

Understanding Your Medico-Legal Position

A Guide for Providers Using the Guava Provider Dashboard

Note: This document provides general informational guidance about liability considerations when using the Guava Provider Dashboard. It is not legal advice. Providers with specific legal questions should consult a qualified healthcare attorney.

We know that providers evaluating new clinical tools think carefully about medico-legal risk, and rightly so. The Guava Provider Dashboard aggregates patient health data from multiple sources, including EHRs, wearables, labs, and patient-reported data, and uses AI to surface trends and highlights. That capability is powerful, but it also raises a natural question: Does having access to more patient data expand my liability exposure?

The short answer is that well-established legal principles already protect providers who use data aggregation tools within a clearly defined scope of care. In fact, having a more complete view of your patients' health helps you catch issues earlier and demonstrate diligence, thereby reducing your liability risk, not increasing it. This guide walks through those principles, the practical realities of how they apply to the Guava Provider Dashboard, and the concrete steps you can take to use the platform confidently.

1. The Dashboard Is a Clinical Tool, Not a Monitoring Obligation

The Guava Provider Dashboard helps you deliver more personalized care for the patients and conditions you are actively managing. Guava is not an electronic health record (EHR), and it is not designed to replace one. Providers should maintain their own EHR as their clinical system of record. Guava is a supplementary data aggregation and organization tool that sits alongside your EHR, helping you see a more complete picture of your patients' health between visits. It is not a 24/7 surveillance system, and it does not create an open-ended duty to monitor every data point from every source a patient connects. Guava's Terms of Service are clear: our services are not intended to provide medical advice. Guava organizes and retrieves information. Clinical judgment, treatment decisions, and the scope of monitoring remain in the hands of the provider.

2. Key Legal Principles That Protect You

“You Order It, You Own It”

This principle, formally endorsed by the AMA¹ and supported by federal regulatory guidance, establishes that the physician who orders a test is responsible for reviewing, acting on, and communicating the results. There is no federal policy requiring that all test results be reviewed by a patient's PCP. CLIA

¹AMA Debunking Regulatory Myths Series, “Must All Test Results Be Reviewed by Patients' Primary Care Physician?” (2023). ama-assn.org/practice-management/sustainability/must-all-test-results-be-reviewed-patients-primary-care

standards require results be released to the ordering clinician,² and the ONC emphasizes that the ordering physician should be identifiable on all orders and results.³ This is reflected in institutional policy as well; the VA places responsibility on the ordering clinician for follow-up of abnormal results,⁴ and The Joint Commission identifies clear result ownership as a National Patient Safety Goal.⁵

Guava Provider Dashboard: When a patient connects other providers' portals to Guava, those results remain the responsibility of the ordering provider. Unlike an EHR inbox, where results are routed to a provider as part of an institutional clinical workflow and may confer responsibility, their appearance on your Guava Provider Dashboard does not transfer the duty to you for review or act.

Scope-of-Practice Defense

Malpractice law evaluates a provider's conduct against what a similarly trained provider would have done in the same circumstances.⁶ A family medicine physician is not held to the standard of a cardiologist when interpreting echocardiogram findings. If a specialty result on your dashboard falls outside your training and your active management of the patient, the legal system recognizes you are not the appropriate provider to interpret or act on it.

The Standard of Care Reflects Real-World Practice

The standard of care is legally defined by what a similar provider in the same situation would realistically do, not by theoretical ideals. In practice, PCPs do not systematically review every specialist result in a shared data system or call every ordering provider to verify awareness. Doing so would be clinically impractical and would displace time spent on direct patient care.⁷ Liability cases use medical experts to help define the standard of care relative to a case. This can affirm the real-world practice norms, which reflect the absence of such vigilant hyper-management.

3. Where Genuine Duty Does Exist

For the patients and conditions you are treating, you do have a duty to review available data within a reasonable timeframe and act on clinically significant findings.⁸ If you are managing a patient's hypertension through Guava and the dashboard shows their blood pressure trending critically high over several weeks, a failure to notice and respond could be a breach of the standard of care. The duty attaches to the conditions you have undertaken to manage, using the data streams relevant to that management.

Guava is a data aggregation platform, not a real-time clinical monitor. Data syncs from portals and devices on a lag that varies by data provider, and critical lab values have multiple existing safety nets: under CLIA, laboratories are required to have procedures for immediately notifying the ordering provider

²42 C.F.R. Part 493 (Clinical Laboratory Improvement Amendments). CLIA results-reporting standards require laboratory results be released to the ordering clinician.

³ONC Safety Assurance Factors for EHR Resilience (SAFER) Guides: Test Results Reporting and Follow-Up (2016).

⁴Veterans Health Administration Directive 1088(1): Communicating Test Results to Providers and Patients.

⁵The Joint Commission, National Patient Safety Goal on "Closing the Loop" for Test Result Communication (2005; ongoing).

⁶Restatement (Third) of Torts: Medical Malpractice § 5 (Am. L. Inst., Tentative Draft No. 2, 2024): "care, skill, and knowledge regarded as competent among similar medical providers in the same or similar circumstances."

