Privacy & Confidentiality Policy

How personal and health information is collected, used, stored and protected at Aberius Psychology.

VERSION	EFFECTIVE DATE
1.0 | Revised 29 October 2026	1 November 2026
NEXT SCHEDULED REVIEW	**DOCUMENT OWNER**
1 November 2027	Aberius Psychology

01 Purpose and application

Aberius Psychology is a private psychology practice in the Townsville region of Queensland. The practice handles personal and health information under the Privacy Act 1988 (Cth), the Australian Privacy Principles (APPs), applicable laws and the Psychology Board of Australia's Code of conduct for psychologists.

This policy applies to enquiries, referrals, psychological care in consulting rooms, telehealth, aged-care or community settings, home visits, clinical records, communications and practice administration. It is available free of charge on request.

02 Information collected

Information collected depends on the services requested and may include:

- **Identity and contact information:** name, preferred name, date of birth, contact details, emergency contacts, guardian or authorised representative information.
- **Clinical information:** referral details, health and psychosocial history, risks and safety information, diagnoses where relevant, questionnaires, treatment plans, clinical progress notes, reports and correspondence.
- **Service and billing information:** appointment dates, attendance, consent choices, invoices, payment records and relevant Medicare, DVA, NDIS, insurer or program details.
- **Information from other sources:** material from referring practitioners, other health professionals, authorised supports or funding agencies where a lawful basis applies.

Clients may ask whether particular information is necessary. Some information is needed for safe treatment, accurate recordkeeping, communication or funding claims. Consequences of not providing necessary information will be explained where practicable.

03 How information is collected and used

Information is ordinarily collected directly from a client during appointments, forms, telephone or online enquiries, email and the Halaxy patient portal (where enabled). Information may also be received from a referring GP, treating professional, carer or other party where consent or another lawful authority permits.

Information is used to provide and review psychological care, maintain clinically appropriate records, coordinate authorised care, manage appointments and safety, issue invoices and claims, communicate with clients, and meet legal and professional duties. Identifiable client information is not sold or used for testimonials or public promotion without separate informed consent.

04 Confidentiality and authorised disclosure

Clinical information, including the fact that a person attends psychology, is confidential. As a general rule, the practice does not confirm attendance or disclose clinical material to a third party without the client's informed authorisation or another lawful basis. Permission to contact a client does not itself authorise disclosure to an employer, agency, family member, lawyer or other person.

Disclosure may nevertheless be permitted or required in circumstances including:

- A **specific, informed consent** to share identified information with a named recipient for an identified purpose.
- Authorised coordination of care or administration and funding-related reporting, within applicable consent, contracts and law.
- A **valid subpoena, summons, court or tribunal order, statutory direction** or another disclosure required or authorised by law.
- A serious threat to life, health or safety where the legal threshold for disclosure is met.
- Lawfully permitted or required child-safety disclosures, depending on the particular situation and applicable reporting duties.
- Confidential professional consultation, appropriate supervision, legal or insurer advice where lawful, using de-identified information wherever practicable.

Before an authorised disclosure, the practice will assess its legal basis, the purpose and the necessary scope; share no more than is appropriate; and record the disclosure. Clients will ordinarily be informed in advance where lawful and practicable.

05 Requests from external agencies, employers and other bodies

The practice may receive requests connected with Australian Defence Force or Defence Force Recruiting processes, state or federal police recruitment, Queensland Corrective Services (QCS), community corrections, parole or probation, the Parole Board Queensland, courts and tribunals, solicitors, employers, occupational health providers, workers' compensation insurers, private or income-protection insurers, Services Australia, educational institutions and other organisations. This list is illustrative, not exhaustive.

These requests are treated as **third-party requests**, not automatic entitlements to a client's therapy file. An application form, employer questionnaire, broad authority to release "all records", request by a corrections officer, or request by a legal representative is not, merely by being made, a compulsory court order or statutory demand.

Where disclosure is proposed on the basis of consent, Aberius Psychology will ordinarily:

- Verify the recipient and the client's identity and authority, and clarify the purpose, categories of information and relevant time period.
- Explain the potential sensitivity of treatment notes and that disclosure to recruitment, parole, employment, insurance or legal decision-makers may have consequences outside the therapeutic relationship.
- Obtain **current, voluntary, informed written consent**, identifying what is to be disclosed and to whom. Clients may ask about narrowing the scope or using a focused letter or report instead.
- Consider whether the requested disclosure is appropriate, proportionate and lawful, including the privacy of other people and any applicable restrictions; document what is released and when.

