

ACPA Practice Guidance: Use of AI-Assisted Tools in Clinical Psychology

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Disclaimer: This document is for general informational purposes only. ACPA members should seek independent legal and professional advice about implementing AI-related practices. The field of AI is rapidly evolving; clinicians must stay informed of updates to legislation, regulation, and professional standards.

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1. Purpose and Scope

These guidelines support ACPA Clinical Psychologists to understand and safely integrate artificial intelligence (AI) tools into their professional and clinical practice. This document will outline definitions, ethical considerations, legal obligations, and practical decision-making frameworks specific to the Australian mental health care context.

2. Terminology

- **Artificial Intelligence (AI):** Computer systems capable of performing tasks that typically require human intelligence, such as decision-making, speech recognition, and language translation.
- **Generative AI (GenAI):** A subset of AI that creates new content (e.g., text, images, audio) based on learned patterns. Examples include ChatGPT, Copilot, Gemini, AI scribes). Most of the common AI-assisted healthcare tools are in this subset.

Note: For the purposes of this document, the term 'AI' will be used as an umbrella term to refer to all commonly used artificial intelligence tools, including generative AI (GenAI) applications.

- **Open System AI:** Publicly accessible non-secure platforms that are not designed specifically for healthcare (e.g., ChatGPT, Copilot, Gemini, Claude, Perplexity).
- **Closed System AI:** Private and closed-loop platforms that operate within secure and regulated environments that are not publicly accessible. They are often integrated into clinical workflows (e.g., AI scribes, AI administrative tools, diagnostic support tools).

3. Ethical, Legal, and Regulatory Context

3.1 AHPRA Guidance

Clinical Psychologists must be aware and have read AHPRA's statement, [Meeting your professional obligations when using Artificial Intelligence in healthcare](#) (AHPRA, 2024), prior to AI use. Key points from this document include:

- **Accountability:** Clinicians remain responsible for all clinical decisions, regardless of AI involvement.
- **Informed consent:** Required when AI tools use client data or are in any way informing client care.
- **Transparency:** Clients should be informed about any AI use involved in their care and its potential risks, benefits, and implications.

- **Understanding:** Clinicians must understand the AI tools that they intend to use, including their uses, limitations, privacy policy, and data handling.
- **Ethical & legal issues:** Clinicians must ensure client confidentiality, assess for AI bias (especially when working with diverse populations), comply with relevant laws and TGA guidance, follow workplace governance on AI use, and confirm professional indemnity insurance covers AI-related activities.

3.2 TGA Regulation

AI tools, including apps, websites, and platforms, would generally be considered a **medical device** if they are used for diagnosis, prevention, prognosis, treatment, monitoring, or alleviation of a disease, injury, or disability. See also: [Artificial Intelligence \(AI\) and medical device software](#) (TGA, 2024).

GenAI tools used for general tasks (e.g., note-taking) are increasingly being subjected to international regulation (e.g., medical device certification now required in the UK), but simple summarisation tools that do not provide diagnostic/treatment insights remain **unregulated by the TGA in Australia** to date. Clinicians should regularly check the [TGA AI page](#) for updates.

3.3 Relevant Legislation

The Privacy Act 1988 (Cth) and relevant **Health Laws** govern all data use in healthcare – including AI use. Clinicians must ensure that the AI tools they use for client data meet the standards of these laws and are Australian Privacy Principle (APP) compliant. Clinicians should exercise caution and seek legal advice when in doubt.

Copyright Act 1968 (Cth): Material that is generated by AI is generally not protected by copyright law unless there is substantial human authorship during its creation. Importantly, clinicians must ensure they **do not input third-party intellectual property**, including copyrighted materials, proprietary tools/information, or client-owned content, into GenAI platforms without permission. Doing so may breach copyright or other intellectual property laws, especially since GenAI tools may retain and reuse input data. Clinicians should exercise caution and seek legal advice when in doubt.

