

The Australian Psychologists'

Guide to Practice Contingency Planning



Before you use this guide

This guide is educational information, not legal advice. Requirements can vary by state and territory, practice structure, employment arrangements, privacy law, health-records law, contracts and the circumstances of an individual psychologist. Obtain independent legal, accounting, insurance and professional advice where appropriate.

The Psychology Board of Australia's current Code of Conduct took effect on 1 December 2025. It expressly addresses continuity of services and requires psychologists to make reasonable plans for continuity when they become unavailable, including through relocation, illness or death.

This guide is designed to help you turn that broad obligation into a practical, documented plan. It should sit alongside—not replace—your will, enduring power of attorney, privacy arrangements, business continuity arrangements, insurance policies and other professional documents. The goal is simple: if you could not practise tomorrow, another appropriately authorised person should be able to work out what needs to happen next—without guessing.

How to use this guide

- Read the guide once to identify gaps in your current arrangements.
- Complete the worksheets and checklists as you go.
- Discuss the plan with your nominated practitioner before relying on it.
- Confirm access arrangements for records, practice systems, premises and critical contacts.
- Have your legal and privacy arrangements reviewed where needed.
- Review the plan at least annually and whenever your practice, software, premises or nominated practitioner changes.

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1. What is a contingency plan?

A contingency plan is a practical set of instructions for what should happen to your professional practice if you cannot manage it yourself.

A psychology practice contains more than appointments. It contains clinical relationships, records, passwords, contracts, billing arrangements, referrals, premises, professional obligations and sensitive personal information.

A contingency plan identifies who can take appropriate action, what they need to do, where they can find the information they need, and how clients will be protected during the transition. It can apply to a temporary absence, prolonged incapacity, death, sudden closure, retirement or another event that prevents you from managing the practice.

A contingency plan should answer four main questions

Who is responsible for taking the first professional steps?

What authority do they have, and what authority do they not have?

How will they access the information and systems they legitimately need?

What happens to current clients and their records?

Who else needs to be notified?

The minimum viable plan

A nominated practitioner or other appropriate professional contact.

A written agreement or documented acceptance of the role.

Clear instructions for client communication and continuity of care.

A map of records, systems, premises and critical contacts.

A secure way to access necessary information without leaving passwords exposed.

Instructions for death, incapacity, planned leave and permanent closure.

Practice Prompt: Who is available to act as your nominated practitioner?

2. Why psychologists need a contingency plan

Continuity is a client-protection issue

Clients may be in active treatment, awaiting reports, involved in court or tribunal processes, relying on time-sensitive referrals, or experiencing significant vulnerability. An unexpected interruption can therefore create practical and clinical risks. The current Code of Conduct says psychologists should make arrangements for other practitioners to continue providing services during emergencies or foreseeable absence, and should make reasonable plans for continuity if they become unavailable because of relocation, illness or death.

The risk of having no plan

Clients may not know why appointments have stopped or where to obtain support. Records may be difficult to locate or access lawfully. Staff or family members may be left trying to make professional decisions they are not qualified or authorised to make. Critical systems may be inaccessible because authentication depends on the unavailable psychologist. Time-sensitive legal, referral, funding or reporting obligations may be missed. The practice may expose confidential information through improvised access arrangements.

Think in scenarios, not just emergencies

- Sudden death
- Unexpected hospitalisation or incapacity
- Short-term illness
- Extended leave
- Planned surgery
- Family emergency
- Retirement
- Relocation
- Practice closure
- Loss of access to premises, software or data

Practice prompt: What are the 3 scenarios that may trigger your contingency plan?

3. The Psychology Board Code of Conduct

The current regulatory position

The Psychology Board of Australia's Code of Conduct for psychologists took effect on 1 December 2025. APS confirms that it replaced the APS Code of Ethics as the profession's regulatory framework.

The Code includes a section on maintaining continuity of services. It states that psychologists should make arrangements for other practitioners to continue providing services during emergencies or foreseeable absence and make reasonable plans for continuity if they become unavailable. It also addresses continuity when services end and the appropriate management or transfer of client records.

PsyBA Code of Conduct Dec 2025

4.7(a) – make arrangements for other practitioners to continue providing services during emergencies or periods of foreseeable absence.

4.7(b) – make reasonable plans for continuity of service if you become unavailable, for example due to relocation, illness or death.

What this means in practice

A contingency plan is not merely a business convenience. It is a practical way to demonstrate that continuity has been considered.

The Code does not mean that every psychologist must use one particular template, nominee or commercial service. The plan needs to be appropriate to the psychologist's circumstances.

