BEHAVIOURAL EDGE

ARTIFICIAL INTELLIGENCE POLICY

Behavioural Edge Psychology Pty Ltd

ABN 95 693 874 645 | ACN 693 874 645

Version 2.0 | Effective 12 August 2026

Supersedes Version 1.0 (December 2025)

Policy owner: Dr Sarah Fischer, Principal Psychologist

1. Policy statement and purpose

Behavioural Edge Psychology Pty Ltd (the practice) recognises that artificial intelligence (AI) technologies present both opportunities and risks in the delivery of psychological services. This policy sets out the conditions under which AI tools are used in the practice, so that their use is responsible, ethical, competent, and consistent with the professional obligations of an AHPRA registered psychologist.

> Core principle. AI technologies are tools that support, and never replace, the professional judgment, therapeutic relationship, and clinical expertise of the registered psychologist. The psychologist remains fully accountable for all clinical work regardless of the technology used to assist it.

The objectives of this policy are to protect client safety, dignity, and autonomy, to maintain professional competence and accountability in AI-assisted practice, to protect client privacy and confidentiality, to ensure transparency and informed consent regarding AI use, to set clear boundaries for AI applications, and to provide for ongoing review of the AI tools in use.

2. Scope and application

This policy applies to the Principal Psychologist and sole director, to any psychologist, locum, student, contractor, or administrative staff member engaged by the practice in future, to every AI technology used in clinical, administrative, or operational contexts, and to all client-related information that may be processed by an AI system. The practice provides services to adults only. Where collateral information concerning a client's developmental history is obtained from parents or other informants, that information is client-related information for the purposes of this policy.

3. Regulatory and ethical framework

This policy is informed by, and is to be read consistently with, the following instruments. Where any instrument is updated, the current published version prevails over the description given here.

- Psychology Board of Australia Code of Conduct, effective 1 December 2025, which is the binding regulatory framework for AHPRA registration purposes.
- Psychology Board of Australia Professional competencies for psychologists, effective 1 December 2025, including the digital competence expectations.
- Ahpra and National Boards guidance, Meeting your professional obligations when using Artificial Intelligence in healthcare (first published 2024 and updated periodically), which applies existing Code of Conduct obligations to AI use through the principles of accountability, understanding of the tool, transparency, informed consent, and attention to ethical and legal issues.
- APS Code of Ethics, which continues to apply to the Principal Psychologist in her capacity as an APS member, alongside the binding Board Code of Conduct.
- Privacy Act 1988 (Cth), the Australian Privacy Principles, and the Notifiable Data Breaches scheme.
- Health Records Act 2001 (Vic) and the Health Privacy Principles.

- Office of the Australian Information Commissioner, Guidance on privacy and the use of commercially available AI products (21 October 2024), including its best practice position that personal information, and particularly sensitive information, should not be entered into publicly available generative AI tools.
- Therapeutic Goods Administration regulation of software-based medical devices, where an AI tool falls within the definition of a medical device.
- Court and tribunal practice notes and guidelines on the use of generative AI in litigation, which apply to medicolegal and expert witness work and must be verified for the specific forum before each engagement.

4. Definitions

Artificial intelligence (AI). Computer systems or software that perform tasks typically requiring human intelligence, including machine learning, natural language processing, pattern recognition, decision support, and generative AI technologies.

Generative AI. AI systems capable of creating new content, including text or images, based on patterns learned from training data. Examples include Claude and ChatGPT.

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

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

AI-assisted decision making. The use of AI tools to inform, and never to replace, professional clinical judgment.

De-identified information. Information from which all direct identifiers have been removed and indirect identifiers removed or generalised, such that the person is not identifiable and is not reasonably identifiable from the information, alone or in combination with other available information.

Sensitive information. Personal information as defined in the Privacy Act 1988 (Cth), including health information, mental health records, and other confidential client information.

5. AI tools in current use

The practice currently uses Claude, a generative AI assistant developed by Anthropic, accessed through a paid individual subscription. The account is configured so that the setting permitting Anthropic to use conversations to train and improve its AI models is turned off. Under Anthropic's published privacy documentation, conversations flagged by Anthropic's safety classifiers may nevertheless be used for its internal trust and safety purposes. The practice manages this residual exposure through the de-identification requirement in section 7, so that no identifiable client information is present in any conversation.

Practice management, psychometric administration, and scoring platforms (Cliniko, NovoPsych, PARiConnect, Q-interactive) may incorporate automated or algorithmic functions. These platforms are used in accordance with their published terms and the applicable test manuals, and their scoring

outputs are interpreted by the psychologist. Any new AI tool is subject to the assessment and approval process in section 13 before use.

6. Approved, restricted, and prohibited uses

6.1 Approved uses

The following uses are approved, subject to the de-identification requirements in section 7 and to full review of every output by the psychologist before it is relied on or released.