A client may choose not to authorise a voluntary third-party disclosure, although the requesting organisation may impose independent application, employment, recruitment, insurance or parole requirements. The practice cannot guarantee that a reduced disclosure will be accepted by that organisation.

Important distinction: a client's own statutory right to access their personal information is dealt with under Section 14. That right is not removed because a client intends to give the information to an external organisation. Once information is lawfully supplied to a client or other recipient, the practice generally cannot control the recipient's later use or onward disclosure.

06 Attendance confirmation letters and other reports

At a client's request, Aberius Psychology may provide a brief, factual **attendance confirmation letter** for court, employment, recruitment, correctional, education or other administrative purposes, subject to confirming the client's identity and obtaining appropriate consent for any third-party delivery.

A standard attendance letter is ordinarily limited to the client's name, the relevant date or dates of attendance (or attendance period), the type of appointment if necessary, and the issuing practice's details. It does not ordinarily identify diagnoses, symptoms, discussion content, progress notes, risk assessments or treatment opinions. The practice may decline to include information it cannot verify.

A factual attendance letter **does not certify fitness for duty, rehabilitation, risk to the community, parole suitability, readiness for military or police service, credibility, capacity to parent, sentencing outcomes or compliance with a court order**. The decision-maker determines whether a letter is sufficient for its purpose.

Requests for detailed psychological reports, treatment summaries, opinions or forensic assessments are separate from attendance confirmation. They will be considered on their merits, with a defined purpose, scope, consent, competence and any applicable fee. Aberius Psychology does not presently offer routine formal forensic or recruitment fitness assessments and may decline requests outside the treatment role or professional expertise, or recommend an independent assessor.

07 Courts, subpoenas, parole proceedings and witness evidence

Therapy is a treatment service, not an arrangement for advocacy or court testimony. Aberius Psychology does not ordinarily **volunteer to appear as a witness, prepare adversarial opinions, or give evidence for court, parole, sentencing or other proceedings** simply because a client, lawyer, employer or agency asks. Any discretionary written report or letter must be separately agreed and clinically and professionally appropriate.

If a subpoena, witness summons, notice to produce, court or tribunal order, or other legally enforceable requirement is served, the practice will assess its validity, recipient, scope, deadline and legal obligations and, where appropriate, seek legal advice, court directions or available protective orders. Confidentiality does not automatically override valid compulsory process. The practice will comply with enforceable obligations after any lawful objections or limitations are resolved.

An order to **produce records to a court** is not necessarily authority to send the entire file directly to the opposing lawyer or other requesting party. Material will be directed to the legally specified recipient and limited to what the applicable process requires. Where lawful and practicable, the client will be notified and afforded an opportunity to seek independent legal advice. Any relevant evidentiary privilege or protection will be considered; it must not be assumed to apply to all psychological records.

Oral or other witness evidence will be provided **when legally required**, subject to any lawful right to challenge or limit the process. The practice does not guarantee that every request for evidence can be refused or that records will remain confidential once admitted into proceedings.

08 Halaxy: practice management and clinical records

Aberius Psychology uses **Halaxy** to manage client records, appointments, clinical notes, documents, correspondence, billing and related practice functions. Halaxy's own privacy and service terms also apply to its platform. Access is limited to authorised purposes and configured according to practice roles and permissions.

Halaxy states that Australian user data is stored in Australia. Its published privacy information also identifies service providers associated with functions such as web hosting, SMS, telehealth, email, payments, analytics and technical monitoring; some providers are based overseas, including the United States. Information may be handled or disclosed internationally depending on the features used. Australian record storage does not guarantee that every supporting service operates exclusively in Australia. See www.halaxy.com/privacy/.

Using Halaxy for routine clinical records does not, by itself, authorise optional AI-assisted session documentation. That is governed by the practice's separate AI Documentation Privacy Policy and AI Writing Consent Form.

09 Information security

The practice takes reasonable steps to protect personal and health information from loss, misuse, interference, unauthorised access, alteration and disclosure, including controlled account access, appropriate device security, confidential handling of paper materials, secure disposal and care when communicating from shared, mobile or community environments.

Halaxy and other technology providers maintain their own controls, while Aberius Psychology remains responsible for the practice's user permissions and safe handling of information. No information system is completely free of risk.

10 Email, SMS, telehealth and online communications

Telephone, email, SMS and Halaxy functions may be used for appointments, reminders, billing and agreed communications. Routine notifications are kept as limited as practicable, but email, SMS, shared devices and message previews can expose information. Clients may discuss reasonable communication preferences with the practice.

