



PHOENIX

HEALTH PSYCHOTHERAPY

REBUILDING · RENEWING · MOVING FORWARD

PEOPLE
POSSIBILITIES
PROGRESS

PSYCHOTHERAPY INFORMED CONSENT, CONFIDENTIALITY & AI AGREEMENT

A COLLABORATIVE COMMITMENT TO YOUR CARE

This document outlines important information about the therapeutic process, confidentiality, record keeping, the use of artificial intelligence (AI) for note transcription, and your rights and responsibilities. Please read carefully and ask any questions before signing.

1. THERAPEUTIC RELATIONSHIP

Therapy provides a safe, supportive and non-judgemental space to explore your thoughts, feelings, behaviours and life experiences. My role is to work collaboratively with you, respecting your values, autonomy and individual needs. Therapy is not a substitute for medical advice, and I encourage you to continue to engage with your GP and relevant health professionals.

2. PROFESSIONAL STANDARDS

I am a registered psychotherapist with the Psychotherapy and Counselling Federation of Australia (PACFA) and a member of the Australian Counselling Association (ACA). I adhere to:

- PACFA Code of Ethics and Professional Conduct (2026)
- ACA Code of Ethics and Practice (2024)
- Relevant Australian legislation, including the Privacy Act 1988 (Cth) and the Health Records Act 2001 (Vic)

These frameworks guide my commitment to ethical, safe and professional practice.

3. CONFIDENTIALITY

Everything you share in therapy is confidential, meaning your information will not be disclosed to anyone outside of the therapeutic relationship without your consent, except in the following circumstances:

- If there is a risk of serious harm to you or others
- If there is risk of abuse or neglect of a child, young person or vulnerable adult (mandatory reporting)
- If required by law (e.g. a court order or subpoena)
- When consultation with a supervisor is required (identifying information is not shared)
- When liaising with your GP or other health professionals with your consent

Where possible, I will discuss any limits to confidentiality with you before taking action.

4. CLINICAL RECORDS

Clinical notes are kept as part of your health record and are stored securely in a password-protected practice management system. Records are retained in accordance with legal and professional requirements (typically 7 years after the last session). You may request access to your records, subject to some exceptions under privacy legislation.

5. USE OF ARTIFICIAL INTELLIGENCE (AI) FOR NOTE TRANSCRIPTION

To ensure accurate and comprehensive clinical notes, I may use a secure, reputable AI-based transcription tool to transcribe my voice dictation after sessions. This assists with accuracy and allows me to focus fully on our work together. The AI tool is used only for transcription of my spoken notes — therapy sessions are not recorded.

- No client sessions are audio or video recorded.
- I dictate my clinical notes privately after the session.
- The transcription tool converts my voice notes to text, which I then review, edit and finalise.
- No identifying information beyond what is necessary for the clinical note is shared.
- I use a transcription service with appropriate security, privacy and data protection measures (please ask if you would like further information about the specific provider).
- The transcription tool does not use your information to train its AI models.
- You may choose not to consent to the use of AI. This will not affect your access to therapy. In this case, I will manually type my notes.

6. ELECTRONIC COMMUNICATION

Email and SMS are not fully secure. Please avoid sharing sensitive information via email or text. These methods should be used only for appointment scheduling or brief, non-clinical communication. If you need to discuss urgent concerns, please contact me directly or seek medical assistance.

7. YOUR RIGHTS AND RESPONSIBILITIES

You have the right to:

- Be treated with respect and dignity
- Ask questions and be fully informed
- Provide or withhold consent
- Access your records (with some exceptions)
- End therapy at any time

You are asked to:

- Be open and honest where possible
- Attend sessions as agreed
- Provide at least 24 hours' notice if you need to cancel
- Respect the therapeutic space and process
- Inform me of any changes that may affect your care

8. CONSENT

I have read and understood the information in this document. I have had the opportunity to ask questions and I consent to engage in psychotherapy with Catherine Reynolds at Phoenix Health Psychotherapy under the terms outlined above.

- ☐ I consent to the use of AI for transcription of post-session dictation notes.
- ☐ I do not consent to the use of AI and understand my notes will be typed manually.
- ☐ I consent to liaison with my GP/health professionals where relevant.

Client name: _____

Signature: _____

Date: ____ / ____ / ____

Catherine Reynolds

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A SAFER YOU
A BRIGHTER TOMORROW
HEALTHIER POSSIBILITIES