section 1: Request Information

Field	Information
Request Number	_____
Date Submitted	_____
Requestor Name	_____
Position/Title	_____
Division/Program	_____
Supervisor	_____
Email	_____
Phone	_____

Section 2: Business Purpose and Proposed AI Tool

Field	Information

Use Case Title	
Business Need	
Expected Benefits	
Alternative Non-AI Process Considered	
Description of Proposed AI Use	
Risk Classification	
AI Tool Name	_____
Vendor	_____
Already Included in Approved Tool Inventory?	☐ Yes ☐ No
If No, Tool Approval Request Submitted?	☐ Yes ☐ No
Proposed Start Date	_____

Data Inputs

Describe the information entered into the AI system.

Input Type	Description
Data Source(s)	
Information Entered	
Contains PHI	□ Yes □ No
Contains PII	□ Yes □ No
Contains Confidential Information	□ Yes □ No
De-identified Prior to Submission	□ Yes □ No

Data Storage

Question	Response
Where is data stored?	
Cloud or Local Storage?	
Data Retention Period	
Vendor Uses Data for Model Training?	□ Yes □ No □ Unknown
Contractual Protections in Place?	□ Yes □ No
Access Restricted to Authorized Users?	□ Yes □ No

Outputs and Records

Question	Response
Type of Output Generated	
Where are outputs stored?	
Is output retained as an official record?	□ Yes □ No
System of Record	
Who reviews output prior to use?	
Who has access to output?	

What benefits are expected?

☐ Improved Efficiency

☐ Reduced Administrative Burden

☐ Improved Quality

☐ Workforce Support

☐ Improved Accuracy

☐ Enhanced Public Communication

☐ Improved Reporting

☐ Other: _____

Section 4: Department/Program Impact

Which division(s) will use this AI application?

☐ Administration

☐ Nursing

☐ Environmental Health

☐ Epidemiology

☐ Health Education

☐ Preparedness

☐ Finance

☐ Human Resources

☐ Other _____

Estimated Number of Users

_____

_____

Section 5: Data Classification Assessment

What information will be entered into the AI tool?

Data Type	Yes	No
Public Information	☐	☐
Internal Operational Information	☐	☐
Sensitive/Internal Confidential Information	☐	☐
Personally Identifiable Information (PII)	☐	☐
Protected Health Information (PHI)	☐	☐

Legal/Investigative Information	☐	☐
Security/Credential Information	☐	☐

Describe data that will be entered into the tool:

Section 6: Human Oversight

Will AI-generated outputs be reviewed by a human prior to reliance or release?

☐ Yes

☐ No

Who will review outputs?

Title of Reviewer

Section 7: Public Use Assessment

Will the AI-generated information be:

Activity	Yes	No
Shared with the public	☐	☐
Used in reports	☐	☐
Used in presentations	☐	☐
Used for regulatory decisions	☐	☐
Used for personnel decisions	☐	☐
Used in public communications	☐	☐

Section 8: Compliance Review

Does this use case involve:

Requirement	Yes	No
HIPAA-regulated information	☐	☐
Public records implications	☐	☐
Records retention requirements	☐	☐
Grant requirements	☐	☐
Vendor contracts	☐	☐
Confidential information	☐	☐

Section 9: Risk Assessment

Has the AI Risk Assessment Matrix been completed?

☐ Yes

☐ No

Risk Level Assigned:

☐ Low

☐ Moderate

☐ High

☐ Critical

Date Completed:

Section 10: Training and Competency

Will users of this use case complete required AI training?

☐ Yes

☐ No

Additional training needed?

Section 11: Requestor Certification

I certify that the information contained in this request is accurate and that I understand use of AI must comply with Governance Manual 100-031, approved use standards, privacy requirements, records retention requirements, and applicable laws.

Requestor Signature:

Date:

Section 12: Supervisor Review

Supervisor Recommendation:

☐ Approve

☐ Approve with Conditions

☐ Deny

Comments:

Supervisor Signature:

Date:

Section 13: AI Governance Committee Review

Date Reviewed:

Risk Rating Confirmed:

☐ Low

☐ Moderate

☐ High

☐ Critical

Committee Determination:

☐ Approved

☐ Approved with Conditions

☐ Deferred

☐ Denied

Conditions of Approval:

_____

_____

_____

Committee Chair:

_____

Date:

_____

_____

Section 14: Final Approval (If Required)

☐ Health Commissioner Approval Required

Decision:

☐ Approved

☐ Denied

Health Commissioner Signature:

_____

Date:

Governance Tracking Information

Item	Completed
Risk Matrix Completed	☐
Tool Inventory Updated	☐
Training Assigned	☐
Documentation Requirements Reviewed	☐
Records Retention Reviewed	☐
Approval Recorded	☐

ACHD Governance Committee Guidance

A new AI Use Case Request Form should be completed whenever:

- A new AI tool is introduced.
- An approved AI tool is proposed for a substantially different use.
- A new program area begins using AI.
- An AI workflow materially changes business processes.
- A high-risk or public-facing AI application is proposed.
- The AI Governance Committee requests reassessment of an existing use case.

Appendix E – Material AI Documentation Log

Purpose

This log is used to document **Material AI Use** as defined in Governance Manual 100-031.

Material AI Use occurs when artificial intelligence meaningfully influences, creates, changes, recommends, or helps determine the content or outcome of a work product, analysis, communication, recommendation, report, presentation, policy, strategic document, or decision-support activity.

