HEALTHCARE · PRACTICE OPERATIONS · 2026

Phone Systems for Medical and Dental Practices

A clinic has a phone problem shaped exactly like its appointment book: a wall of calls in the first twenty minutes, then a long tail of results, scripts and referrals.

A clinic's phone system has to solve an operational problem and a compliance problem at once. Operationally, call volume is **concentrated into the first twenty minutes** of opening and consists of **four distinct call types**, booking, results, scripts and urgent, which need genuinely different handling rather than one queue. On compliance, the point most practice managers have never been told: the Privacy Act's **small business exemption does not apply to you**. Organisations that provide a health service and hold health information, other than in an employee record, are covered **whatever their annual turnover**, and **health information is sensitive information** carrying extra protections.

The short version

Call type	Share of morning volume	What it actually needs
Booking, rescheduling, cancelling	The largest group by a wide margin	Almost none of this needs a human. Online booking, and a phone path that can handle a straightforward booking or cancellation, removes the bulk of the wall.
Results and script requests	Substantial, and time-insensitive	These do not need to be handled at 9am. A callback path, or a defined window when the practice returns these calls, moves them out of the peak entirely without disadvantaging anyone
Administrative and third-party	Steady all day, pathology, specialists, imaging, insurers, reps	Should never sit in the same queue as patients. A separate number or a routing rule for known clinical contacts keeps the patient queue for patients
Urgent or uncertain	Small in number, largest in consequence	Must reach a human quickly and must never be automated away. Every decision above exists to protect this group's access to the front desk

Also worth knowing

Where health information lives in a phone system	The question to ask
Voicemail, a patient leaving a message about a symptom or a result	Who can listen to it? Is it emailed anywhere, and to whose inbox? How long is it retained, and who deletes it?
Call recordings, if you record	Where are they stored, in which country, for how long, and who can retrieve them? Consent is a separate question, covered below
Transcriptions and AI summaries	Which service processes the audio, and where? If a transcript of a clinical conversation is generated, it is health information the moment it exists
Call notes written into the practice system	Appropriate and often required, but ensure notes go into the clinical record rather than a spreadsheet or a personal notebook
SMS conversation history	Two-way SMS with patients creates a record. Where does it live, who can read it, and is it in the patient's file?
Mobiles and personal devices	The commonest weak point. A clinician taking practice calls on a personal phone creates health information on a device the practice does not control

The thing to measure before you change anything

Do not start with features. Start with two numbers: **how many calls arrive in each half-hour block**, and **how many abandon before being answered**, broken down by time of day. Most clinics have never seen this because legacy phone systems cannot report it. Once you have it, the design decisions make themselves, you will be able to see the wall, see exactly how many patients it costs you, and see whether the problem is staffing, routing or both.

Questions the full guide answers

- [ ] Does the Privacy Act apply to a small medical or dental practice?
- [ ] Is it legal to record patient phone calls, and does it depend on which state we are in?
- [ ] What do the RACGP Standards require of a practice's telephone arrangements?
- [ ] What does the after-hours criterion actually require of our recorded message?
- [ ] How do we stop losing calls in the first twenty minutes after opening?
- [ ] Should a clinic use AI on its phones, and where is the line?
- [ ] What is the single highest-value change to appointment reminders?

This is the summary. The guide has the detail.

Every point above is worked through in full on our site, with the Australian context, the numbers and the exceptions. If you would rather talk it through, call **1300 881 662** or visit **unidenvoice.com/get-started**.