REALITY SYSTEMS

FREE FIELD GUIDE

The Caregiver's Weekly Reset

Organize the Paperwork for a Friend or Family Member

Clark Morgan

Practical AI. More room for life.



Choose one task **Keep a human check** **Make room for life**

A small system. A clear owner. A useful next step.

FREE FIELD GUIDE

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Original instructional examples, not measured customer results. Adapt and test a permitted task with a responsible reviewer. This guide is free to read and download.

Begin with the next seven days

Helping a friend or family member can involve a surprising amount of coordination. An appointment changes. A form needs a signature. Someone offers a ride but needs the address. A question you meant to ask disappears under the next task.

You do not need a perfect archive to make next week easier. You need a place to find the current information, a short list of what happens next, and agreement about who is helping.

This guide walks through a weekly administrative reset. Use a notebook, a folder, or a digital tool you already trust. AI is optional. You can complete every step without it.

Set aside a manageable block of time. Start with twenty or thirty minutes if that fits your week. The point is a repeatable habit, not a stopwatch or another standard you have to meet.

This guide covers organization, communication, and preparation. It does not provide medical, legal, or insurance advice. Ask the appropriate professional to resolve clinical instructions, consent or authority questions, benefits decisions, and conflicting records. Do not wait for a weekly reset when a concern needs prompt attention. For an emergency, use your local emergency service.

1. Agree on what help is wanted

Begin with the person you are helping whenever possible.

Ask: “What would make this week easier? Which things would you like me to handle, and which would you like to keep handling yourself?”

Someone may want a ride and help taking notes, but prefer to handle messages to their clinician. Another person may want help preparing paperwork while keeping some appointment discussions private.

Write down the practical agreement:

- Tasks I can help with
- People I can coordinate with
- Information I can share, and with whom
- Things to ask about before acting
- Preferred way to check in

This note helps you work together. It is not a healthcare authorization, power of attorney, or other legal document.

HHS distinguishes a person involved in care from a legally recognized personal representative. Access and decision-making authority can depend on the situation and applicable law.[1] Ask the provider what permission or proxy-access process they require. Use the official process rather than borrowing another person's password.

Keep the person's preferences visible. Helpful coordination should leave room for their choices, privacy, and independence.

2. Create a small home for current information

Choose one main place for working information. A paper folder can work. So can a protected digital folder with access limited to the right people.

Use four sections:

This week: Appointments, transport, forms due, and questions awaiting a reply.

People and places: Provider office numbers, appointment locations, pharmacy contact details, and the helpers the person wants involved.

Current records: The latest relevant documents, labeled with their source and date. Keep originals intact.

Past and reference: Older material that may be useful later, clearly separated from current instructions.

A useful file name is simple: date, document type, and source. For example, “2026-10-12 appointment summary, clinic.” Avoid placing unnecessary health details in filenames or calendar titles that other people might see.

For each important document, record where the original lives. A summary should make the original easier to find. It should never silently replace it.

If you keep a medicine list, note where it came from and when it was last checked. Ask the clinician or pharmacist to reconcile discrepancies. Do not use AI to choose which conflicting dose or instruction is correct, and do not change treatment based on this guide.

3. Empty the inbox into a short action list

Collect the loose ends from paper, messages, calendar changes, and notes. You are looking for actions, not trying to reread an entire medical history.

For each item, write:

- What needs to happen?
- Who will handle it?
- When is it needed?
- Where did that timing come from?
- What will show it is finished?

> "Referral" is too vague. "Ask the office whether the referral was received; Morgan will call Wednesday" gives someone a concrete next step.

Keep uncertain dates visible. "Due date unknown; confirm with the office" is more useful than a date chosen to fill a blank.

An item belongs in one of three practical groups:

1. **Ready to do:** The action and owner are clear.
2. **Waiting for someone:** Record whom you are waiting for and when to check again.
3. **Needs a decision or clarification:** Identify the person who can resolve it.

Do not convert an unanswered message into a conclusion. A request sent is different from a request accepted. A referral mentioned is different from an appointment booked.