This documentation supports:

- Accountability
- Transparency
- Public records compliance
- Records retention requirements
- Risk management
- Internal quality assurance
- AI Governance Committee review

Documentation Requirements

A Material AI Use Documentation Log should be completed when AI is used to:

✅ Draft reports

✅ Draft policies or procedures

✅ Draft Board materials

✅ Draft strategic planning documents

✅ Create grant applications

✅ Analyze data

✅ Generate public-facing communications

✅ Generate official presentations

✅ Support decision-making activities

✅ Create or substantially revise agency work products

The log is not required for routine administrative uses such as spelling corrections, grammar suggestions, formatting assistance, transcription, or scheduling support that do not materially affect content or outcomes.

Material AI Use Documentation Log

Field	Information
Documentation Number	_____
Date of AI Use	_____
Employee Name	_____
Position/Program	_____
Supervisor	_____
AI Tool Used	_____
AI Vendor	_____

Work Product Information

Title of Work Product

Type of Work Product

☐ Policy

☐ Procedure

☐ Strategic Plan

☐ CHIP

☐ PM/QI Document

☐ Grant Application

☐ Presentation

☐ Board Report

☐ Public Communication

☐ Educational Material

☐ Data Analysis

☐ Other _____

Purpose of AI Use

Describe how AI assisted with the work product.

_____

_____

_____

_____

Description of AI Activity

Check all that apply:

☐ Drafting Content

☐ Summarization

☐ Editing

☐ Data Analysis

☐ Brainstorming

☐ Outline Development

☐ Research Assistance

☐ Presentation Development

☐ Writing Assistance

☐ Graphic Creation

☐ Other _____

Brief Description of Prompts Used

(Do not include confidential information.)

_____

_____

_____

_____

Data Classification Review

What type of information was entered into the AI tool?

Data Type	Yes	No
Public Information	☐	☐
Internal Operational Information	☐	☐
De-Identified Data	☐	☐
Confidential Information	☐	☐
PHI	☐	☐
PII	☐	☐

If confidential, PHI, or PII information was involved, document approval:

_____

_____

_____

Validation and Human Review

The reviewer confirms that the AI-generated content was evaluated for:

Validation Requirement	Completed
Factual Accuracy	☐
Citation Verification	☐
Statistical Review	☐
Legal/Regulatory Review (if applicable)	☐
Public Health Guidance Validation	☐
Hallucination Review	☐
Equity/Bias Review	☐
Accessibility Review	☐
Cultural Appropriateness Review	☐
Health Literacy Review	☐

Significant Corrections or Modifications Made

Describe any major revisions made after AI output review.

Reviewer Information

Field	Information
Reviewer Name	_____

Reviewer Title	_____
Date Reviewed	_____

Reviewer Certification

I have reviewed the AI-assisted work product and verified that appropriate validation, correction, and human oversight were completed before use, publication, or distribution.

Reviewer Signature:

Date:

Disclosure Assessment

Did AI materially contribute to the work product?

☐ Yes

☐ No

If yes, does disclosure apply under Governance Manual 100-031?

☐ Yes

☐ No

Disclosure Statement Used (if applicable)

Records Retention

Item	Completed

Final Document Saved	☐
Saved in Approved System of Record	☐
Documentation Log Retained	☐
Retention Schedule Confirmed	☐

Storage Location

Governance Tracking

Item	Completed
Approved Tool Used	☐
Approved Use Case	☐
Risk Level Reviewed	☐
Human Review Completed	☐
Documentation Complete	☐

Final Certification

The undersigned certify that this AI-assisted work product was developed in compliance with ACHD Governance Manual 100-031 and all applicable privacy, records retention, security, and human review requirements.

Employee Signature:

Date:

Supervisor Signature (if required):

Date:

AI Governance Committee Guidance

The Material AI Documentation Log should be retained for:

- Strategic Plans
- Community Health Improvement Plans (CHIPs)
- PM/QI Plans
- Workforce Development Plans
- Board Reports
- Grant Applications
- Policy Development
- Major Presentations
- Data Analyses
- Public-Facing Reports
- High-Risk AI Use Cases

Appendix F– AI Incident Report Form

Purpose

This form shall be used to document suspected or confirmed incidents involving the use of artificial intelligence (AI) that may impact privacy, security, data protection, public trust, regulatory compliance, records management, operational effectiveness, or adherence to ACHD Governance Manual 100-031.

Timely reporting supports:

- Risk mitigation
- Privacy protection
- HIPAA compliance
- Public records compliance
- Corrective action implementation
- Organizational learning
- Continuous improvement

All employees, contractors, interns, volunteers, and affiliated personnel are responsible for promptly reporting AI-related incidents.

Section 1: Incident Information

Field	Information
Incident Number	_____
Date Incident Occurred	_____
Date Incident Discovered	_____
Date Report Submitted	_____

Report Submitted By	_____
Position/Title	_____
Division/Program	_____
Supervisor	_____
Phone/Email	_____

Section 2: AI Tool Information

Field	Information
AI Tool Involved	_____
Vendor	_____
Approved ACHD Tool?	☐ Yes ☐ No
Use Case Approved?	☐ Yes ☐ No
User(s) Involved	_____

Section 3: Incident Classification

Select all that apply:

Privacy and Data Protection

☐ PHI Disclosure

☐ PII Disclosure

☐ Unauthorized Data Sharing

☐ Improper Data Entry into AI System

☐ De-Identification Failure

☐ Unauthorized Access to Data

Security

☐ Unauthorized AI Tool Installation

☐ Security Breach

☐ Credential Exposure

☐ Malware or Security Threat

☐ Unauthorized Integration

Content and Quality

☐ Hallucinated Information Used

☐ Inaccurate AI Output

☐ Fabricated Citation

☐ Incorrect Statistical Information

☐ Misleading Public Communication

☐ Unverified Content Released

Governance and Policy

☐ Unauthorized AI Tool Use

☐ Use Outside Approved Use Case

☐ Failure to Document Material AI Use

☐ Records Retention Violation

☐ Disclosure Requirement Not Followed

☐ Training Requirement Not Met

Equity and Public Trust

☐ Bias Concern

☐ Accessibility Concern

☐ Equity Concern

☐ Reputational Risk

☐ Public Complaint

Other

☐ Other (describe below)

Section 4: Incident Description

Describe the incident in detail:

Section 5: Information Potentially Affected

What type of information was involved?

