DIGITAL RECORD RETENTION & NOTEKEEPING POLICY

Behavioural Edge Psychology

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1. POLICY STATEMENT AND PURPOSE

Behavioural Edge Psychology is committed to maintaining accurate, secure, and accessible client records in accordance with legal, professional, and ethical obligations. This policy establishes comprehensive standards for the creation, retention, storage, and destruction of all clinical and administrative records.

Policy Objectives:

- Ensure compliance with AHPRA record-keeping requirements and retention periods
- Adhere to APS Guidelines on Record Keeping, including the single-record principle
- Protect client privacy and confidentiality throughout the record lifecycle
- Ensure records are available when needed for continuity of care or legal purposes
- Establish clear procedures for record destruction and legal holds
- Support quality clinical care through comprehensive, contemporaneous documentation

2. SCOPE AND APPLICATION

This policy applies to:

- All psychologists employed by or contracted to Behavioural Edge Psychology
- All administrative and support staff who create, access, or manage records
- All client clinical records (current and archived)
- All business and administrative records
- Electronic and paper-based records
- Email communications, digital documents, and multimedia files

3. REGULATORY AND LEGAL FRAMEWORK

This policy is informed by and compliant with:

Professional Standards:

- AHPRA Code of Conduct (March 2014)
- AHPRA Guidelines: Records and recordkeeping (updated regularly)
- Australian Psychological Society Guidelines on Record Keeping (2013)
- APS Code of Ethics (2007)

Legislative Requirements:

- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Health Records Act 2001 (Vic) and equivalent state legislation
- Evidence Act 1995 (Cth)
- Corporations Act 2001 (Cth) - for business records
- Electronic Transactions Act 1999 (Cth)

4. DEFINITIONS

Client Record: All information relating to a client's psychological assessment, treatment, and care, including clinical notes, correspondence, assessment results, treatment plans, and administrative documents. The APS single-record principle requires that all information about a client be maintained in one comprehensive file.

Digital Record: Any record created, stored, or transmitted in electronic format, including word processing documents, practice management system entries, emails, PDFs, audio/video recordings, and scanned images.

Clinical Notes: Contemporaneous records of client interactions, including session notes, progress notes, telephone contacts, and clinical observations.

Active Record: A record relating to a current client who has had contact with the practice within the past 12 months.

Inactive Record: A record relating to a former client who has not had contact with the practice for more than 12 months but is still within the required retention period.

Archived Record: An inactive record that has been moved to secure long-term storage but must be retained for the required retention period.

Legal Hold: A suspension of normal record destruction processes due to pending or threatened litigation, investigation, audit, or regulatory inquiry.

Retention Period: The minimum length of time a record must be kept before it may be destroyed.

Destruction: The permanent, irreversible deletion or disposal of records in a manner that ensures they cannot be recovered or reconstructed.

5. THE SINGLE-RECORD PRINCIPLE (APS GUIDELINE)

5.1 Principle Statement

In accordance with APS Guidelines on Record Keeping, Behavioural Edge Psychology adheres to the single-record principle: there should be one comprehensive client file containing all information relevant to the client's psychological care.

This principle ensures completeness, prevents fragmentation, reduces the risk of information being overlooked, and facilitates continuity of care.

5.2 What Must Be Included in the Client Record

The single client record must contain:

Identifying Information:

- Client name, date of birth, contact details
- Medicare number, private health insurance details (where applicable)
- Emergency contact information

Clinical Information:

- Initial assessment and intake forms
- Presenting problems and referral information
- Mental health history and relevant medical history
- Assessment results and interpretations
- Diagnoses (when provided)
- Treatment plans and goals
- Session notes for every client contact
- Progress notes and outcome measures
- Risk assessments and safety plans
- Termination or discharge summaries

Consent and Legal Documents:

- Informed consent forms
- Consent for communication with third parties
- Privacy acknowledgments and policies
- Financial agreements and billing records (if part of clinical file)

Correspondence and Communications:

- Letters to and from referrers, GPs, and other healthcare providers
- Reports prepared for clients, insurers, or third parties
- Relevant email communications (see Section 7)
- Documentation of telephone contacts

Other Relevant Information:

- Copies of records received from other providers (with client consent)
- Documentation of supervision or consultation (when relevant to client care)
- Incident reports or adverse events
- Any other information that informs the client's psychological care

5.3 Prohibited Separate Records

To maintain the single-record principle, psychologists must NOT maintain:

- Separate 'personal notes' or 'memory aids' that contain client information
- Private diaries or journals documenting client sessions
- Informal notes not integrated into the official client record
- Multiple or duplicate files for the same client (except approved backup copies)

Exception for Supervision Notes:

Clinical supervision notes created by a supervisor may be maintained separately if they contain: (a) reflective commentary about the psychologist's professional development rather than client care; or (b) sensitive information about the psychologist's performance. However, any information directly relevant to client care must be incorporated into the client record.