3.4 Before using AI in practice, ensure you have read

- [Meeting your professional obligations when using Artificial Intelligence in healthcare](#) (AHPRA, 2024)
- [Australian Commission on Safety and Quality in Health Care's AI Clinical Use Guide](#) (ACSQHC)

4. Professional Standards and Competencies

Clinicians should be familiar with the Psychology Board of Australia (PsyBA)'s new [Code of Conduct](#) and [Professional Competencies](#) that come into effect from 1 December 2025.

4.1 Confidentiality and Consent

Along with relevant legislation, competency 3.3(h) of the PsyBA Code of Conduct prohibits discussing client information, even when deidentified, without consent. Within the AI context, this could include:

- Not inputting client data – even if deidentified – into AI tools for diagnostic or treatment advice without explicit written informed consent.
- Only using APP-compliant *Closed System AI* platforms with appropriate informed consent and data protections for client material.

4.2 Digital Competence

Digital Competence is defined by the PsyBA (2024) as “*the confident and critical usage of a range of digital technologies for information, communication, and basic problem-solving*” (Understanding digital competence fact sheet, p. 2). It involves the ability to critically understand, evaluate, and safely use digital technologies, including AI technology. It includes digital literacy, assessing risks, and maintaining ethical, professional, and legal standards of use.

The PsyBA's updated **professional competencies** include **digital competence** as a requirement for all psychologists (see: [Fact Sheet: Understanding Digital Competence](#)). This means that even psychologists who choose not to use AI tools in their own practice must still be able to understand the fundamentals of the digital technologies their clients may engage with and assess any associated psychological risks.

The exponential increase of AI usage since 2022 underscores the need for psychologists to be digitally literate and able to assess both the safety and suitability of tools they recommend as well as the tools that clients may have chosen to use themselves.

See **Appendix 1** for a checklist that supports digital competence prior to AI use.

5. AI Accuracy, Misinformation, and Hallucinations

One critical limitation within AI systems is the potential for inaccuracy, misinformation, and AI hallucinations, that is, instances where an AI generates information that is factually incorrect, fabricated, or misleading, yet presented with confidence.

These inaccuracies arise even in well-designed systems and may not be immediately obvious to the user, particularly if they are not a subject-matter expert in the output material.

See figure (right) for an example of an AI hallucination.

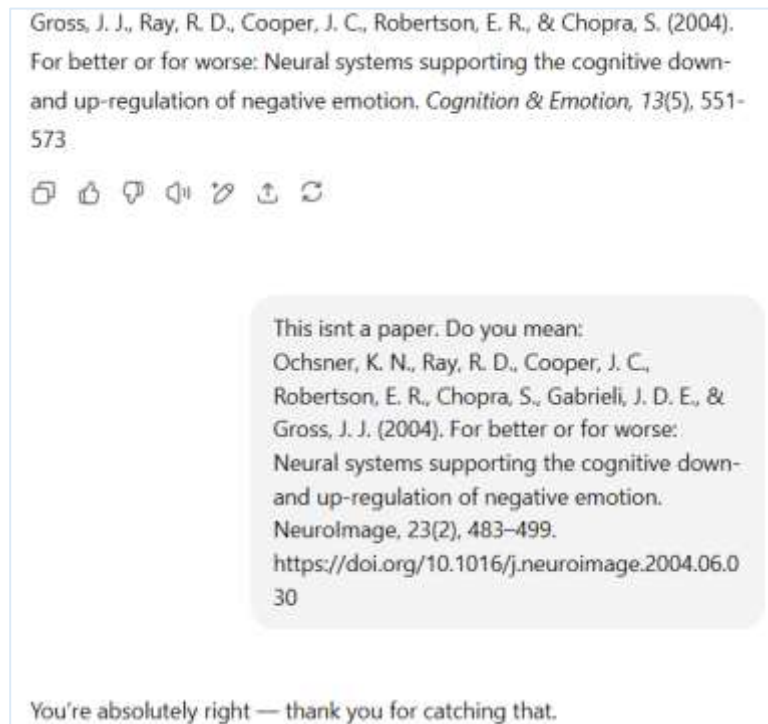


Figure 1. Example of an AI hallucination.

