ARTIFICIAL INTELLIGENCE POLICY

Behavioural Edge Psychology

Version 1.0 | Effective Date: December 2025

5.4 Approved AI Tool: NovoNote AI Scribe by NovoPsych

NovoNote AI Scribe (by NovoPsych Pty Ltd, ABN 99 158 319 629) is an approved AI tool for clinical documentation at Behavioural Edge Psychology. NovoNote is a purpose-built AI-powered note-taking assistant designed specifically for mental health professionals. It converts session audio into clinical notes, session summaries, and report drafts for psychologist review and finalisation.

Privacy and security features:

- Compliant with the Australian Privacy Principles (APPs), AHPRA requirements, HIPAA, and GDPR
- All data encrypted in transit (TLS 1.2 or higher) and at rest (AES-256 encryption)
- Audio recordings of sessions are never saved — audio is immediately converted to a redacted text-based transcript and then discarded
- Personally identifiable information is redacted by default from session transcripts before processing by the AI model
- Data is stored on secure servers located in Australia meeting ISO 27001 and SOC 2 Type II standards
- Data processors do not use client data to train AI models
- NovoPsych is the custodian of the data; the clinician remains the data owner

Approved uses of NovoNote at Behavioural Edge Psychology:

- AI-assisted transcription and generation of clinical session notes
- Session summaries for clinical records and supervision
- Drafting of clinical reports, GP letters, and assessment report components for psychologist review and finalisation
- Integration with NovoPsych Psychometrics for assessment scoring and outcome monitoring

Mandatory safeguards when using NovoNote:

- **Client consent:** Explicit informed consent must be obtained from each client (or their nominee/guardian for NDIS participants where applicable) before NovoNote is used in any session. Consent is obtained both verbally at the start of the session and in writing via the NovoNote Taker Consent Form. Clients may withdraw consent at any time without affecting the quality of care they receive
- **Psychologist review:** All NovoNote-generated notes, summaries, and report drafts must be reviewed, edited, and finalised by Dr Fischer before being saved to the client's clinical record. AI-generated documentation is never saved in its unedited form as the final clinical record
- **Redaction enabled:** The default redaction setting in NovoNote must remain enabled so that personally identifiable information is automatically redacted from session transcripts before AI processing
- **Feedback features:** Be aware that using NovoNote's feedback features (thumbs up/down, written feedback) may result in a NovoPsych staff member reviewing the relevant transcript or note. Do not use feedback features on sessions containing highly sensitive clinical content unless the content has been de-identified
- **NDIS participants:** For NDIS participants, consent for NovoNote use is included in the informed consent process at intake and documented in the NDIS Information Sharing Consent Form (see Privacy Policy v2.0, Section 6.3). Information about NovoNote is provided in accessible formats (Easy Read upon request) and nominees or advocates may assist with the consent process where applicable

Vendor assessment: NovoPsych Pty Ltd has been assessed against the vendor due diligence criteria in Section 6.3 of this policy. Assessment outcomes: Australian company (ABN 99 158 319 629) with data stored on Australian servers; ISO 27001 and SOC 2 Type II certified infrastructure; APP-compliant privacy policy; no data retention for AI model training; established track record with over 75,000 clinicians. This assessment is reviewed annually. NovoNote's privacy policy is available at novopsych.com/novonote-privacy-policy-security/ and security information at novopsych.com/novonote-security/.

1. POLICY STATEMENT AND PURPOSE

Behavioural Edge Psychology recognises that Artificial Intelligence (AI) technologies present both opportunities and risks in the delivery of psychological services. This policy establishes clear guidelines for the responsible, ethical, and competent use of AI tools in our practice, ensuring compliance with AHPRA's Professional Competencies for Psychology and the APS Code of Ethics.

Core Principle: AI technologies are tools to support, but never replace, the professional judgment, therapeutic relationship, and clinical expertise of registered psychologists.