Information Type	Yes	No
Public Information	☐	☐
Internal Operational Information	☐	☐
Confidential Information	☐	☐
Personnel Information	☐	☐

PHI	☐	☐
PII	☐	☐
Legal Information	☐	☐
Investigative Information	☐	☐
Security Information	☐	☐

Description of Information Potentially Affected

_____

_____

_____

_____

Section 6: Initial Impact Assessment

Actual Impact

☐ No Known Impact

☐ Minor Operational Impact

☐ Moderate Operational Impact

☐ Significant Operational Impact

☐ Regulatory Impact

☐ Public Trust Impact

☐ Potential HIPAA Event

☐ Potential Legal Exposure

Individuals Potentially Affected

☐ None

☐ Employees

☐ Clients/Patients

☐ Community Members

☐ External Partners

☐ Unknown

Estimated Number: _____

Section 7: Immediate Corrective Actions

Describe actions taken immediately after discovery:

_____

_____

_____

_____

Select actions completed:

☐ Incident Report Submitted

☐ Supervisor Notified

☐ Director of Operations or Health Commissioner Notified

☐ IT/Security Notified

☐ Access Suspended

☐ Output Removed or Corrected

☐ Data Deleted (if applicable)

☐ Investigation Initiated

Section 8: Investigation Findings

To be completed by reviewer, AI Governance Committee, or designated investigator.

Root Cause Analysis

What caused the incident?

_____

_____

Contributing Factors

☐ Human Error

☐ Training Deficiency

☐ Vendor/System Issue

☐ Policy Noncompliance

☐ Process Failure

☐ Security Weakness

☐ Insufficient Oversight

☐ Other

Section 9: Determination

Incident Severity:

☐ Low

☐ Moderate

☐ High

☐ Critical

Compliance Implications:

☐ None

☐ HIPAA Review Required

☐ Legal Review Required

☐ Public Records Review Required

☐ Vendor Notification Required

☐ Contract Review Required

Section 10: Corrective Action Plan

List corrective actions to prevent recurrence.

Corrective Action	Responsible Person	Due Date

Section 11: Lessons Learned

What changes should be considered?

☐ Additional Training

☐ Policy Revision

☐ Procedure Revision

☐ Tool Restriction

☐ Tool Removal

☐ Additional Monitoring

☐ Additional Documentation

☐ Vendor Evaluation

☐ Risk Matrix Revision

Comments

_____

_____

_____

Section 12: Final Review and Closure

AI Governance Committee Review

Date Reviewed:

_____

Committee Recommendation:

☐ Close Incident

☐ Continue Monitoring

☐ Additional Investigation Required

☐ Escalate to Leadership

Comments:

_____

_____

_____

Final Approval

Reviewed By:

_____

Title:

_____

Signature:

_____

Date:

_____

Governance Tracking

Requirement	Complete
Incident Logged	☐
Investigation Completed	☐
Corrective Actions Assigned	☐
Corrective Actions Verified	☐

Training Reviewed	☐
Committee Review Completed	☐
Closure Approved	☐

AI Governance Committee Guidance

An AI Incident Report Form should be completed whenever:

- PHI, PII, or confidential information is entered into an unapproved AI tool.
- Unauthorized AI tools are used for ACHD business.
- Hallucinated or inaccurate AI-generated content is used in official work products.
- An AI-generated public communication contains material errors.
- A bias, accessibility, equity, or discrimination concern is identified.
- A security issue involving AI systems is discovered.
- A violation of Governance Manual 100-031 occurs.
- The Health Commissioner, Director of Operations, or AI Governance Committee requests formal incident documentation.

Appendix G– Training Acknowledgement Form

Purpose

This form documents completion of required Artificial Intelligence (AI) training and acknowledges the employee's understanding of ACHD's Artificial Intelligence Governance Manual and Policy 100-031.

Completion of this form demonstrates that the employee has received training on approved AI use standards, privacy requirements, security expectations, documentation requirements, human oversight responsibilities, and incident reporting procedures as required by the ACHD AI Governance Program.

Employee Information

Field	Information
Employee Name	_____
Position/Title	_____
Division/Program	_____
Supervisor	_____
Hire Date	_____
Training Date	_____

Training Type

Check all that apply:

☐ New Employee Orientation

☐ Annual Refresher Training

☐ Leadership Training

☐ AI Governance Committee Training

☐ Advanced AI User Training

☐ Remedial Training

☐ Policy Update Training

☐ Other: _____

Training Topics Covered

I acknowledge that I have received instruction on the following topics:

AI Fundamentals

☐ Definition of Artificial Intelligence

☐ Generative AI Concepts

☐ Benefits and Limitations of AI

☐ Human Accountability Principles

☐ Understanding AI Hallucinations

☐ AI Bias and Equity Considerations

Governance Requirements

☐ AI Governance Manual Overview

☐ Approved AI Tools

☐ Approved AI Use Cases

☐ Prohibited Uses of AI

☐ Human Oversight Requirements

☐ Documentation Requirements

Privacy and Security

☐ HIPAA Requirements

☐ Protection of PHI

☐ Protection of PII

☐ Data Classification Requirements

☐ Approved Data Use Standards

☐ Cybersecurity Considerations

Documentation and Records

☐ Material AI Use Documentation Log

☐ Public Records Requirements

☐ Records Retention Requirements

☐ Disclosure Requirements

Incident Reporting

☐ AI Incident Reporting Procedures

☐ Reporting Timelines

☐ Corrective Actions

☐ Employee Responsibilities

Practical Use of AI

☐ Prompt Development

☐ Output Verification

☐ Citation Verification

☐ Fact Checking

☐ Risk Identification

☐ Appropriate Human Review

Employee Acknowledgement

I acknowledge that:

Understanding of Requirements

I have received training regarding Ashland County Health Department's Artificial Intelligence Governance Manual and Policy 100-031.