A recent audit by NewsGuard (Sadeghi, 2025) of the ten leading generative AI tools revealed a concerning trend: the rate of false information in AI-generated responses to news topics nearly doubled from 18% in 2024 to 35% in 2025. Simultaneously, non-response rates dropped from 31% to 0%, meaning these tools now consistently provide answers, even when those answers may be inaccurate or misleading.

For clinical psychologists, this **potential for inaccuracy poses a significant risk**. These errors can take various forms. For example, a generative AI tool might produce psychoeducational content that includes commonly discussed ideas that are outdated or not evidence-based. It may also produce material that reflects social bias or lacks cultural responsiveness. Additionally, an AI-powered scribe may omit key details or misinterpret nuanced client communication, such as sarcasm, metaphor, or emotional tone. For instance, if a client sarcastically says they would never overspend, the system might inaccurately record, “No challenges with overspending,” despite the statement being ironic. The clinician here must edit and review all AI notes to ensure the record is accurate and not misleading.

Because such errors can compromise client care and professional integrity, clinical **psychologists must remain vigilant**, critically reviewing AI-generated output and ensuring it aligns with ethical standards and current evidence. Verification, clinical judgment, and client rights must always take precedence over convenience.

6. Practical Guidance for AI Use by Clinicians

There are a range of AI tools relevant to clinical psychology, broadly divided into clinician-facing tools (e.g., AI scribes, administrative automation, diagnostic support systems) and client-facing tools (e.g., chatbots, symptom monitoring apps, psychoeducational platforms). Each category presents distinct ethical and practical considerations.

When using clinician tools, psychologists must ensure that the tools are safe, effective, fit for purpose, and used with informed client consent.

6.1 Clinician-facing AI tools

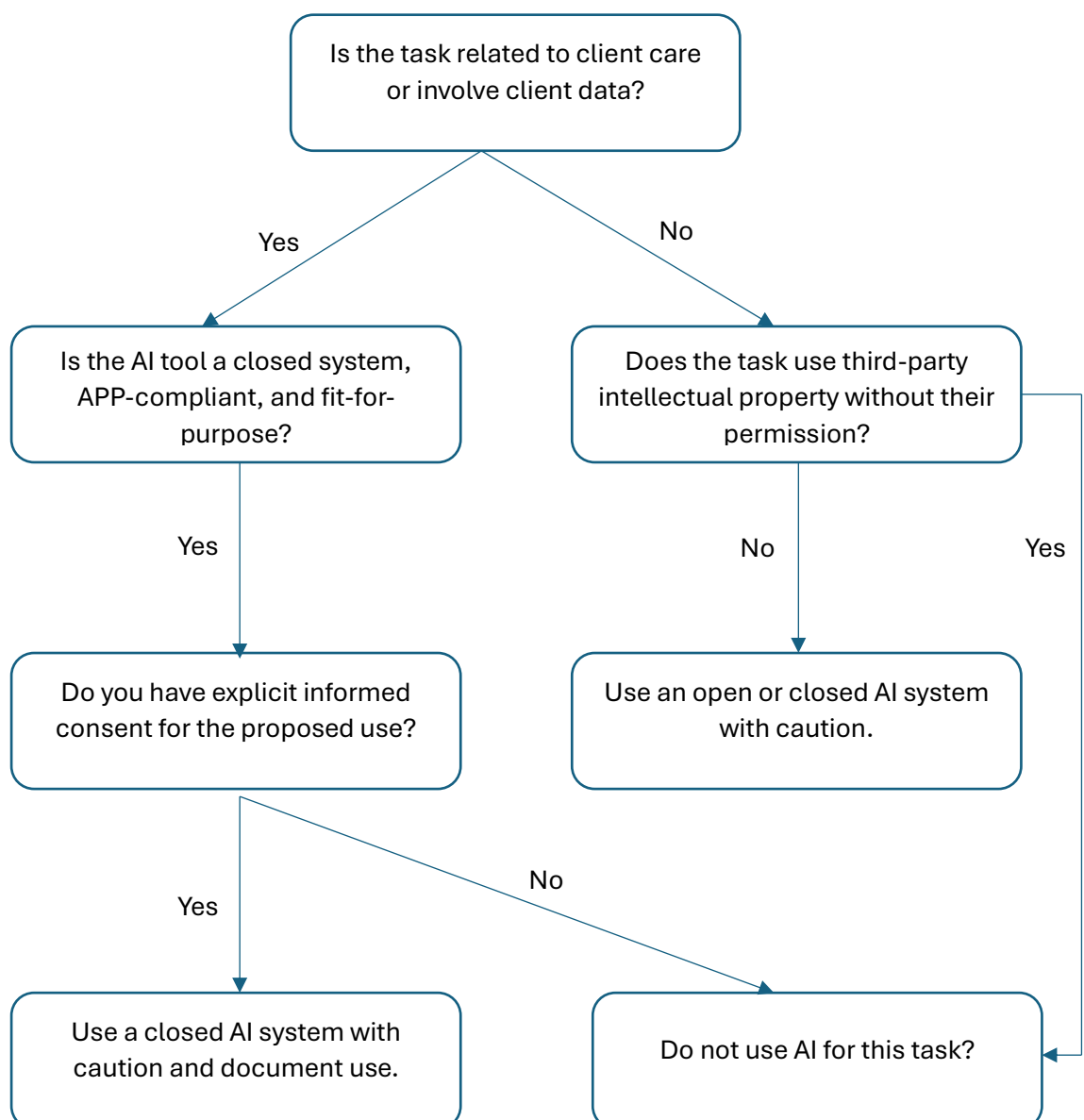
Table 1. Examples of clinician-facing AI uses and their considerations