- Drafting, editing, formatting, and structuring clinical documentation, including reports, letters, file note scaffolds, treatment plans, and referrer correspondence, using de-identified information, with identifying details inserted by the psychologist after the AI-assisted stage.
- Literature synthesis, evidence summaries, and research support, with every substantive claim verified against the primary source before use in a formal document.
- Session planning support, clinical resource development, and psychoeducation materials, reviewed for accuracy and suitability before client use.
- Practice administration, including policy and template drafting, website content, and general correspondence that contains no client information.
- Professional development support, including training scenarios built on fictional information.

6.2 Restricted uses requiring enhanced safeguards

The following uses are permitted only with the additional safeguards listed below.

- Clinical reasoning support, including differential diagnosis options, formulation drafting, and treatment planning options. The psychologist must independently verify any AI-generated clinical reasoning against the clinical data, the diagnostic criteria, and the evidence base, and diagnostic authority rests with the psychologist at all times.
- Assessment interpretation support, limited to organising and drafting around scores the psychologist has obtained and interpreted through the approved scoring platforms and published test manuals. AI is not used to score standardised instruments.
- Medicolegal, independent assessment, and expert witness documents. Before AI assistance is used on any such document, the psychologist must verify the current rules of the relevant court, tribunal, or scheme concerning generative AI, comply with any disclosure or leave requirement, and confirm that the expert evidence obligations of the forum are met. Every factual statement, record reference, and opinion in the final document must be independently verified by the psychologist, who adopts the document in full as her own evidence.
- Any content adjacent to risk assessment, limited to drafting and structuring. The clinical assessment of suicide, self-harm, or violence risk is conducted by the psychologist through direct clinical assessment and is never delegated to an AI system.

Restricted uses must be supported by documentation in accordance with section 12 and, where the use involves AI in clinical decision-making concerning an identifiable client, by the specific consent process in section 8.

6.3 Prohibited uses

The following uses are prohibited in all circumstances.

- Using AI as the sole or primary basis for a clinical diagnosis or delegating any final clinical or treatment decision to an AI system.
- Using AI to determine suicide, self-harm, or violence risk in place of clinical assessment, or using AI to respond to client crisis communications.
- AI chatbots or automated systems delivering therapy or therapeutic interventions to clients.
- Entering identifiable client information into any AI system. All client-related material entered into AI systems must first be de-identified in accordance with section 7.
- Using free, public, or unapproved AI tools with any client-related information, including de-identified clinical material.
- Using AI systems that retain input data for model training where an opt-out is available and has not been applied.
- Releasing any AI-assisted document without full review, verification, and adoption of its content by the psychologist.
- Representing fabricated or unverified AI-generated material, including invented sources, statistics, or quotations, as fact in any document.

7. Data protection and privacy

7.1 De-identification

Before any client-related information is entered into an AI system, the following steps are required. Remove all direct identifiers, including name, date of birth, address, and contact details. Remove or generalise indirect identifiers, including occupation, employer, specific locations, and unique circumstances that could identify the person in combination with other information. Replace identifiers with generic descriptors, for example ‘the client’ or ‘a professional in their thirties’. Reinsert identifying details only after the AI-assisted stage is complete, within the practice’s secure document environment.

This approach is consistent with the OAIC’s best practice position that personal and sensitive information should not be entered into publicly available generative AI tools.

7.2 AI system requirements

Any AI system used by the practice must satisfy the following requirements, verified through the assessment process in section 13.

- Encryption of data in transit and at rest, and authenticated user access.
- An enforceable setting or contractual term preventing the use of practice inputs for model training, applied and recorded.
- Assessment of cross-border data handling under Australian Privacy Principle 8 and the Health Privacy Principles, with the outcome documented. Because only de-identified information is entered into general-purpose AI systems, the privacy risk of overseas processing is materially reduced, and this control is recorded as the primary safeguard.

- A published privacy policy, clear data handling terms, and a data deletion capability.
- Compliance of the overall workflow with the Australian Privacy Principles, the Health Privacy Principles, and the Notifiable Data Breaches scheme.

7.3 Vendor assessment

Before implementing a new AI system, the practice will conduct and document a privacy impact assessment, review the vendor's privacy policy and terms of service, verify data storage and cross-border handling arrangements, assess alignment with the Australian Privacy Principles, review available security certifications, confirm data breach notification procedures, and record the approval decision.

8. Informed consent and transparency

8.1 Client notification

All clients are informed of the practice's use of AI through the informed consent form and the practice privacy policy. The disclosure describes the purpose of AI use, the de-identification safeguard, the training opt-out configuration, and the psychologist's retained responsibility for all clinical decisions and documents. Clients are invited to raise questions about AI use at any time, and the consent discussion is documented in the clinical record.

Where AI is used in clinical decision-making concerning an identifiable client, beyond the de-identified drafting and reasoning support described in section 6, specific written consent is obtained. That consent explains the tool, its purpose and limitations, how its outputs will be verified, and the client's right to decline that use without any effect on the quality of their care.