6. RETENTION PERIODS

6.1 Client Clinical Records

Minimum retention periods in accordance with AHPRA guidelines:

Client Category	Retention Period	Calculation Method
Adult Clients (18+ at time of service)	Minimum 7 years	From date of last service or contact
Clients who were minors (under 18)	Minimum 7 years OR until client turns 25	Whichever is later: (a) 7 years from when client turned 18, or (b) 7 years from last service
Deceased Clients	Minimum 7 years	From date of death or last service, whichever is later

Client Category	Retention Period	Calculation Method
Records subject to legal proceedings	Until matter resolved + 7 years	From final resolution of legal matter (including appeals)
Records related to complaints or investigations	Until matter resolved + 7 years	From final resolution of complaint or investigation

Important: These are MINIMUM retention periods. Records may be retained for longer periods where there is good reason (e.g., complex cases, ongoing legal matters, or client request). However, retention beyond necessary periods should be carefully considered considering privacy obligations.

6.2 Business and Administrative Records

Record Type	Retention Period
Financial records (invoices, receipts, tax documents)	7 years (ATO requirement)
Employee records (including psychologists)	7 years after termination of employment
Insurance policies and claims	7 years after policy expiry or claim settlement
Contracts and agreements	7 years after expiry or termination
Complaints and incident reports	7 years after resolution
Policy documents and procedural manuals	7 years after superseded by new version
Lease agreements and property records	7 years after expiry

7. EMAIL AND ELECTRONIC COMMUNICATION RETENTION

7.1 Classification of Emails

All emails must be classified and retained according to the following categories:

Category 1: Client-Related Emails (Must Be Retained):

- All emails to or from clients regarding their care
- Emails to/from referrers, GPs, or other healthcare providers about a specific client
- Emails containing client information, assessment results, or treatment recommendations
- Appointment confirmations or cancellations with clinical relevance
- Any email that would inform continuity of care or clinical decision-making

Retention Requirement: Must be saved to the client's record. Apply client record retention periods.

Method: Print to PDF and upload to practice management system OR save directly into client's electronic file with date and subject metadata.

Category 2: Business and Administrative Emails (Selective Retention):

- Contracts, agreements, or legal correspondence
- Financial transactions and billing matters
- Policy decisions or procedural changes
- Employee performance or HR matters
- Complaints or incident reports

Retention Requirement: Retain for 7 years from date or completion of matter.

Method: Save to appropriate business records folder or archive system.

Category 3: Transient/Routine Emails (Limited/No Retention):

- General inquiries that did not result in appointments
- Routine appointment confirmations with no clinical content
- Internal coordination or scheduling
- Marketing materials or newsletters
- Spam, junk mail, or irrelevant communications

Retention Requirement: May be deleted after 30 days or when no longer needed, unless subject to legal hold.

7.2 Email Management Procedures

Psychologist Responsibilities:

1. Review emails daily and classify according to categories above
2. Save Category 1 emails to client records within 2 business days
3. Archive Category 2 emails to appropriate business folders
4. Delete Category 3 emails when no longer needed
5. Never use personal email accounts for client communications

Practice-Level Email Backup:

- Email server maintains rolling 90-day backup of all emails
- This backup is for disaster recovery only and does NOT satisfy retention obligations
- Psychologists must actively save relevant emails to client records before 90-day deletion

8. DIGITAL RECORD CREATION AND MANAGEMENT

8.1 Documentation Standards

All digital clinical records must meet the following standards:

Contemporaneous:

- Session notes should be completed within 24 hours of the session (within 48 hours maximum)

Accurate and Objective:

- Record factual observations and clinical impressions separately

- Avoid judgmental or pejorative language

Complete:

- Include date, time, duration, and type of contact
- Document presenting issues, interventions used, client response, and plan
- Record any risk issues, safety concerns, or changes to treatment plan

Professional:

- Use professional language and appropriate clinical terminology
- Assume records may be read by client, other professionals, or legal parties

Legible and Accessible:

- Digital records must be in searchable, readable formats (preferably PDF/A for archival)
- Avoid proprietary formats that may become obsolete

8.2 Amendments and Corrections

When correcting or amending digital records:

- Never delete or overwrite original entries
- Add dated addendum or amendment note clearly identifying it as such
- Include reason for amendment and psychologist identification
- Original entry must remain visible in the record
- Practice management system should maintain audit trail of all changes

8.3 Audio and Video Recordings

When sessions are recorded (with appropriate consent per AI Policy):

- Store on encrypted, secure servers with restricted access
- Link recording to client record with metadata (date, purpose, consent status)
- Apply same retention periods as written clinical records
- Delete within 12 months unless specific clinical or supervisory justification documented
- Ensure destruction is secure and complete (file overwriting, not just deletion)

9. STORAGE AND SECURITY REQUIREMENTS

9.1 Active Records Storage

Active client records must be:

- Stored in approved practice management system with encryption at rest and in transit
- Accessible only to authorized personnel with unique login credentials
- Protected by multi-factor authentication
- Subject to regular automated backups (daily minimum)
- Stored on Australian servers or with equivalent privacy protections

9.2 Archived Records Storage

Inactive records (no contact for 12+ months) should be:

- Moved to secure archival storage (separate from active system if volume justifies)
- Maintained in searchable, accessible format
- Retrievable within 5 business days upon request
- Protected with same security standards as active records
- Reviewed annually for retention compliance (see Section 10)

9.3 Backup and Disaster Recovery

Backup Requirements:

- Daily automated backups of all clinical and business records
- Backups stored in geographically separate location from primary data
- Encrypted backups with secure key management
- Monthly backup restoration tests to verify integrity
- Retention of backup versions for minimum 30 days

Disaster Recovery:

- Documented disaster recovery plan tested annually
- Recovery time objective (RTO): 24 hours for active client records
- Recovery point objective (RPO): Maximum 24 hours data loss

9.4 Access Controls and Audit Trails

Digital record systems must:

- Log all access to client records (who accessed, when, what was viewed/modified)
- Implement role-based access controls (psychologists vs. admin staff)
- Automatically lock inactive sessions after 15 minutes
- Maintain audit trails for minimum 7 years
- Alert administrators to unusual access patterns

10. LEGAL HOLDS AND SUSPENSION OF DESTRUCTION

10.1 When to Implement a Legal Hold

A legal hold must be implemented immediately upon any of the following events:

- Receipt of a subpoena, court order, or discovery request
- Notice of litigation or credible threat of litigation
- AHPRA notification or investigation
- Health Complaints Commissioner inquiry
- APS ethics complaint
- Police investigation or child protection inquiry
- Coronial inquest or serious incident review
- Workers compensation claim involving the practice
- Any other circumstance where records may be subject to legal or regulatory process

10.2 Legal Hold Implementation Procedure

Step 1: Immediate Notification (Within 24 Hours)

6. Principal Psychologist or Practice Manager immediately notifies all staff
7. Written Legal Hold Notice issued specifying:
   a) Nature of legal matter or investigation
   b) Scope of records subject to hold (specific client, date range, or practice-wide)
   c) Types of records covered (emails, notes, recordings, etc.)

d) Effective date and anticipated duration

Step 2: Identification and Preservation (Within 48 Hours)

8. Identify all records within scope of legal hold
9. Flag records in practice management system as 'LEGAL HOLD - DO NOT DELETE'
10. Create separate backup of all affected records
11. Suspend automatic deletion or archiving processes for affected records
12. Document legal hold in Legal Holds Register (date, scope, reason, responsible party)

Step 3: Communication and Training

13. Brief all staff with access to affected records
14. Emphasize prohibition on deletion, alteration, or destruction
15. Provide written acknowledgment form for staff to sign
16. Designate point person for legal hold questions

Step 4: Ongoing Management

17. Monitor compliance with legal hold
18. Periodic reminders to staff (monthly or as appropriate)
19. Capture any new records created during hold period
20. Maintain detailed log of all actions related to legal hold

10.3 Releasing a Legal Hold

A legal hold may only be released when:

- Written confirmation received that legal matter is fully resolved (no appeals pending)
- Confirmation from legal counsel that hold may be lifted
- Regulatory investigation or complaint formally closed
- All required document production completed and acknowledged

Release Procedure:

21. Principal Psychologist or Practice Manager issues written Legal Hold Release Notice
22. Remove 'LEGAL HOLD' flags from affected records
23. Resume normal retention and destruction schedules
24. Document release in Legal Holds Register with date and reason
25. Notify all affected staff of release

Important: After legal hold release, records still remain subject to standard retention periods. They may not be destroyed until minimum retention period is satisfied.