Example AI Use	Open System AI	Closed System AI	Consent Required
Website content updates	✓	Not necessary	Not necessary
Drafting general psychoeducation materials	✓	Not necessary	Not necessary
Professional development support (e.g., generating general reflective questions or learning plans)	✓	Not necessary	Not necessary
Administrative tasks that do <i>not</i> involve client or sensitive data of any kind	✓	Not necessary	Not necessary
Administrative tasks that <i>do</i> involve client or sensitive data	✗	✓	✓
Clinical note-taking	✗	✓	✓
Treatment planning	✗	✓	✓
Client data analysis	✗	✓	✓
Supervision support (e.g., generating reflection prompts based on session or client data)	✗	✓	✓

Tips for Safe and Ethical Use

- Always verify AI-generated content before use. Clinicians remain accountable and responsible for any AI-generated information they use.
- When creating general material – credit the tool appropriately, e.g., ‘*This information was co-created with [AI tool name], and reviewed and edited by [clinician name].*’
- When creating clinical documents – transparently state this, e.g., ‘*This clinical letter was drafted with [AI tool name], and reviewed and edited by [clinician name].*’
- Never enter client data into open system AIs.
- For client data, always use closed system AIs with clear data governance and informed consent.
- Document client consent and AI tool usage clearly in the file record.
- Consult your professional indemnity insurer regarding coverage of AI uses/activities.

Decision-tree: Should I use AI for this task?



6.2 Client-facing tools

When recommending client-facing tools the same high standards of fit-for-purpose, APP-compliance, and TGA-approved (if applicable) requirements stand.

For some individuals, appropriate AI use may improve mental health (e.g., Zhong et al., 2024) or support neurodiversity in learning environments (e.g., Ronksley-Pavia et al., 2025). However, some clients may independently choose to use AI tools that have not been recommended by their clinician, and may not be fit for purpose. In some cases, individuals have experienced reinforcement of stigma, dangerous responses, worsening psychotic symptoms, or engaged in suicidal behaviour following interactions with AI tools (see: APA Statement, March 2025; Moore et al., 2025; Morrin, 2025).

It is important to evaluate whether AI use is appropriate for each client based on their demographic, distress level, and presentation. Additionally, it may be useful to conduct a **risk assessment with new clients** regarding their use of AI, including whether they understand how to protect their privacy and critically evaluate AI-generated health advice (see **Appendix 2** for example risk assessment questions).