Policy Objectives:

- Ensure AI is used in a manner that upholds client safety, dignity, and autonomy
- Maintain professional competence and accountability in AI-assisted practice
- Protect client privacy, confidentiality, and sensitive information
- Ensure transparency and informed consent regarding AI use
- Establish clear boundaries and limitations for AI applications
- Promote ongoing evaluation and governance of AI technologies

2. SCOPE AND APPLICATION

This policy applies to:

- All psychologists employed by or contracted to Behavioural Edge Psychology
- All administrative and support staff who may use AI tools in their roles
- Any AI technology used in clinical, administrative, or operational contexts
- All client-related data and information that may be processed by AI systems

3. REGULATORY AND ETHICAL FRAMEWORK

This policy is informed by and compliant with:

AHPRA Requirements:

- AHPRA shared Code of Conduct (June 2022)
- Professional Competencies for Psychology (effective 1 December 2025)
- AHPRA Guidance on Technology and Digital Health

Professional Standards:

- Australian Psychological Society Code of Ethics (2007) and APS Standards of Conduct

- APS Ethical Guidelines for Providing Psychological Services and Products Using the Internet
- APS Guidelines on Record Keeping

NDIS Framework:

- NDIS (Provider Registration and Practice Standards) Rules 2018 — Verification Module (Risk Management outcome)
- NDIS (Code of Conduct) Rules 2018
- NDIS (Reportable Incidents) Rules 2018

Legislative Requirements:

- Privacy Act 1988 (Cth) and Australian Privacy Principles; Health Records Act 2001 (Vic) and Health Privacy Principles
- Health Records Act 2001 (Vic) and equivalent state legislation
- Notifiable Data Breaches scheme
- Therapeutic Goods Administration (TGA) regulations for AI as medical devices

4. DEFINITIONS

Artificial Intelligence (AI): Computer systems or software that can perform tasks typically requiring human intelligence, including but not limited to machine learning, natural language processing, pattern recognition, decision support systems, and generative AI technologies.

Generative AI: AI systems capable of creating new content, including text, images, or other outputs, based on patterns learned from training data (e.g., ChatGPT, Claude, DALL-E, Midjourney).

Clinical AI: AI tools specifically designed for clinical purposes including assessment, diagnosis, treatment planning, or therapeutic interventions.

Administrative AI: AI tools used for non-clinical purposes such as scheduling, transcription, summarisation, or practice management.

AI-Augmented Decision Making: The use of AI tools to inform, but not replace, professional clinical judgment.

Sensitive Information: Personal information as defined in the Privacy Act 1988, including health information, mental health records, and other confidential client data.

5. APPROVED AND PROHIBITED USES OF AI

5.1 Approved Administrative Uses

AI may be used for the following administrative purposes, subject to the safeguards outlined in this policy:

Documentation Support:

- Transcription of session notes (with explicit client consent and de-identification procedures)
- Grammar and spelling checking of clinical notes

1. AI-assisted clinical note-taking via NovoNote AI Scribe (approved tool — see Section 5.4 below)

- Formatting and organisation of written reports (non-clinical content only)

Research and Information Gathering:

- Literature searches and research summaries (properly cited and verified)
- Accessing current evidence-based practice guidelines
- Professional development and continuing education support

Practice Management:

- Appointment scheduling and reminders (using approved systems)
- General email responses and administrative communications (without client information)
- Generation of policy templates or administrative documents (reviewed by professionals)

Professional Development:

- Generating case study scenarios for training (using fictional data only)
- Creating educational materials for client psychoeducation (properly reviewed)

5.2 Restricted Clinical Uses (Requiring Enhanced Safeguards)

The following uses require additional oversight, documentation, and client consent:

Clinical Decision Support:

- Using AI to suggest differential diagnoses (psychologist must independently verify)
- Generating treatment plan options for psychologist consideration (not final plans)
- Risk assessment support tools (validated and psychologist-supervised only)

Assessment Support:

- Automated scoring of standardised psychological tests (TGA-approved tools only)
- Pattern analysis in assessment data (psychologist interpretation required)

Requirements for Restricted Uses:

2. Explicit written consent from client documenting AI involvement
3. Documentation of AI tool, version, and specific use in client records
4. Independent verification of AI outputs by qualified psychologist
5. Approval by Practice Principal or Clinical Director
6. Regular audit and outcome monitoring

5.3 Strictly Prohibited Uses

The following uses of AI are strictly prohibited under all circumstances:

Diagnostic and Clinical Decisions:

- Using AI as the sole or primary basis for clinical diagnosis
- Delegating final treatment decisions to AI systems
- Using AI to determine suicide or violence risk without independent clinical assessment
- Automated clinical decision-making without psychologist oversight

Therapeutic Delivery:

- AI chatbots or systems providing therapy without psychologist supervision
- Fully automated therapeutic interventions
- Using AI to respond to client crisis communications

Data and Privacy:

- Inputting identifiable client information into non-approved AI systems
- Using free or public AI tools (e.g., ChatGPT free tier) with any client data
- Sharing clinical notes, session recordings, or assessment results with AI systems that retain or train on data
- Using AI systems that cannot guarantee Australian data sovereignty

Professional Boundaries:

- Generating clinical reports without thorough psychologist review and editing
- Using AI as the sole or primary drafter of medico-legal reports or court documents without thorough psychologist review (note: AI may be used for administrative aspects of report preparation such as formatting, grammar checking, and literature summaries under the Restricted Clinical Uses safeguards in Section 5.2)
- Presenting AI-generated content as original psychologist work

6. DATA PROTECTION AND PRIVACY REQUIREMENTS

6.1 De-identification and Anonymisation

Before any client information is processed by AI systems, the following de-identification measures must be implemented:

- Remove all direct identifiers: name, date of birth, address, contact details
- Remove or generalise indirect identifiers: occupation, specific locations, unique circumstances
- Replace with generic descriptors (e.g., 'Client A', 'professional in their 30s')
- Remove any information that could lead to re-identification when combined with other data
- Document de-identification process in client records

Exception: Approved health-specific AI systems with appropriate data protection agreements may process identifiable information with explicit client consent and documented risk assessment.

6.2 AI System Security Requirements

All AI systems used by the practice must meet the following minimum security standards:

- End-to-end encryption for data in transit and at rest
- No retention of input data for model training or improvement (opt-out enforced)
- Data stored on Australian servers or jurisdictions with equivalent privacy protections
- Multi-factor authentication for user access
- Regular security audits and compliance certifications
- Clear data deletion policies and capabilities
- Compliance with Australian Privacy Principles and relevant health privacy legislation

6.3 Vendor Assessment and Due Diligence

Before implementing any new AI system, the practice must:

7. Conduct privacy impact assessment
8. Review vendor's privacy policy and terms of service
9. Verify data sovereignty and storage locations
10. Assess alignment with Australian Privacy Principles

11. Evaluate security certifications (e.g., ISO 27001, SOC 2)
12. Determine data breach notification procedures
13. Establish data processing agreements where required
14. Document assessment outcomes and approval decision

7. INFORMED CONSENT AND TRANSPARENCY

7.1 Client Notification Requirements

Clients must be informed about AI use in their care through the following mechanisms:

General Disclosure (All Clients):

- Practice information statement describing general AI use policies
- Privacy policy outlining how AI may be used with de-identified data
- Opportunity to ask questions and opt out of specific AI uses

Specific Consent (Clinical AI Use):

- Written consent form for any AI involvement in clinical decision-making
- Explanation of specific AI tool, purpose, and limitations
- Disclosure of how AI outputs will be used and verified
- Right to decline AI use without affecting quality of care
- Documented discussion in clinical notes

7.2 Transparency in Reports and Communications

When AI tools are used in creating clinical outputs:

- Reports must disclose if AI was used in preparation or analysis
- Specify the nature and extent of AI involvement
- Confirm that psychologist independently verified all conclusions
- Include disclaimer that final professional judgment remains with the psychologist

8. PROFESSIONAL ACCOUNTABILITY AND COMPETENCE

8.1 Psychologist Responsibility

The use of AI does not diminish or transfer the psychologist's professional responsibility. Psychologists remain fully accountable for:

- All clinical decisions and judgments
- Accuracy and completeness of assessments and reports
- Appropriateness of treatment recommendations
- Safety and wellbeing of clients
- Compliance with professional and ethical standards
- Maintenance of therapeutic relationship and boundaries

Critical Principle: AI is a tool that supports professional practice; it does not replace clinical expertise, professional judgment, or therapeutic skill.