Human Accountability

I understand that artificial intelligence is a support tool and does not replace professional judgment, regulatory authority, clinical expertise, legal review, or human decision-making.

Privacy Responsibilities

I understand that PHI, PII, confidential public health information, personnel information, investigative information, and other protected information may not be entered into AI systems except as specifically authorized under agency policy.

Verification Requirement

I understand that AI-generated content must be reviewed, validated, and approved by qualified personnel before being relied upon or distributed.

Documentation Requirement

I understand that material AI use may require documentation and records retention.

Incident Reporting Requirement

I understand my obligation to promptly report suspected AI-related privacy, security, compliance, or governance incidents.

Compliance Requirement

I understand that failure to comply with ACHD AI governance requirements may result in corrective action, retraining, restriction of AI access, disciplinary action, or other consequences as provided in agency policy.

Employee Certification

I certify that:

☐ I completed the required AI training.

☐ I understand the requirements of the ACHD Artificial Intelligence Governance Program.

☐ I understand my responsibilities regarding privacy, security, documentation, records management, and human oversight.

☐ I agree to comply with Governance Manual 100-031 and all related procedures.

Employee Signature:

_____

Date:

_____

_____

Supervisor Verification

I verify that the employee identified above has completed the required AI training and has been provided with access to the ACHD Artificial Intelligence Governance Manual.

Supervisor Name:

_____

Title:

_____

Signature:

_____

Date:

_____

_____

Training Record

Item	Completed
Training Completed	☐

Employee Acknowledgement Received	☐
Supervisor Verification Received	☐
Personnel File Updated	☐
Training Database Updated	☐

Refresher Training Schedule

Training Level	Frequency
All Authorized Users	Annually
AI Governance Committee Members	Annually
Supervisors and Leadership	Annually
New Employees Using AI Tools	During Orientation
Policy Revision Updates	As Needed

ACHD Governance Committee Guidance

A completed Training Acknowledgement Form should be maintained for:

- All employees authorized to use approved AI tools
- AI Governance Committee members
- Supervisors responsible for reviewing AI-assisted work products
- Staff assigned to high-risk AI use cases
- New employees during onboarding

Appendix H– Quarterly Governance Review Worksheet

Purpose

The Quarterly AI Governance Review Worksheet is used by the AI Governance Committee to evaluate implementation of the ACHD Artificial Intelligence Governance Program and identify opportunities for improvement.

The review supports:

- Governance oversight
- Risk management
- Compliance monitoring
- Training oversight
- Tool inventory management
- Incident review
- Continuous quality improvement
- Annual program evaluation preparation

This worksheet should be completed at least quarterly and retained with AI Governance Committee records.

Quarterly Review Information

Field	Information
Quarter Reviewed	☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4
Review Period	_____
Review Date	_____
Committee Chair	_____

Health Commissioner Present	☐ Yes ☐ No
Number of Committee Members Present	_____
Quorum Achieved	☐ Yes ☐ No

Section 1: Approved AI Tool Inventory Review

Current Approved Tools

Tool	Approved	Reviewed This Quarter	Changes Needed
Microsoft Copilot	☐	☐	☐
ChatGPT	☐	☐	☐
Magai	☐	☐	☐
Other	☐	☐	☐

Inventory Review Questions

Question	Yes	No	Comments
Inventory is current	☐	☐	
Approved use cases remain appropriate	☐	☐	
Vendor terms have been reviewed	☐	☐	
Vendor security changes identified	☐	☐	
Vendor data use practices unchanged	☐	☐	
Any tool requires re-evaluation	☐	☐	

Tool Inventory Actions Needed

Section 2: AI Use Case Review

New Use Cases Submitted This Quarter

Use Case	Division	Risk Level	Status

Use Case Review

Question	Yes	No	Comments
Use cases align with approved purposes	☐	☐	
Risk assessments completed	☐	☐	
Required approvals documented	☐	☐	
Human oversight requirements met	☐	☐	
Documentation requirements followed	☐	☐	

Section 3: Risk Management Review

Risk Assessments Completed

Risk Category	Number Reviewed
Low Risk	_____
Moderate Risk	_____
High Risk	_____

Critical Risk	_____

Risk Review Questions

Question	Yes	No	Comments
New risks identified this quarter	☐	☐	
Existing mitigation strategies remain effective	☐	☐	
Regulatory changes reviewed	☐	☐	
Emerging AI risks evaluated	☐	☐	
Risk Matrix updates needed	☐	☐	

Significant Risks Identified

_____

_____

_____

_____

Section 4: Documentation and Records Review

Material AI Documentation Log Review

Question	Yes	No	Comments
Documentation logs completed where required	☐	☐	
Documentation retained appropriately	☐	☐	
Records stored in approved systems	☐	☐	
Public records considerations addressed	☐	☐	

Findings

Section 5: Privacy, Security, and HIPAA Review

Review Checklist

Question	Yes	No	Comments
PHI disclosures identified	☐	☐	
PII disclosures identified	☐	☐	
Unauthorized AI tool use identified	☐	☐	
Security issues identified	☐	☐	
Data governance requirements followed	☐	☐	
Privacy concerns addressed	☐	☐	