It may also be useful to provide psychoeducation to enhance awareness and informed choice:

AI is not a replacement

- Clarify for clients what AI can and cannot do; it is a tool, not a therapist.
- Discuss healthy boundaries with AI, and outline risks of overuse or substitution for real relationships.

Lack of emotional attunement

- Explain that AI lacks emotional presence and cannot provide true empathy or relational attunement.

Confidentiality risks

- Caution clients against sharing personal information with open system AI tools. Inform clients that platforms, like ChatGPT, may store all conversations, even if manually deleted. Consider instead purpose-built-for-healthcare or closed system tools.

Potential for inaccuracies

- Encourage clients to verify critical information independently, as AI can produce misleading or incorrect content.

Cultural competence limitations

- Explain that AI outputs may reflect social bias and may not capture culturally specific nuances accurately.

Safety measures

- Assess and monitor client use of AI tools, and collaboratively develop a coping plan in case the client feels worse after interacting with AI.

7. Example Use Case: Integrating an AI Note-Taking Scribe into Clinical Practice

Jenny, a Clinical Psychologist and ACPA member, wanted to integrate an AI-powered note-taking scribe into her practice called *SampleAI*¹. She approached this decision with care and professionalism, guided by ethical, legal, and clinical standards.

Steps Jenny took:

- Informed decision-making:** Jenny reviewed the [AHPRA statement](#) on AI in healthcare, *relevant legislation*, the [ACSQHC Clinical Use of AI](#) guide, the [ACSQHC AI Safety Scenario \(AI Scribe\)](#) guide, the PsyBA [Professional Competencies](#) and [Code of Conduct](#).
- Tool evaluation:** Jenny read and compared the privacy policies and security features of several AI scribe tools (as listed on their websites and in follow up calls to the platform) that had been recommended by colleagues. Jenny selected *SampleAI* because it:
 - Was APP-compliant (Australian Privacy Principles)
 - Adhered to industry-standard encryption
 - Did not transmit or retain any client information outside of Australian servers
- Testing and fit-for-purpose assessment:** Before introducing the tool to clients, Jenny conducted a series of mini simulated client sessions with a colleague to ensure the tool was appropriate for her work.
- Professional indemnity insurance:** Jenny contacted her insurer to confirm that her use of the AI tool was covered under her policy.
- Client consent process:** Jenny created a clear and transparent consent form (see **Appendix 3** for a sample). She introduced the concept during sessions, encouraged clients to reflect on the consent form, and invited questions. Clients were given time to consider the option before deciding. In Jenny's case 80% of her clients consented to AI-assisted note-taking. Whilst 20% declined, Jenny continued to provide care as usual without AI involvement, respecting their choice and client rights.
- Clinical oversight and accountability:** Jenny reviewed and edited every AI-generated note after each session to ensure accuracy. She added a disclaimer to each note that said, *"This note was drafted by SampleAI and reviewed for accuracy and appropriateness by the treating clinician."*
- Use in correspondence:** When using the tool to assist with GP letters, Jenny carefully reviewed the output and added a similar disclaimer, such as, *"This letter was drafted by SampleAI and reviewed for accuracy and appropriateness by the treating clinician."*
- Ongoing monitoring:** Jenny set a quarterly calendar reminder to check in with clients to ensure they remained comfortable with the continued use of AI. She also remained alert to changes in the platform to ensure it remained fit and safe for purpose.

¹ *SampleAI* is a fictional tool for representative purposes only.