Telehealth sessions are delivered with attention to privacy and confidentiality. Clients are encouraged to use a private room, trusted device and secure connection. Sessions are not routinely recorded; any proposed recording requires a separate appropriate consent process. Online contact forms should not be used for emergencies.

11 AI-assisted clinical documentation

Where offered, AI-assisted clinical documentation is **optional** and addressed through separate informed consent and privacy materials. Clients may decline optional AI processing without losing access to psychological care. The treating psychologist remains responsible for clinical judgments and for checking and approving any resulting records. Administrative reminders or billing automation do not constitute automated clinical diagnosis or treatment decisions.

The practice will review any future use of computer programs in decisions significantly affecting clients' rights or interests against relevant privacy transparency requirements, including obligations commencing on 10 December 2026.

12 Children, young people and authorised representatives

A child or young person may have independent confidentiality and access rights depending on maturity, capacity, circumstances and applicable law. Being a parent, guardian or support person does not automatically confer unrestricted access to all clinical discussions. The practice will verify any claimed representative authority, consider safety and other individuals' privacy, and explain information-sharing arrangements during consent.

13 Retention and secure disposal

As a practice standard, clinical records relating to adults will generally be retained for at least seven years after last clinical contact. Records relating to care provided while a client was under 18 will generally be kept until at least age 25 or seven years after last contact, whichever is later. Longer retention may apply under a legal requirement, funding agreement, anticipated or ongoing dispute, professional advice or clinical necessity.

When information is no longer required to be retained and there is no other lawful reason to keep it, the practice will take reasonable steps to securely destroy or de-identify it, taking account of backups and any legal holds. A change of software or practice closure does not remove recordkeeping obligations.

14 Accessing or correcting personal information

Clients may request access to, or correction of, personal and health information held by Aberius Psychology, including clinical notes, by contacting the practice. Requests do not need to be made using a particular form. Identity and any representative's legal authority may be verified.

Every access request is reviewed individually. Before release, the practice assesses the request, the information held, third-party privacy and any lawful exceptions. Access may be refused or limited only on a legally permitted basis, such as a reasonably believed serious threat to life, health or safety; unreasonable impact on another person's privacy; or another exception recognised by law. Disagreement with a clinical opinion, possible embarrassment or the fact that records may be supplied to an external agency does not, by itself, justify refusal.

If an exception applies, the practice will consider reasonable alternative ways to provide access, such as redaction, an appropriate summary, an alternative format or access through a mutually agreed healthcare professional. Access is otherwise provided in the form requested where reasonable and practicable. Clinical records are reviewed before release rather than automatically issued without checking their contents.

Requests are handled within a reasonable period, generally within 30 calendar days. There is **no charge for making an access request**. Any charge for actually providing access will be reasonable, not excessive, and explained in advance. If access is refused or its requested form cannot be provided, the practice will give written reasons and complaint information as required by law.

Clients may also request correction of information that is inaccurate, out of date, incomplete, irrelevant or misleading. Legitimate clinical opinions are not removed merely because they are disputed, but a correction, addendum or statement of disagreement may be appropriate. The original clinical record may need to be preserved. **No fee is charged for requesting or making corrections or associating an applicable statement.**

15 Privacy incidents and eligible data breaches

Suspected loss, misdirected correspondence or unauthorised access or disclosure will be investigated and contained promptly, with reasonable steps taken to reduce harm. Where the Notifiable Data Breaches scheme applies and an eligible data breach is likely to result in serious harm, the practice will notify affected individuals and the Office of the Australian Information Commissioner (OAIC) as required by law.

16 Privacy enquiries, complaints and contact

Privacy enquiries, access and correction requests, and complaints may be directed to Aberius Psychology. The practice will investigate concerns and ordinarily respond within a reasonable period, generally within 30 calendar days. Unresolved complaints may be taken to the OAIC; health-service concerns may also be raised with Queensland's Office of the Health Ombudsman (OHO) where relevant.

ABERIUS PSYCHOLOGY | PRIVACY CONTACT

Email: info@aberiuspsychology.com
Postal: PO Box 393, Deeragun QLD 4818
OAIC: www.oaic.gov.au | OHO: www.oho.qld.gov.au

17 Policy review and related documents

This policy may be amended to reflect changes in practice services, technology or law. The next scheduled review is 1 November 2027, or earlier if material developments warrant, including the 10 December 2026 automated-decision-making transparency changes.

Related practice documents: General Consent Form, AI Documentation Privacy Policy, AI Writing Consent Form and Complaints and Feedback Policy. Halaxy's privacy information is available at www.halaxy.com/privacy/.

Aberius Psychology | Insight into change.