The plan should be sufficiently specific that another person can act without having to reconstruct your practice from scratch.

A useful distinction

Regulatory expectation: make reasonable plans for continuity.

Operational response: document who does what, when, how and with what access.

Legal implementation: ensure your authority, estate, privacy and record-management arrangements are legally sound.

Practice prompt: Where is my practice currently placed in providing continuity of services for clients?

4. Professional Will vs Contingency Plan

They are related, but not identical

A professional will is commonly used to describe instructions for what should happen to a professional practice after death. A practice contingency plan can be broader: it can cover death, incapacity, temporary absence and other disruptions.

APS describes a practice contingency plan as a guide for an executor or nominated person in managing practice affairs after death or incapacity, and recommends legal advice about how it fits with the psychologist's will.

Professional Will

Often linked to estate and post-death arrangements.

May sit alongside or form part of a will.

Needs legal consideration.

Primarily concerned with what happens when the practitioner dies.

Contingency Plan

Can address temporary and permanent unavailability.

Focuses heavily on continuity of client care and records.

Contains operational instructions.

Should be accessible when needed—not hidden in a place that only becomes available after probate.

Best practice

Use the two documents together. Your legal documents establish authority and estate arrangements; your contingency plan provides the practical instructions required to manage the professional transition.

5. Choosing a nominated practitioner

The role

A nominated practitioner is the person you have identified to help manage professional obligations if you become unavailable. Depending on your arrangements, they may communicate with clients, facilitate continuity, manage records, liaise with relevant professionals and assist the executor or other authorised person.

APS recommends that the nominee ideally be a psychologist and that you meet with them to confirm they agree to fulfil the arrangements.

Selection criteria

Appropriate professional registration and scope for the tasks they may perform.

Understanding of psychological records, privacy and confidentiality.

Ability to communicate sensitively with clients.

Geographic or practical capacity to access the practice if required.

Availability and willingness to take on the role.

Understanding of the limits of their authority.

Capacity to liaise with your executor, lawyer, accountant, insurer and practice staff.

Do not assume consent

Naming someone in your plan does not mean they have accepted the role. Discuss the role explicitly, agree the scope and document their acceptance.

Consider appointing an alternate nominee in case your first nominee is unavailable.

Further considerations

If your nominated practitioner is a colleague or friend who meets the professional criteria, you may also need to consider the personal effect on them should they be called on.

Nominee agreement worksheet

Nominee name and registration details:

Date role discussed:

Role accepted? Yes / No

Alternate nominee:

Payment or reimbursement arrangement:

Lawyer/executor contact:

Last confirmation date:

6. What happens if your nominee says no?

Do not leave this gap unresolved

APS suggests considering another AHPRA-registered health professional who understands the ethical demands of psychology work if colleagues are unwilling to act as nominee.

The important point is not simply to find a name. The replacement person must understand what the role involves and have an appropriate legal and professional basis for any actions they take.

Possible pathways to investigate

Another psychologist with appropriate registration and availability.

Another appropriately registered health professional, where suitable for the particular tasks.

A specialist contingency-planning service or professional arrangement designed for this purpose.

A practice partner or organisational structure with established continuity procedures.

An agreed professional network that can provide continuity and record-management support.

Build redundancy

Do not rely on a single person if your practice would be significantly disrupted if that person also became unavailable.

Record an alternate contact and make sure the location of the plan is known.

7. Client communication

The communication objective

Clients need clear, respectful information about what has happened, what happens next and how to obtain support. Communication should be proportionate, confidential and consistent with applicable law and the circumstances.

The current Code says psychologists should minimise negative effects when services conclude, facilitate continuity and, where practical, inform clients as early as possible.

Prepare communication instructions

Who contacts current clients?

Which clients need urgent contact?

How will contact be made?

What information can be disclosed?

How will the practice respond to clients who ask why the psychologist is unavailable?

What happens to appointments already booked?

What support or referral options will be offered?

How will unsuccessful contact attempts be recorded?

A simple communication framework

1. Acknowledge: explain that the psychologist is unavailable.
2. Reassure: explain that arrangements are being made for continuity and records.
3. Inform: explain the immediate next step.
4. Offer: provide appropriate options for ongoing care or referral.
5. Protect: disclose only information that is appropriate and authorised.

Practice prompt: Do I want a client communication framework in my contingency plan?

8. Gaining client consent for file transfer and management

Client confidentiality

Psychologists in Australia are subject to several overlapping privacy, health-records and professional obligations when creating, storing, accessing, transferring and disposing of client files. The exact requirements also depend on the state or territory in which the psychologist practises.