Significant Privacy or Security Concerns

Section 6: Incident Review

AI Incidents Reported This Quarter

Incident Number	Severity	Status

Incident Management Review

Question	Yes	No	Comments
All incidents investigated	☐	☐	
Corrective actions completed	☐	☐	
Lessons learned documented	☐	☐	
Policy violations identified	☐	☐	
Additional training required	☐	☐	

Trends or Patterns Identified

_____

_____

_____

_____

Section 7: Training and Workforce Development Review

Training Completion Status

Group	Completion Rate
Authorized Users	_____ %
Supervisors	_____ %
Leadership Team	_____ %
AI Governance Committee	_____ %

Training Review

Question	Yes	No	Comments

Required training completed	☐	☐	
New employee training completed	☐	☐	
Refresher training completed	☐	☐	
Additional training needs identified	☐	☐	

Training Needs Identified

_____

_____

_____

_____

Section 8: Equity, Accessibility, and Public Trust Review

Review Checklist

Question	Yes	No	Comments
Bias concerns identified	☐	☐	
Accessibility concerns identified	☐	☐	
Equity concerns identified	☐	☐	
Public complaints received	☐	☐	
Disclosure requirements followed	☐	☐	

Findings

_____

_____

_____

_____

Section 9: Quarterly Committee Recommendations

Policy Recommendations

_____

Procedure Recommendations

Training Recommendations

Tool Recommendations

Section 10: Action Plan

Action Item	Responsible Person	Due Date

Committee Approval

Review Completed By:

Committee Chair

Date: _____

Reviewed By:

Health Commissioner

Date: _____

Annual Review Tracking

Quarter	Completed
Q1	☐
Q2	☐
Q3	☐
Q4	☐

Appendix I– Annual AI Program Review Template For BOH

Purpose

The Annual AI Program Review is conducted by the AI Governance Committee to evaluate the effectiveness, compliance, maturity, and overall performance of ACHD's Artificial Intelligence Governance Program.

The review serves as the formal annual assessment required by the AI Governance Manual and supports:

- Continuous quality improvement
- Governance oversight
- Risk management
- Workforce development
- Strategic planning
- Board of Health reporting
- Policy review and revision
- Future AI governance planning

Information from Quarterly Governance Review Worksheets should be incorporated into this review.

Review Information

Field	Information
Review Year	_____
Review Date	_____

Committee Chair	_____
Health Commissioner	_____
Report Prepared By	_____
Presented to Leadership Team	☐ Yes ☐ No
Presented to Board of Health	☐ Yes ☐ No

Section 1: Executive Summary

Overall Assessment of the AI Governance Program

☐ Exceeds Expectations

☐ Meets Expectations

☐ Needs Improvement

☐ Major Revisions Recommended

Summary of Major Accomplishments

_____

_____

_____

Summary of Significant Challenges

_____

_____

_____

_____

Section 2: Governance Program Evaluation

Governance Activities Conducted

Activity	Completed
Quarterly Committee Meetings Held	☐
Annual Program Review Completed	☐
Policy Review Conducted	☐
Risk Assessments Conducted	☐
Tool Inventory Reviewed	☐
Approved Use Cases Reviewed	☐

Governance Strengths

_____

_____

_____

Governance Improvement Opportunities

_____

_____

_____

_____

Section 3: Approved AI Tool Inventory Review

Current Approved Tools

Tool	Status	Reapproved
Microsoft Copilot	☐ Active ☐ Retired	☐
ChatGPT	☐ Active ☐ Retired	☐

Magai	☐ Active ☐ Retired	☐
Other	☐ Active ☐ Retired	☐

Inventory Evaluation

Question	Yes	No
Inventory remains accurate	☐	☐
Approved uses remain appropriate	☐	☐
Vendor risks have been reviewed	☐	☐
Vendor terms reviewed	☐	☐
Additional tools recommended	☐	☐
Any tools should be retired	☐	☐

Tool Inventory Findings

Section 4: AI Use Case Evaluation

Summary of Approved Use Cases

Risk Level	Number of Approved Use Cases
Low Risk	_____
Moderate Risk	_____
High Risk	_____

Critical Risk	_____

Use Case Review

Question	Yes	No
Approved use cases remain appropriate	☐	☐
New use cases require development	☐	☐
Documentation requirements followed	☐	☐
Human review requirements followed	☐	☐

Significant Use Cases Implemented

Section 5: Risk Management Evaluation

Annual Risk Summary

Risk Category	Significant Issues Identified
Privacy	_____
Security	_____
Legal/Regulatory	_____
Accuracy	_____
Equity/Bias	_____
Public Trust	_____
Records Management	_____

Operational	_____

Risk Assessment Findings

_____

_____

_____

Emerging Risks for Next Year

_____

_____

_____

_____

Section 6: Privacy, Security, and Compliance Review

Compliance Review

Area	Compliant
HIPAA Requirements	☐
PII Requirements	☐
Data Governance Requirements	☐
Records Retention Requirements	☐
Public Records Requirements	☐
AI Governance Manual Requirements	☐

Significant Compliance Findings

_____

_____

_____

Section 7: Training and Workforce Development Evaluation

Training Completion Rates

Group	Completion Rate
Authorized Users	_____ %
Supervisors	_____ %
Leadership Team	_____ %
AI Governance Committee	_____ %

Training Assessment

Question	Yes	No
Annual training completed	☐	☐
New employees trained	☐	☐
Refresher training completed	☐	☐
Advanced training provided	☐	☐

Workforce Development Needs

Section 8: Incident Review

Incident Summary

Severity Level	Number

Low	_____
Moderate	_____
High	_____
Critical	_____

Incident Trends

Corrective Actions Completed

Lessons Learned

Section 9: Equity, Accessibility, and Public Trust Review

Review Findings

Area	Reviewed
Bias Concerns	☐
Accessibility Issues	☐
Equity Impacts	☐
Disclosure Practices	☐

Public Complaints	☐

Findings

_____

_____

_____

Recommendations

_____

_____

_____

_____

Section 10: Environmental Impact Considerations

Consistent with ACHD Policy 100-031, the Committee should consider the environmental implications of AI use.