4. Prepare the next appointment

Start with the person you are helping: “What would you most like to get out of this visit?”

Choose a few priority questions together. AHRQ provides question-building and note-taking resources for patients.[2]

Use this original preparation card:

Appointment: Date, time, provider, and verified location.

What matters most: The person's main concern or goal, in their own words when possible.

Questions to ask: Leave enough room to write the answer beside each question.

Information to bring: Items the office has requested, relevant records, and a current list of medicines or other information the care team asks for.

Companion's role: Ride, note-taking, remembering questions, or another agreed task.

Practical needs: Interpreter, accessibility arrangements, hearing or vision supports, or other needs to confirm with the office.

Keep observations distinct from explanations. “We noticed this happened three times and want to ask about it” gives the clinician something to discuss. A self-written diagnosis can obscure what was actually observed.

At the appointment, ask permission before recording audio or using an AI transcription tool. Provider policy and applicable law may matter. Written notes are an alternative.

Before leaving, check your understanding of the next steps with the care team. If an instruction is unclear, ask them to clarify it. A polished AI summary cannot settle an ambiguity in clinical advice.

5. Make transport a complete task

> “Ride arranged” can hide several unanswered questions. The driver may know the appointment time but not the arrival time. They may know the building but not the entrance.

Confirm only the details needed for the trip:

- Appointment date and check-in time
- Pickup time and pickup location
- Verified destination, entrance, and parking information
- Driver's name and an agreed contact method
- Return-trip plan and who will contact the driver
- Mobility or other assistance the person wants arranged
- Backup plan if the driver becomes unavailable

If the visit may have special transport or accompaniment requirements, ask the office directly. Do not assume a rideshare or ordinary pickup meets those requirements.

A helper giving a ride generally needs logistics, not the person's entire health record. Share the minimum information the person has agreed is appropriate.

Illustrative message: “Can you help with Tuesday's appointment ride? Pickup is 9:10 a.m. at the agreed address. I’ll confirm the entrance and return plan before Monday evening.”

Only send a message like this when the details and permission are confirmed. If the driver has not agreed yet, keep the task marked “awaiting confirmation.”

6. Protect information before sharing it

A folder can contain much more than a helper needs: identification numbers, addresses, financial details, appointment history, and private health information.

Before sharing, pause for three questions:

1. Does this person need the information for the agreed task?
2. Has the person receiving care agreed to this sharing, or is there another valid authority?
3. Can I share less and still accomplish the task?

For a transport message, that may mean sending pickup instructions instead of an appointment letter. For a general planning example, use invented names and dates rather than a real record.

If you need to redact a document, work on a copy and use a proper redaction method. A black rectangle placed over text may leave the underlying content available. Inspect the exported copy before sharing it. Check headers, footers, filenames, comments, images, and hidden text where applicable. If you cannot verify the redaction, do not send that copy.

Removing a name alone does not guarantee that a person cannot be identified. A rare condition, exact date, location, or combination of details may still identify them.

HHS explains that HIPAA protections generally do not extend to information entered into many personal-use apps.[3] A familiar logo or a health-related feature does not answer your privacy questions. Review the service's privacy practices, retention, sharing, and deletion controls before adding sensitive information.

7. Use AI only where the job is clear

AI can help organize a list or draft a neutral question. It can also introduce errors. NIST describes the risk of generated content confidently presenting false information.[4]

Start with fictional information or non-sensitive task labels. Do not paste full medical records into a general-purpose tool just to create a checklist.

A lower-data planning prompt

> "Organize these administrative tasks into a weekly checklist: confirm appointment location, ask office about a form, confirm Tuesday ride, and collect questions for the next visit. Use only the details supplied. Mark missing owners or dates as 'not assigned' or 'not confirmed.' Do not provide medical advice, infer urgency, or invent instructions."

A question-formatting prompt

> "Turn the following non-sensitive note into a concise question for an office administrator. Preserve uncertainty. Do not add health details, commitments, or a claim that permission has been granted."

