Charter — AI Governance for Healthcare

Your AI agents are writing orders, accessing patient records, and making clinical recommendations. Who's watching them?

The Problem

Every health system is adopting AI. Very few can answer these questions:

- Which actions were AI-generated vs. human-directed?
- Can you prove an AI agent followed your rules on a specific patient interaction?
- If an agent starts behaving differently, would you know?
- If something goes wrong tomorrow, can you reconstruct exactly what happened — cryptographically?

HIPAA requires audit trails. But logs alone don't prove governance. They prove something happened. They don't prove your rules were followed.

What Charter Does

Charter is an open-source AI governance layer. One command, three seconds, every AI agent in your system gets:

Boundaries — Hard rules your AI can never break. No accessing patient records without authorization. No sending patient communications without pharmacist review. No bypassing MFA. These aren't suggestions — they're enforced at runtime.

Escalation — Not everything needs a human. But clinical decisions do. Charter routes actions to the right person based on thresholds you define. AI handles the routine. You handle the judgment calls.

Receipts — Every action is logged to a tamper-proof hash chain. Every entry is cryptographically signed and linked to the one before it. If a single record is altered, the entire chain breaks. This isn't a log file — it's evidence.

Built for Healthcare

Charter was integrated into PharmLink, a telepharmacy platform designed for 34 hospital sites across 5 states. The integration surfaced design decisions that only matter in clinical environments:

Decision	What We Chose	Why
If governance can't verify an action?	**Block it** (Layer A)	HIPAA violations are non-negotiable
If the approval queue is unavailable?	**Allow with full logging** (Layer B)	Blocking a pharmacist mid-patient interaction causes harm
If credentials are compromised?	**Hard kill** the exposed service	Active compromise requires immediate response
If a pharmacist needs emergency access?	**Allow with MFA + mandatory peer review**	Patient safety override exists — but it's visible, rate-limited, and auditable

These aren't generic software decisions. They're clinical workflow decisions implemented in code.

Compliance Built In

Charter maps directly to the frameworks your compliance team already tracks:

SOC 2 | **HIPAA** | **EU AI Act** | **GDPR** | **NIST AI RMF** | **ISO 27001** | **SOX** | **FERPA**

99 controls mapped across 8 frameworks. When your auditor asks "how do you govern your AI agents?" — you hand them the charter.yaml file. It reads like a policy document, not code.

How It Works

```
$ pip install charter-governance
$ charter init --domain healthcare
$ charter generate
```

Three commands. A 64-line YAML file defines your rules in plain English. Every AI agent — Claude, GPT, Copilot, Gemini, Grok — follows the same governance. Switch models without rewriting your rules.

Analytics included. Charter v3.2 adds a local analytics engine: behavioral profiling, anomaly detection, pattern discovery, and governance dashboards. See what your agents are actually doing — without sending data anywhere.

By the Numbers

Setup time	3 seconds
Performance impact	$<$ 5ms per request
Compliance frameworks	8 (99 controls mapped)
MCP tools	55 (governance, identity, analytics, compliance)
Infrastructure cost	$0 (runs on your existing servers)
License	Apache 2.0 (free, open source, forever)

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`pip install charter-governance` | GitHub: github.com/germpharm/charter