Assessment

☐ No Significant Concerns

☐ Monitoring Recommended

☐ Tool Selection Considerations Needed

☐ Additional Evaluation Recommended

Comments:

_____

_____

_____

_____

Section 11: Policy and Manual Review

Governance Manual Review

Item	Completed
Policy reviewed	☐
Manual reviewed	☐
Charter reviewed	☐
Appendices reviewed	☐
Forms reviewed	☐

Recommended Revisions

Section 12: Performance Measures

Annual Governance Measures

Measure	Target	Actual
Quarterly Reviews Completed	4	_____
Annual Review Completed	1	_____
Training Completion Rate	100%	_____
Approved Tool Inventory Reviewed	100%	_____
Incident Investigations Completed	100%	_____

Corrective Actions Completed	100%	_____

Section 13: Goals for Next Year

Goal 1

Goal 2

Goal 3

Goal 4

Section 14: Committee Recommendations to Leadership

Policy Recommendations

Operational Recommendations

Technology Recommendations

Workforce Recommendations

Final Committee Certification

The AI Governance Committee certifies that it has completed the Annual AI Program Review and submits this report to the Health Commissioner and Leadership Team for consideration.

Committee Chair:

Date: _____

Health Commissioner:

Date: _____

Board of Health Acknowledgement (Optional)

Date Presented to Board:

Board Action:

☐ Information Only

☐ Accepted

☐ Recommendations Requested

☒ Policy/Manual Revisions Directed

Comments:

Appendix J– PHAB Crosswalk

Purpose

This crosswalk demonstrates how the ACHD Artificial Intelligence Governance Manual supports Public Health Accreditation Board (PHAB) Standards and Measures.

The Artificial Intelligence Governance Program is not specifically required by PHAB; however, the program supports multiple PHAB expectations related to:

- Leadership and governance
- Workforce development
- Performance management
- Quality improvement
- Data management
- Organizational policies and procedures
- Risk management
- Continuous improvement
- Community trust and transparency

This crosswalk may be used during accreditation documentation review, annual reporting, strategic planning, workforce development planning, and quality improvement activities.

PHAB Domain 11

Governance

Relevance

The AI Governance Manual establishes organizational structures, leadership oversight, governance processes, committee review, annual evaluation, and Board reporting.

AI Governance Manual Section	PHAB Alignment
Governance Structure	Organizational Governance

AI Governance Committee Charter	Leadership Oversight
Annual AI Program Review	Governance Review
Board Reporting Requirements	Governing Entity Engagement
Policy Review Requirements	Continuous Governance Improvement

Evidence Sources

- Governance Manual
- Governance Committee Charter
- Quarterly Governance Reviews
- Annual Program Review
- Board Reports

PHAB Domain 8

Workforce Development

Relevance

The AI Governance Program establishes workforce training, staff competency requirements, and annual education requirements regarding AI technologies.

AI Governance Manual Section	PHAB Alignment
Training and Workforce Development	Workforce Development Plan Support
Training Acknowledgement Form	Workforce Competency Documentation
Annual Training Requirements	Workforce Development Activities
Leadership Training	Supervisor Development

Evidence Sources

- Training Records
- Training Acknowledgement Forms

- Workforce Development Documentation
- Annual Program Review

PHAB Domain 9

Quality Improvement and Performance Management

Relevance

The AI Governance Program incorporates monitoring, evaluation, risk assessment, performance review, and continual improvement elements.

AI Governance Manual Section	PHAB Alignment
Risk Assessment Matrix	Performance Monitoring
Quarterly Governance Review	Continuous Quality Improvement
Annual AI Program Review	Performance Management Review
Corrective Action Tracking	QI Methodology
Incident Review Process	Improvement Activities

Evidence Sources

- Quarterly Governance Review Worksheets
- Annual Program Review
- Quality Improvement Documentation
- Corrective Action Reports

PHAB Domain 10

Organizational Competence and Management

Relevance

The AI Governance Program supports operational effectiveness through policies, procedures, governance frameworks, documentation standards, and risk management processes.

AI Governance Manual Section	PHAB Alignment

Operational Procedures	Organizational Management
Approved Tool Governance Program	Organizational Controls
Documentation Standards	Administrative Capacity
Program Evaluation Process	Organizational Effectiveness
Risk Management Framework	Organizational Improvement

Evidence Sources

- Governance Manual
- Approved Tool Inventory
- AI Use Case Request Forms
- Documentation Logs

Public Health Foundational Capability

Data and Information Systems

Relevance

The AI Governance Program establishes controls regarding data use, privacy, records management, and information governance.

AI Governance Manual Section	Public Health Capability
Data Governance and HIPAA Requirements	Data Management
Data Classification Standards	Information Governance
Human Review and Validation	Data Quality
Records Retention Requirements	Information Systems Management
Privacy and Security Requirements	Data Protection

Evidence Sources

- AI Governance Policy
- Risk Assessments
- Documentation Logs
- Incident Reports

Public Health Foundational Capability

Accountability and Performance Management

Relevance

The AI Governance Program requires annual review, monitoring, corrective action implementation, training evaluation, and leadership oversight.

AI Governance Manual Section	Foundational Capability
Annual AI Program Review	Performance Management
Quarterly Governance Review	Monitoring and Evaluation
Incident Response Program	Accountability
Corrective Action Processes	Continuous Improvement
Board Reporting	Organizational Accountability

Evidence Sources

- Annual Review Reports
- Quarterly Governance Reviews
- Board Reports
- Corrective Action Plans

Public Health Foundational Capability

Policy Development and Organizational Policies

Relevance

The Governance Manual provides a formal framework for adoption, implementation, review, and revision of AI-related organizational policies.