Check the output against the original. Pay particular attention to names, dates, times, locations, and whether "requested" became "confirmed."

Use an AI-generated summary as a draft. A person should verify it before anyone relies on it. Keep clinical interpretation, medication decisions, and urgent concerns with qualified professionals.

You can work from records you already have permission to access. Follow the provider's approved process for any additional access, including caregiver or proxy access to a patient portal.

8. End with a short, agreed plan

A weekly reset should leave you with a page you can use without another explanation.

Here is an original template you can copy:

Week beginning:

The person's priorities:

Confirmed appointments: Date, time, location, and source of confirmation.

Transport: Driver, pickup, return plan, and any unanswered logistics.

Three next actions: Each with one owner, a timing reference, and a clear finish.

Waiting for: Person or office, request date, and planned check-in.

Questions for the care team: Keep the person's wording and separate administrative questions from clinical ones.

Information to verify: Conflicting documents, unclear instructions, and unconfirmed arrangements.

Sharing boundaries: Who can receive this page and whether a shorter version is needed.

Next reset:

Read it together when possible. Ask whether the plan reflects what the person wants. Adjust it before distributing anything.

When the week changes

Plans move. Update the item that changed, record how you confirmed it, and notify only the people affected, with permission.

Keep the old version clearly marked if you need it for reference. Avoid leaving two pages both labeled “current.” For a shared digital document, name one person to maintain the working version.

If you have only five minutes, confirm the next appointment, the ride, and the most important unresolved administrative task. You can leave the archive for another day.

The value of this habit is practical: fewer loose ends, clearer questions, and a plan the people involved can understand. Use the parts that help and leave room for the person at the center of it.

A useful next step

Make one copy of the weekly page. Complete it for the next seven days with your friend or family member. Keep private records out of public website forms and general feedback messages.

For information about Clark Morgan's work and general ways to get in touch, visit **https://realitysystems.ai/family-caregivers/**. The weekly page in this guide works on its own; it does not require buying or signing up for a product. Keep any initial inquiry general and leave out medical records or other private details.

For a general inquiry, call (425) 375-7793. Leave a message. I'll call you personally. Keep private records out of the initial inquiry.

Sources and scope

Sources checked October 13, 2026. The weekly routine, worksheets, prompts, and examples are original organizational suggestions. The sources support the limited factual points cited. None endorses this publication or a product.

1. U.S. Department of Health and Human Services, *Family Members and Friends* and *Personal Representatives*. Context for involvement in care and legally recognized authority. https://www.hhs.gov/hipaa/for-individuals/family-members-friends/index.html and https://www.hhs.gov/hipaa/for-individuals/personal-representatives/index.html
2. Agency for Healthcare Research and Quality, *Patient Education and Engagement*. Patient question and appointment-note resources; reviewed August 2025. https://www.ahrq.gov/health-literacy/patient-education/index.html
3. U.S. Department of Health and Human Services, *Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet*. Explains limits of HIPAA protection in many personal-device and app contexts. https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/cell-phone-hipaa/index.html
4. National Institute of Standards and Technology, *Artificial Intelligence Risk Management Framework: Generative Artificial Intelligence Profile*, NIST AI 600-1, July 2024. https://nvlpubs.nist.gov/nistpubs/ai/NIST.AI.600-1.pdf

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Your weekly reset

PRINTABLE WORKING PAGE / Keep this copy private

Complete this with the person you are helping when possible. Share only with the people they have agreed may receive it.

Week beginning / next reset

The person's priorities

Confirmed appointments Date, time, location and confirmation source

Transport Driver, pickup, return plan and unresolved logistics

Three next actions One owner, timing reference and clear finish for each

Waiting for Person or office, request date and planned check-in

Questions for the care team Separate administrative questions from clinical questions

Information to verify Conflicting documents, unclear instructions or unconfirmed plans

Sharing boundaries Who may receive this page? Is a shorter version needed?

Organization guidance only. Ask qualified professionals about medical or legal questions. Keep original records available.