8.2 Required Competencies

Psychologists using AI tools must demonstrate competence in:

- Understanding the capabilities and limitations of AI systems they use

- Recognising potential biases in AI algorithms and outputs
- Critically evaluating AI-generated recommendations or insights
- Maintaining independent professional judgment
- Protecting client privacy and confidentiality in AI contexts
- Obtaining informed consent for AI use

8.3 Training and Professional Development

The practice will provide:

- Initial training on approved AI tools and this policy
- Ongoing education about ethical AI use in psychological practice
- Updates on emerging AI risks, regulations, and best practices
- Support for clinicians to maintain competence in AI-assisted practice
- Documentation of training completion in professional development records

9. RISK MANAGEMENT AND QUALITY ASSURANCE

9.1 Known Risks and Limitations of AI

Psychologists must be aware of and mitigate the following AI risks:

Algorithmic Bias:
- AI systems may perpetuate biases related to gender, race, culture, age, disability, or socioeconomic status
- Training data may not represent diverse populations or Australian cultural contexts

Accuracy and Reliability:
- AI may produce inaccurate, incomplete, or hallucinated information
- AI lacks contextual understanding and nuanced clinical judgment

Privacy and Security:
- Risk of data breaches or unauthorised access
- Potential for re-identification of de-identified data

Over-reliance:
- Automation bias (tendency to favour AI outputs over professional judgment)
- Deskilling of clinical competencies if AI is used as a substitute for critical thinking

Transparency:
- Many AI systems operate as 'black boxes' with limited explainability
- Difficulty in understanding how AI reached specific conclusions

9.2 Incident Reporting and Management

Any of the following incidents must be reported immediately to the Practice Principal:

- Inadvertent disclosure of client information to AI systems
- AI-generated outputs that contain inaccuracies affecting client care
- Suspected data breaches involving AI systems
- Client complaints about AI use
- Discovery of bias or discrimination in AI outputs
- Any use of AI outside approved parameters

Incidents will be documented, investigated, and may trigger notifications to OAIC, AHPRA, the NDIS Quality and Safeguards Commission (where the incident involves an NDIS participant and may constitute a reportable incident under the NDIS (Reportable Incidents) Rules 2018), or affected clients as required. AI-related incidents involving NDIS participants are triaged against the reportable incident categories via the complaint-to-incident triage pathway in the Feedback and Complaints Policy (Version 2.0, Section 8). See also the Clinical Governance Policy (Version 2.0, Section 3.4) and the OHS Policy (Version 3.0, Section 9) for the complete incident management framework.

9.3 Monitoring and Audit

The practice will implement the following oversight measures:

- Quarterly audit of AI use across all psychologists
- Random review of clinical notes involving AI-assisted documentation
- Annual review of approved AI tools and vendor compliance
- Client feedback mechanisms about AI use
- Documentation of AI-related near misses or adverse events

10. CONSIDERATIONS FOR SPECIAL POPULATIONS

10.1 Children and Adolescents

Additional safeguards when working with minors:

- Parental/guardian consent required for any AI use in clinical care
- Age-appropriate explanation of AI to the child where developmentally suitable
- Enhanced privacy protections given vulnerability of minor populations
- Prohibition on using AI tools that may not be age-appropriate or validated for paediatric use

10.2 Culturally and Linguistically Diverse (CALD) Clients

Recognition that AI systems may not adequately account for:

- Cultural differences in symptom presentation or communication styles
- Language nuances and translation accuracy
- Cultural beliefs about mental health and help-seeking
- Underrepresentation in AI training datasets

Psychologists must apply heightened clinical judgment and cultural competence when using AI with CALD populations.

10.3 NDIS Participants and Clients with Cognitive or Communication Difficulties

Special considerations for NDIS participants and clients with intellectual disability, cognitive impairment, or communication challenges:

- Ensure informed consent processes are accessible and understood, including provision of information in Easy Read format for NDIS participants upon request, and involvement of nominees, guardians, or advocates where applicable (see Privacy Policy v2.0, Section 6.3)
- Avoid AI tools that may not be validated for these populations
- Recognise limitations of AI in interpreting atypical communication patterns

11. DOCUMENTATION REQUIREMENTS

Clinical records must document:

15. Any use of AI in clinical decision-making or assessment
16. Specific AI tool name, version, and purpose
17. Client consent for AI use (reference to signed consent form)
18. Nature of AI output and how it was used
19. Psychologist's independent verification and clinical reasoning
20. Any discrepancies between AI recommendations and clinical judgment
21. Rationale for accepting or rejecting AI-generated suggestions

Documentation must be sufficient to demonstrate compliance with professional standards and support continuity of care if the client transfers to another provider.