AI Governance Manual Section	Capability Support

AI Governance Policy	Policy Development
Governance Procedures	Policy Implementation
Annual Manual Review	Policy Evaluation
Committee Charter	Policy Oversight

Evidence Sources

- Governance Manual
- Approved Revisions
- Committee Minutes
- Annual Reviews

Public Health Foundational Capability

Community Partnership and Public Trust

Relevance

The AI Governance Program supports ethical AI use, transparency, equity, accessibility, and public confidence in public health operations.

AI Governance Manual Section	Capability Support
Equity Requirements	Health Equity
Accessibility Requirements	Community Engagement
Transparency and Disclosure	Public Trust
Human Oversight Requirements	Ethical Practice
Public Communication Standards	Community Confidence

Evidence Sources

- Public Communication Reviews
- Annual Program Reviews
- Governance Committee Records
- Incident Review Documentation

PHAB Documentation Opportunities

The following AI Governance Program documents may serve as supporting evidence during future accreditation activities:

Document	Potential PHAB Evidence
AI Governance Manual	Organizational Policy
Governance Committee Charter	Governance Structure
Approved AI Tool Inventory	Organizational Control
AI Risk Assessment Matrix	Risk Management
AI Use Case Request Forms	Operational Procedure
Material AI Documentation Logs	Accountability
AI Incident Report Forms	Quality Improvement
Training Acknowledgement Forms	Workforce Development
Quarterly Governance Review Worksheets	Monitoring and Evaluation
Annual AI Program Review	Performance Management
Board Dashboard Reports	Governing Entity Oversight

Crosswalk Review

This PHAB Crosswalk should be reviewed annually by the AI Governance Committee during completion of the Annual AI Program Review and updated as PHAB standards, agency priorities, or AI governance practices evolve.

Reviewed By: _____

Date Reviewed: _____

Next Review Date: _____

Appendix K – Board Dashboard Template

Purpose

The AI Governance Dashboard provides the Board of Health with a high-level overview of ACHD's Artificial Intelligence Governance Program. The dashboard is intended to support governance oversight, transparency, accountability, risk management, workforce development, and continuous improvement.

The dashboard should be presented to the Board of Health annually as part of the AI Program Review and may be updated more frequently at the discretion of the Health Commissioner.

Artificial Intelligence Governance Dashboard

Reporting Period: _____

Overall Program Status

Area	Status
Governance Program	🟢 On Track ☐ 🟡 Monitor ☐ 🔴 Action Needed ☐
Approved AI Tool Inventory	🟢 ☐ 🟡 ☐ 🔴 ☐
Training Compliance	🟢 ☐ 🟡 ☐ 🔴 ☐
Privacy & Security	🟢 ☐ 🟡 ☐ 🔴 ☐
Documentation Compliance	🟢 ☐ 🟡 ☐ 🔴 ☐
Incident Management	🟢 ☐ 🟡 ☐ 🔴 ☐
Annual Review Completion	🟢 ☐ 🟡 ☐ 🔴 ☐

---

1. Approved AI Tools

Current Approved Inventory

Tool	Status	Last Review Date
Microsoft Copilot	Active	_____

ChatGPT	Active	_____
Magai	Active	_____
Other	_____	_____

Summary

Total Approved Tools: _____

New Tools Approved This Year: _____

Tools Removed This Year: _____

---

2. Approved Use Cases

Approved Use Cases by Risk Level

Risk Level	Number of Approved Use Cases
Low Risk	_____
Moderate Risk	_____
High Risk	_____
Critical Risk	_____

Major Program Areas Using AI

☐ Administration

☐ Health Education

☐ Nursing

☐ Environmental Health

☐ Epidemiology

☐ Preparedness

☐ Other _____

3. Training and Workforce Development

Training Completion Rates

Group	Completion Rate
All Authorized Users	_____ %
Supervisors	_____ %
Leadership Team	_____ %
AI Governance Committee	_____ %

Training Status

☐ Training Program Up-to-Date

☐ New Employees Trained

☐ Annual Refresher Completed

☐ Additional Training Needed

4. Privacy and Security

Compliance Indicators

Measure	Status
Unauthorized AI Tool Use Identified	Yes ☐ No ☐
PHI Disclosures Reported	_____
PII Disclosures Reported	_____
Security Incidents Reported	_____
Privacy Reviews Completed	_____

Summary

_____

_____

_____

5. Incident Management

Incident Summary

Severity	Number Reported
Low	_____
Moderate	_____
High	_____
Critical	_____

Incident Resolution Rate

_____ %

Corrective Actions Completed

_____ %

Significant Lessons Learned

_____

_____

_____

6. Program Compliance

Requirement	Status
Quarterly Governance Reviews Completed	☐ Yes ☐ No
Annual Program Review Completed	☐ Yes ☐ No
Approved Tool Inventory Reviewed	☐ Yes ☐ No
Risk Assessments Conducted	☐ Yes ☐ No
Documentation Logs Maintained	☐ Yes ☐ No
Governance Manual Reviewed	☐ Yes ☐ No

7. Risk Management Overview

Highest Risk Areas Identified

Category	Risk Level

Privacy	Low ☐ Moderate ☐ High ☐
Security	Low ☐ Moderate ☐ High ☐
Accuracy	Low ☐ Moderate ☐ High ☐
Public Trust	Low ☐ Moderate ☐ High ☐
Equity & Accessibility	Low ☐ Moderate ☐ High ☐

Emerging Risks

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8. Quality Improvement and Continuous Improvement