10.4 Consequences of Legal Hold Violations

Failure to preserve records subject to legal hold can result in:

- Adverse inference in litigation (court assumes destroyed evidence was unfavourable)
- Sanctions, fines, or contempt of court charges
- Professional disciplinary action by AHPRA
- Ethical violations under APS Code
- Reputational damage and loss of professional credibility

11. RECORD DESTRUCTION PROCEDURES

11.1 Annual Retention Review

Each year (recommended: January or July), the Practice Manager will:

26. Generate report of all inactive records approaching end of retention period
27. Verify retention calculation is correct (especially for minor clients)
28. Check for any legal holds, ongoing matters, or reasons for extended retention
29. Prepare destruction schedule for records eligible for destruction
30. Obtain Principal Psychologist approval for destruction schedule

11.2 Secure Destruction Methods

Digital Records:

- Use secure deletion software that overwrites data multiple times (minimum 3-pass overwrite)
- Delete from all backup systems and archives
- Verify complete deletion through audit
- For decommissioned hardware: physical destruction or certified data wiping service

Paper Records (if any):

- Cross-cut shredding (minimum security level P-4)
- Use of certified secure document destruction service for large volumes

11.3 Destruction Documentation

All record destruction must be documented in the Destruction Register, including:

- Date of destruction
- Description of records destroyed (client IDs, date ranges, record types)
- Method of destruction
- Person responsible for destruction
- Witness or verification of destruction
- Approval authority (Principal Psychologist signature)

The Destruction Register itself must be retained permanently.

12. SPECIAL CIRCUMSTANCES

12.1 Practice Closure or Sale

In the event of practice closure or sale:

31. Notify AHPRA and Psychology Board of closure/sale plans
32. Notify all active clients of transition plans and their right to transfer records
33. Arrange for compliant transfer or storage of all records for required retention periods
34. Options: (a) transfer to purchasing practice with client consent, (b) arrange secure archival storage, or (c) engage records custodian service
35. Provide public notice of closure and contact information for record access requests
36. Records may NOT be destroyed early due to closure - retention obligations continue

12.2 Psychologist Death or Incapacity

In the event a psychologist dies or becomes incapacitated:

- Practice Principal or designated colleague assumes record custodianship
- Notify AHPRA and update practitioner registration status
- Contact active clients to facilitate continuity of care

- Maintain records for required retention periods
- Estate executors should be advised of professional record retention obligations

12.3 Client Access Requests

When clients request access to their records (see Privacy Policy):

- Respond within 30 days
- Verify identity of requester
- Provide copies (not originals) in accessible format
- May charge reasonable fee for extensive copying
- Consider whether access might pose risk to client or others (rare exceptions)
- Document access request and response in client record

13. ROLES AND RESPONSIBILITIES

Principal Psychologist:

- Overall accountability for record keeping compliance
- Approval of destruction schedules and legal hold releases
- Policy review and updates

Practice Manager:

- Implementation and monitoring of this policy
- Annual retention review and destruction scheduling
- Management of legal holds
- System security and backup oversight
- Staff training on record keeping procedures

Psychologists:

- Accurate, timely, and complete documentation
- Adherence to single-record principle
- Proper classification and retention of emails
- Compliance with legal holds
- Secure handling of records

Administrative Staff:

- Support with record organization and archiving
- Processing client access requests
- Maintaining destruction and legal hold registers
- Compliance with access controls and security procedures

14. TRAINING AND COMPLIANCE

All psychologists and staff will receive:

- Initial training on this policy within 2 weeks of commencement
- Annual refresher training
- Additional training following policy updates
- Training on practice management system record keeping functions
- Training completion documented in personnel files

Non-compliance with record keeping requirements may result in disciplinary action and will be addressed through the practice's performance management procedures.

15. POLICY REVIEW AND UPDATES

This policy will be reviewed:

- Annually (minimum)
- Following changes to AHPRA or APS guidelines
- Following changes to relevant legislation
- After any significant record-related incident or breach
- When practice management systems or technology changes

16. QUESTIONS AND SUPPORT

For questions about record keeping or this policy, contact:

Practice Manager

Behavioural Edge Psychology

Email: sarah.fischer@behaviouraledgepsychology.com.au

Phone: 03 8771 4315

COMPLIANCE STATEMENT

This policy has been developed in accordance with:

- AHPRA Code of Conduct (March 2014)
- AHPRA Guidelines: Records and recordkeeping
- Australian Psychological Society Guidelines on Record Keeping (2013)
- APS Code of Ethics (2007)
- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Health Records Act 2001 (Vic)
- Evidence Act 1995 (Cth) and relevant state legislation

Document Control

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