12. GOVERNANCE AND OVERSIGHT

12.1 AI Ethics Committee

As Behavioural Edge Psychology currently operates as a sole practitioner practice, the Principal Psychologist (Dr Sarah Fischer) holds governance responsibility for AI use, with external clinical supervision providing independent oversight. AI governance matters are a standing agenda item in clinical supervision sessions. As the practice grows, a formal AI Ethics Committee may be established. Current governance responsibilities include:

- Review and approve new AI tool implementations
- Monitor compliance with this policy
- Investigate AI-related incidents or complaints
- Review quarterly AI usage reports
- Update policy in response to regulatory changes or emerging risks
- Provide guidance on complex or novel AI use cases

12.2 Approval Process for New AI Tools

Before implementing any new AI tool, psychologists must:

22. Submit written proposal to Practice Principal or AI Ethics Committee
23. Complete AI Tool Assessment Form (including privacy, security, clinical validation)
24. Provide evidence of tool's validity, reliability, and appropriate use
25. Obtain written approval before use with clients
26. Complete training on the specific tool

Unauthorised use of AI tools not approved under this policy constitutes a serious breach of professional standards.

13. POLICY REVIEW AND UPDATES

Given the rapid evolution of AI technology and regulation, this policy will be reviewed:

- Annually (aligned with the review schedule for all Behavioural Edge Psychology policies), with provision for interim review as triggered by any of the following events
- Following any significant AI-related incident
- When new AHPRA or APS guidance is released
- In response to changes in relevant legislation
- When emerging evidence suggests risks or benefits of AI use

All psychologists will be notified of policy updates and required to acknowledge their understanding and compliance.

14. QUESTIONS AND GUIDANCE

For questions about this policy or guidance on specific AI use cases, contact:

Practice Principal

Behavioural Edge Psychology

Email: sarah.fischer@behaviouraledgepsychology.com

Phone: 03 8771 4315

COMPLIANCE STATEMENT

This policy has been developed in accordance with:

- AHPRA shared Code of Conduct (June 2022)
- AHPRA Professional Competencies for Psychology (effective 1 December 2025)
- AHPRA Fact Sheets on Technology Use in Healthcare
- Australian Psychological Society Code of Ethics (2007) and APS Standards of Conduct
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Therapeutic Goods Administration (TGA) guidance on AI as medical devices
- International best practice guidelines for AI in healthcare

15. RELATED POLICIES

This policy should be read in conjunction with the following Behavioural Edge Psychology policies:

- Clinical Governance Policy (Version 2.0, February 2026) — overarching governance framework; this AI Usage Policy is listed in the integrated policy suite table under Risk Management
- Privacy Policy (Version 2.0, February 2026) — NDIS participant information sharing framework, data breach notification, and telehealth privacy
- Feedback and Complaints Policy (Version 2.0, February 2026) — complaint-to-incident triage pathway for AI-related complaints and NDIS reportable incidents
- OHS Policy (Version 3.0, February 2026) — risk management framework and NDIS reportable incidents

ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING

All psychologists and staff members must sign an acknowledgment confirming they have:

- Read and understood this AI Policy
- Completed required training on AI use and ethics
- Agreed to comply with all requirements outlined in this policy

Document Control

Version 1.1 | Approved: February 2026 | Next Review: February 2027. Changes in v1.1: Added NovoNote AI Scribe as approved tool (Section 5.4) with privacy, security, and consent safeguards; added NDIS framework to regulatory section; added NDIS Commission to incident reporting; added

NDIS participant provisions to special populations; updated AHPRA Code of Conduct to June 2022; updated Professional Competencies to December 2025; added APS Standards of Conduct; clarified sole practitioner governance; softened medico-legal report prohibition; added policy suite cross-references; aligned review schedule to annual.