However, confidentiality does not mean that client information must remain accessible only to the original psychologist. It means that information must only be accessed, used or transferred by people who are appropriately authorised and for legitimate purposes.

Gaining informed consent

To maintain transparency for clients and ensure informed consent, psychologists are recommended to tell clients what will happen to their files and records in the event of the clinician's death or incapacitation - including information around a contingency plan and the nominated practitioner. This information can be incorporated into existing informed consent documents.

Example

In the event your psychologist becomes incapacitated or passes away, your files will be accessed and managed by an AHPRA-registered Nominated Practitioner under a contingency plan as per the Psychology Board Code of Conduct. You will be given information on alternative treatment options, how to transfer or access your files to a new treating clinician or how to access files in the case of court subpoenas.

Practice prompt: Do my clients currently know what will happen to their files in the case something happens to me and I am unable to practice?

9. Client records

Records are a core contingency asset

Your plan should identify where current and inactive records are held, how they are secured, who is authorised to access them and what happens to them if the practice closes.

APS specifically recommends recording the location of current and past records, contact details, passwords or keys, and information about destroyed records.

Map every record location

Practice management system -past and present

Electronic health record

Cloud storage

Email and attachments

Local computer or server

External drives or backups

Paper files

Archived off-site records

Third-party platforms

Records held by a practice or employer

Privacy principle

The OAIC says health service providers must take reasonable steps to protect personal information from misuse, interference, loss and unauthorised access, modification or disclosure. It also explains that health information remains subject to privacy obligations when handled by health service providers.

Record transfer

Do not treat a contingency plan as automatic permission to disclose every record to another person. The authority, purpose, privacy requirements and applicable state or territory law must be considered for each situation.

Where a client is transferred to another practitioner, document the basis for the transfer and obtain consent where required or appropriate.

Practice prompt: Who has access to my client records currently?

10. Practice software

Your practice may be digitally dependent

Many psychologists cannot operate their practice without access to scheduling, clinical notes, billing, telehealth, email, cloud storage and payment systems.

A contingency plan should therefore identify systems, administrators, vendors and recovery procedures - not simply list a username and password.

Create a systems register

Practice management / booking	Payments
Clinical records	Telehealth
Email	Accounting
Website and domain	Phone system
Medicare or third-party claiming systems, where applicable	Cloud storage
Backup system	Digital signing
Password manager	

For each system record

System name	Purpose
Vendor	Administrator
Recovery email/phone	Where recovery instructions are stored
Who may access it	Whether two-factor authentication is enabled
Critical actions required if the practice closes	

11. Passwords and access

Avoid the password-sheet trap

Writing every password into a document that sits inside the contingency plan can create a significant security risk. Instead, use a secure password-management or access-recovery process appropriate to your practice.

The plan should tell the authorised person how to obtain legitimate access, rather than exposing credentials unnecessarily.

Access map

Who controls the master password or recovery mechanism?

Where is the secure recovery method documented?

Which systems require two-factor authentication?

Who controls the authentication device or recovery number?

Are there backup codes, and where are they securely stored?

What happens if the nominated practitioner needs access outside normal business hours?

How will access be revoked after the contingency event?

Security checklist

- Use unique passwords.
- Use multi-factor authentication where available.
- Keep recovery details current.
- Separate personal and practice accounts.
- Do not share passwords by ordinary email.
- Remove access for people who no longer need it.
- Review third-party integrations regularly.
- Document the access-recovery pathway in the contingency plan.

Practice prompt: What is the one thing in this section that would be hardest for someone else to work out if you were unavailable tomorrow

12. Death and incapacity

Two different scenarios

Incapacity: the psychologist may still be alive and the authority to act may depend on legal arrangements, capacity, employment/business structure and the nature of the action required.

Death: estate, executor and legal authority issues become central, while continuity of client care and records still needs to be managed.

Immediate priorities

- Confirm the event and who has authority to activate the plan.
- Secure practice premises and confidential information.
- Identify clients requiring urgent contact.
- Protect access to records and systems.
- Pause or redirect appointments as appropriate.
- Notify relevant professionals and organisations.
- Address urgent referrals, reports, subpoenas and other time-sensitive matters.
- Document all actions taken.

Family is not a substitute for professional continuity

APS notes that family members may not be competent to deal with clients' professional needs and that executors' responsibilities are often administrative and legal rather than clinical.

Activation authority

Who holds the current plan?

Who is the alternate contact?

Who can activate the contingency plan?

What documentation is needed to activate the plan?

Who is the executor / authorised representative?