Improvements Implemented This Year

☐ Policy Updates

☐ Procedure Improvements

☐ Additional Training

☐ Tool Configuration Changes

☐ New Governance Controls

☐ Additional Monitoring

Summary

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9. Key Performance Measures

Measure	Target	Actual	Status
Quarterly Reviews Completed	4	_____	🟢 🟡 🔴
Annual Review Completed	1	_____	🟢 🟡 🔴
Training Completion Rate	100%	_____	🟢 🟡 🔴
Tool Inventory Review	100%	_____	🟢 🟡 🔴
Incident Investigation Completion	100%	_____	🟢 🟡 🔴
Corrective Action Completion	100%	_____	🟢 🟡 🔴

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10. Strategic Priorities for Next Year

Priority 1

Priority 2

Priority 3

Priority 4

Governance Committee Recommendation

Based on the Annual AI Program Review, the Artificial Intelligence Governance Committee recommends:

☐ Continue Current Program

☐ Minor Program Revisions

☐ Policy Updates

☐ Additional Training Investments

☐ Additional Technology Investments

☐ Governance Structure Changes

Committee Comments

_____

_____

_____

_____

Board Review

Date Presented:

_____

Board Discussion Summary:

_____

_____

_____

Board Action:

☐ Accepted

☐ Information Only

☐ Modifications Requested

☐ Policy Revision Requested

☐ Strategic Direction Provided

_____

Dashboard Quick Reference (1-Page Board Summary)

Approved Tools: _____

Approved Use Cases: _____

Training Completion Rate: _____ %

Incidents This Year: _____

Incident Resolution Rate: _____ %

Quarterly Reviews Completed: _____ / 4

Annual Review Completed: ☐ Yes ☐ No

Overall Program Status: 🟢 Good Standing ☐ 🟡 Monitor ☐ 🔴 Action Required ☐

Appendix L: Approved AI Use Case Register

Purpose

The Approved AI Use Case Register serves as the official inventory of ACHD-approved AI use cases. The register provides a centralized record of authorized AI applications and supports governance oversight, risk management, documentation compliance, auditing, annual review activities, and continuous improvement.

The register supplements the Approved AI Tool Inventory (Appendix B) by documenting how approved tools are authorized for specific business purposes.

The AI Governance Committee shall maintain this register and review it at least annually and whenever significant changes occur.

Use Case Identification Standards

Each approved use case shall be assigned a unique identification number.

Recommended Numbering Convention

Prefix	Description
AI-UC-001	Approved AI Use Case #1
AI-UC-002	Approved AI Use Case #2
AI-UC-003	Approved AI Use Case #3

Use case numbers shall remain assigned permanently, even if a use case is later retired.

Approved AI Use Case Register

Use Case ID	Use Case Title	Approved Tool	Program Area	Risk Level	Approval Date	Review Date	Status
AI-UC-001	Strategic Planning Support	Microsoft Copilot	Administration	Moderate	07/01/2026	07/01/2027	Active

AI-UC-002	Board Packet Development	Microsoft Copilot	Administration	Moderate	07/01/2026	07/01/2027	Active
AI-UC-003	Policy Drafting Assistance	Microsoft Copilot	Administration	Moderate	07/01/2026	07/01/2027	Active
AI-UC-004	Meeting Summary Generation	Microsoft Copilot	Administration	Low	07/01/2026	07/01/2027	Active
AI-UC-005	Public Health Education Materials	ChatGPT	Health Education	Moderate	07/01/2026	07/01/2027	Active
AI-UC-006	Grant Writing Support	ChatGPT	Administration	Moderate	07/01/2026	07/01/2027	Active
AI-UC-007	Strategic Planning Assistance	Magai	Administration	Moderate	07/01/2026	07/01/2027	Active
AI-UC-008	Communications Development	Magai	Health Education	Moderate	07/01/2026	07/01/2027	Active

Required Register Information

For each approved use case, the following information shall be documented:

- Use Case Identification Number
- Approved Tool
- Program Area
- Business Purpose
- Risk Classification
- Approval Authority
- Approval Date
- Review Date
- Current Status
- Assigned Owner

Detailed Use Case Tracking Log

Field	Information
Use Case ID	
Use Case Title	
Approved Tool	
Vendor	
Program Area	
Use Case Owner	
Business Purpose	
Risk Level	
Human Review Requirements	
Documentation Requirements	
Approval Authority	
Approval Date	
Next Review Date	
Current Status	

Status Options

☐ Proposed

☐ Under Review

☐ Approved

☐ Approved with Conditions

☐ Suspended

☐ Retired

☐ Denied

Annual Review Requirements

The AI Governance Committee shall review all active use cases at least annually.

Annual reviews should evaluate:

Review Item	Complete
Use case still needed	☐
Approved tool remains authorized	☐
Risk level still appropriate	☐
Documentation requirements followed	☐
Human oversight requirements met	☐
Incidents associated with use case reviewed	☐
Training requirements completed	☐
Continued approval recommended	☐

Use Case Modification Tracking

A revised AI Use Case Request Form (Appendix D) should be submitted whenever:

- A new AI tool is introduced.
- An existing AI tool is proposed for a substantially different purpose.
- Data classifications change.
- Risk level materially changes.
- Human oversight requirements change.
- Public-facing activities are introduced.
- Regulatory or privacy implications change.
- The AI Governance Committee requests reassessment.

Use Case Retirement Log

Use Case ID	Title	Date Retired	Reason

Examples of retirement reasons:

- Tool no longer approved
- Program no longer using AI
- Risk exceeds acceptable level
- Vendor discontinued service
- Governance Committee decision
- Replaced by newer approved use case

Governance Committee Certification

The AI Governance Committee certifies that the Approved AI Use Case Register has been reviewed and updated.

Committee Chair: _____

Date: _____

Health Commissioner: _____

Date: _____