Appendix 1: AI tool summary checklist

Legal & regulatory compliance

- I have reviewed the AHPRA and ACSQHC statements on AI in healthcare
- I have checked if there are updates on my chosen tool, or tool category, from the Therapeutic Goods Administration (TGA)
- I have confirmed my professional indemnity insurance covers my intended AI activities
- I do not input third-party intellectual property or client data (even if deidentified) into open AI systems
- I have ensured my chosen tool is APP-compliant (if used for client or sensitive data)

Tool evaluation

- I have reviewed my chosen AI tool's privacy policy, data handling, and security protocols
- I have conducted simulated tests to ensure the tool is fit for purpose (considering usability, accessibility, client needs, and clinician workload impact)
- I have selected an AI tool that exclusively stores and processes data within Australian servers (if used for client or sensitive data)
- I have chosen an AI tool that is a closed system and purpose-built for healthcare (if used for client or sensitive data)

Client consent & communication

- I have drafted a clear and transparent consent form for any client-related uses
- I have introduced the AI tool to clients with time for reflection and questions
- I have documented consent and ensured clients understand their rights

Clinical oversight

- I have reviewed all AI-generated content before using it, ensuring it is accurate and appropriate, and I remain accountable for all output used
- I have transparently acknowledged when AI tools are used (e.g., "This was drafted by [tool] and reviewed and edited by [clinician]")

Disclaimer: This checklist is designed to help Clinical Psychologists assess the appropriateness, safety, and compliance of AI tool use in their practice. It is not exhaustive and does not constitute legal advice.

Appendix 2:

Possible assessment questions to assess patient risk from AI use

General usage patterns

- How often do you use generative AI tools each day?
- What kinds of tasks or activities do you usually use AI for?
- When you use these tools, do you tend to do so intentionally or impulsively?

Functionality and support

- Do you use AI to support your health, mental health, or personal growth?
- Has AI helped you learn new skills or gain new perspectives? Can you give examples?

Emotional impact

- How do you usually feel before, during, and after using AI tools?
- Have you noticed times when AI has had positive or negative impacts on mood, motivation, or self-confidence?

Relationships and social connections

- Do you use AI as a substitute for conversations with friends, family, or colleagues?
- Do you feel AI helps or hinders your ability to connect with people?
- Do you ever feel that AI understands you better than people do?

Potential risks and harms

- Have you ever found yourself relying on AI in situations where you feel you should have relied on your own judgment?
- Do you feel you spend more time with AI tools than with people in your life?
- Have you ever delayed sleep, meals, or responsibilities because of extended AI use?
- Has AI use ever triggered negative thoughts about yourself or your future?

Agency of use

- When you decide to stop using AI, do you find it easy to disengage?
- Do you feel in control of how much you use these tools?
- If you had to go without AI for a week, how do you think it would affect you?

Ethical awareness and boundaries

- Have you considered the ethical or privacy aspects of using AI?
- Do you know if your data is stored securely? If it can be deleted? If its being used to train the AI model?

Disclaimer: This is a guide only to support assessment of potential risks of patient AI use and is not exhaustive.

Appendix 3: Sample Consent Template

Consent Form for Use of AI Tools in Clinical Practice

Purpose of AI technology use:

We use an AI-assisted tool, *[name of tool]*, within our clinical practice. The purpose of this tool is *[describe purpose]*.

Benefits and risks of AI technology use:

The benefits of this tool for you include *[describe benefits]*. With any tool, approach, or technology there can also be potential risks. In this case, these might include *[describe risks]*.

Data privacy and security:

Your personal information will be processed by this AI technology, however, we have carefully selected the tool we use to ensure the highest level of safety to your data and privacy. *[Name of tool]* was selected as it complies with Australian Privacy Principles and is compliant with Australian privacy and healthcare standards, utilising industry-standard encryption and security. *[Include information about how long data will be stored on this platform]*. For more information, please see *[name of tool]*'s privacy and security statement: *[insert link]*.

Your rights:

- You may ask questions about how your data is used at any time
- You may choose not to consent to AI tool use or withdraw your consent at any time without affecting your care and service provision with our service

Consent statement:

I have read and understood the information provided above.

I give my consent for the use of AI-assisted tools, as described, to support my care.

Signature: _____ **Name:** _____ **Date:** _____

Disclaimer: *This template is for informational purposes only and does not constitute legal advice. Clinicians must personally ensure their consent processes meet legal and professional standards and should consult their professional indemnity insurer or solicitor for advice if unsure.*