8.2 Transparency in reports

Ahpra guidance does not require a standard AI disclaimer on clinical documents. Transparency is achieved through the consent process above and through the psychologist's accountability for every document released. Where a court, tribunal, scheme, or referrer requires disclosure of AI assistance in a report, that requirement is identified before drafting begins and is complied with in the form the forum specifies. Expert witness documents comply with the AI provisions of the applicable practice notes and expert evidence codes, verified for each engagement.

9. Professional accountability and competence

The use of AI does not diminish or transfer professional responsibility. The psychologist remains fully accountable for all clinical decisions and judgments, for the accuracy and completeness of assessments and reports, for the appropriateness of treatment recommendations, for client safety and wellbeing, for compliance with the Code of Conduct and this policy, and for the therapeutic relationship and its boundaries. Human judgment is applied to every AI output before it is relied on.

Consistent with the Ahpra guidance principle of understanding, the psychologist maintains sufficient knowledge of each AI tool to use it safely, including its training and testing, intended use, limitations, and the contexts in which it should not be used. Required competencies include recognising potential algorithmic bias, critically evaluating AI outputs, maintaining independent judgment, protecting

privacy in AI contexts, and conducting the consent process. Competence is maintained through continuing professional development, and relevant learning is recorded in the CPD portfolio.

10. Risk management and quality assurance

10.1 Known risks

The practice recognises and actively mitigates the following risks. AI systems may produce inaccurate, incomplete, or fabricated information, including invented sources, and lack contextual clinical understanding, which is managed through verification of every substantive claim. AI systems may reflect biases related to gender, culture, age, disability, neurotype, or socioeconomic status, and their training data may underrepresent Australian contexts and neurodivergent presentations, which is managed through critical review against the practice's neurodiversity-affirming and culturally humble standards. Automation bias and deskilling are managed by treating AI output as a draft for professional judgment rather than a conclusion. Privacy risks, including re-identification, are managed through the de-identification procedure and system requirements in section 7.

10.2 Incident reporting

The following incidents are recorded and managed by the Principal Psychologist. Inadvertent entry of identifiable client information into an AI system. AI-generated inaccuracy that affects, or could have affected, client care or a released document. A suspected data breach involving an AI system. A client complaint about AI use. Identified bias or discrimination in AI output relied on in practice. Any use of AI outside this policy.

Incidents are documented and investigated. Where an incident constitutes an eligible data breach, notification obligations under the Notifiable Data Breaches scheme are assessed and actioned. Material incidents are notified to the professional indemnity insurer through Aon in accordance with the policy conditions, and Ahpra notification obligations are considered where relevant.

10.3 Monitoring

The Principal Psychologist conducts an annual review of AI use across the practice, including a spot check of AI-assisted documents against their source records, a review of each approved tool's current terms and privacy settings, and a review of any incidents. Client feedback about AI use is invited through the consent process and considered at review.

11. Considerations for specific client groups

The practice provides services to adults only and does not use AI in the care of children or adolescents. Collateral developmental information provided by parents or informants about an adult client is handled under the same de-identification requirements as all other client-related information.

For culturally and linguistically diverse clients, the psychologist recognises that AI systems may not adequately account for cultural differences in symptom presentation and communication, language nuance, cultural understandings of mental health, or underrepresentation in training data, and applies heightened clinical and cultural judgment to any AI output.

For neurodivergent clients and clients with cognitive or communication differences, the psychologist recognises that AI systems may misread atypical communication patterns or reproduce deficit-based framings, ensures that consent processes are accessible and understood, and reviews AI-assisted materials against the practice's neurodiversity-affirming language standards before use.

12. Documentation

Where AI is used within a restricted use under section 6.2, the clinical record documents the tool and its purpose, the client's consent where section 8 requires it, the nature of the AI output and how it was used, the psychologist's independent verification and clinical reasoning, and the rationale for accepting or departing from any AI-generated suggestion. Routine approved uses under section 6.1 are covered by the standing disclosure in the consent form and do not require entry-by-entry documentation, provided the de-identification and review requirements are met. Documentation is sufficient to demonstrate compliance with the Code of Conduct and to support continuity of care.

13. Governance and approval of new tools

Governance of this policy rests with the Principal Psychologist as sole director. The Principal Psychologist approves new AI tools, monitors compliance, investigates incidents, and updates this policy in response to regulatory change or emerging risk. Complex or novel questions of AI ethics are taken to peer consultation or supervision in de-identified form.

Before any new AI tool is used with client-related information, the assessment in section 7.3 is completed and the outcome recorded, the tool's privacy and training settings are configured and recorded, and the informed consent materials are updated where the disclosure would otherwise be inaccurate. Use of an AI tool that has not been assessed and approved under this policy is a breach of this policy.

14. Policy review

This policy is reviewed at least annually, and additionally following any significant AI-related incident, on the release of new Ahpra, Psychology Board, or OAIC guidance, on relevant legislative change, including reform of the Privacy Act 1988 (Cth), and on any material change to the terms or configuration of an approved AI tool. Any future staff member or contractor is provided with this policy on engagement and acknowledges it in writing.

15. Questions and guidance

Questions about this policy or specific AI use cases are directed to the Principal Psychologist.

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Document control

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