⁷Sinsky CA, Shanafelt TD, Ripp JA, "The Electronic Health Record Inbox: Recommendations for Relief," J Gen Intern Med (2021).

⁸Greenberg et al., "Medical Liability in the Electronic Medical Records Era," Bull Am Coll Surg (2019). PMC6413973.

when results fall within critical ranges,⁹ and hospitals maintain their own rapid-response notification protocols for inpatients. By the time a critical value appears on your Guava dashboard, the lab and the ordering facility have already been required to act on it through those channels. You are not expected to retrospectively triage results that were another provider's responsibility when generated. In the narrow case where you notice a clearly critical value that appears recent enough to still be actionable and not yet under active management, a brief step like contacting the patient or relevant provider is reasonable.

4. Best Practices for Guava Providers

1. Define Your Monitoring Scope. Establish which conditions, metrics, and data streams you are actively monitoring for each patient. This creates a clear record of what falls within your duty and what does not.

2. Set Patient Expectations. When onboarding a patient, communicate clearly:¹⁰ your review cadence, the conditions you are monitoring, that data from other providers remains their responsibility, and that the dashboard is not a substitute for emergency services, and if you use Guava's in-app messaging, clarify your expected response time for messages.

3. Be Consistent. Define how frequently you will review the dashboard and follow your protocol.¹¹ Consistency is your strongest evidence that you are meeting the standard of care for the monitoring you've undertaken.

4. Let Guava Help You Document as You Go. Guava's visit prep summaries, AI highlights, and activity tracking create a natural flow of information for your EHR documentation. If you notice a result outside your scope, a quick note in your EHR, such as "Specialty labs managed by [specialist]," is sufficient.

5. Explore the Dashboard Freely. Guava's alert thresholds, custom health scores, and key metrics are designed to be tailored to your workflow. Trying out features does not create new legal obligations. Your clinical scope is defined by your care relationship with the patient, not by which features you've used.

5. What Guava Does to Support You

- **HIPAA-compliant infrastructure.** All data is transmitted and stored using encryption and access controls that meet federal standards.
- **Patient-controlled data sharing.** Data appears on your dashboard only because your patient has affirmatively shared it with you.
- **Transparency about data limitations.** Our Terms of Service disclose that we cannot guarantee accuracy, completeness, or timeliness of third-party data.
- **Customizable alerts and metrics.** You can control which alerts and key metrics are displayed, tailoring the dashboard to your defined scope of care.

⁹42 C.F.R. § 493.1291(c)(1)–(4) (CLIA). Laboratories must establish and follow written policies for notification of the ordering provider (or designee) when test results fall within established critical ranges.

¹⁰Patrinos D, "The Virtual Physician: Clarifying Medical Liability Issues in the Use of Remote Patient Monitoring," 62:2 Alberta Law Review 437 (2024). doi.org/10.29173/alr2801

¹¹Boisvert S, "Remote Patient Monitoring: Considerations for Telehealth Care," The Doctors Company (2023). thedoctors.com/articles/remote-patient-monitoring-considerations-for-telehealth-care/

- **AI as decision support, not decision-making.** AI tools complement your clinical judgment. Under current U.S. malpractice law, liability rests on the provider’s conduct, not the algorithm’s output.¹²¹³

6. Summary

Scenario	Your Position
Results from tests you ordered	You have a duty to review and act on these in a timely manner.
Another provider’s results appear via patient-connected portal	The ordering provider retains responsibility. You are not required to independently review or act on these.
Specialty data outside your training appears	Scope-of-practice principles apply. You are judged against similarly trained providers.
A recent, obviously critical value noticed during review	Context matters: existing facility protocols, inpatient care teams, and data lag all factor in. Brief follow-up is reasonable only when a value appears recent and not yet under active management.
AI highlight flags a trend you disagree with	Clinical judgment supersedes algorithmic output. Documented reasoning is your strongest defense.

The Guava Provider Dashboard does not redefine your scope of practice, transfer other providers’ responsibilities to you, or create an open-ended duty to monitor every piece of data a patient shares. The strongest medico-legal position is grounded in clearly defined scope, consistent practice, and thoughtful documentation. It is also worth noting that providers who have access to a more complete picture of their patients’ health are better positioned to catch issues early, coordinate care effectively, and demonstrate diligence, all of which reduce malpractice exposure rather than increase it.

Questions? Contact us at hello@guavahealth.com if you have questions about integrating the dashboard into your workflow or need documentation to share with legal counsel.

Prepared by Guava Health, Inc. for informational purposes. Reflects general legal principles as of 2026. Not legal advice. Laws and standards of care vary by jurisdiction.

¹²Price WN II, Gerke S, Cohen IG, “Potential Liability for Physicians Using Artificial Intelligence,” 322(18) JAMA 1765–1766 (2019). doi:10.1001/jama.2019.15064

¹³Carey Business School, Johns Hopkins, “Fault Lines in Health Care AI — Part Ta wo: Who’s Responsible When AI Gets It Wrong?” (2025).