13. Planned leave

Contingency planning is not only about emergencies

Planned leave is the easiest time to test your continuity arrangements. Use holidays, parental leave, extended professional development or planned medical leave to confirm that another person can understand the workflow.

Before planned leave

- Confirm who covers urgent clinical matters.
- Set client expectations.
- Update voicemail and email responses.
- Confirm access to records for authorised staff.
- Review appointments and cancellations.
- Confirm referral pathways.
- Document escalation procedures.
- Test the process before leaving.

Use planned leave as a rehearsal

If your practice cannot explain what happens when you are away for two weeks, it is unlikely to have a robust response to an unexpected six-month absence.

Practice prompt: Do you have leave that could be used to practice activating your contingency plan?

14. Retirement

Retirement is a continuity event

Retirement requires decisions about clients, records, referrals, business assets, contracts, premises, digital accounts and professional obligations.

The current Code addresses continuity when a psychologist closes or relocates a work setting and expects reasonable steps to facilitate continuing service provision and appropriate management of client records.

Retirement planning timeline

Time frame	Action
12–24 months prior to retirement	identify succession, referral and record strategy.
6–12 months prior to retirement	communicate with clients as appropriate for upcoming retirement
3–6 months prior to retirement	finalise record transfer, storage and access arrangements.
Month before retirement	close or transfer systems, update public information and complete outstanding obligations.
Post retirement	maintain record access, privacy and retention arrangements for periods required under law and professional requirements

Identify your capacity and desire to maintain professional responsibility

Clinicians may wish to transfer their professional responsibilities to a nominated practitioner after retirement in a planned contingency plan activation.

Where advanced age or illness may impede psychologists' capacity to maintain records it may be necessary to transfer professional responsibility to a nominated practitioner in order to abide with the Code of Conduct.

Do not confuse selling a practice with transferring clinical relationships

A business transaction may transfer operational assets, but clinical records, consent, privacy, professional responsibilities and continuity arrangements require separate consideration.

15. Digital records

Digital does not mean automatically accessible

Cloud systems can improve resilience, but access may still depend on the unavailable practitioner's device, authentication app, recovery email or administrator account.

Your contingency plan should identify critical digital dependencies and the recovery route for each.

Digital continuity checklist

- ☐ Primary clinical record system identified
- ☐ Backup and recovery process documented
- ☐ Administrator account identified
- ☐ MFA recovery process documented
- ☐ Domain and website access documented
- ☐ Practice email recovery documented
- ☐ Telehealth account documented
- ☐ Cloud storage documented
- ☐ Data export capability understood
- ☐ Vendor support contact recorded

Privacy and security

OAIC guidance emphasises governance, procedures, ICT security, access security, third-party providers, physical security and destruction/de-identification as relevant parts of protecting personal information.

Practice prompt: Are there electronic domains or platforms ie Google advertising or LinkedIn that will need to be updated or deleted?

16. Physical files

Paper records still create operational risk

Identify filing cabinets, keys, locked rooms, archived boxes and off-site storage. A nominee should not need to search the premises to discover where confidential records are kept.

Physical record register

Location(s):

Key holder(s):

Archive provider:

Access instructions:

Approximate date range:

Retention/destruction review date:

Security

Keep records locked and protected from unauthorised access.

Limit access to people with a legitimate need.

Document movement of files where practical.

Use secure destruction methods when destruction is lawful and appropriate.

Check state and territory requirements before destroying health records.

Important

Record-retention periods are not identical in every Australian jurisdiction or circumstance. Do not use a generic retention period without checking the law applicable to your practice.

Practice prompt: Is your nominated practitioner aware of the retention period of your client files? For example 7 years for adult clients and up to age 25 for child clients.

17. Referrals

Continuity often means referral—not automatic takeover

A nominated practitioner may help a client identify an appropriate alternative practitioner rather than personally taking over treatment. This is especially true if the client falls outside the nominated practitioner's scope of practice or the NP does not have capacity to take additional clients.

Referral decisions should take account of client needs, scope of practice, availability, conflicts, location, cost and the client's preferences.

Build a referral map

General adult psychology

Child and family services

Trauma services

Psychiatry

Medical practitioners

Hospital or crisis services

Specialist assessment

Other allied health

Local urgent and emergency pathways

Practice prompt: Are there networks in your area where appropriate and available referral networks are available? ie AAPI, APS, social media groups

Are local mental health providers in your area able to build referral maps for collaborative use?

18. Subpoenas

Do not let a contingency event create a legal-response gap

Subpoenas, court requests, statutory requests and other legal demands may have strict deadlines. Your plan should identify who will monitor incoming legal correspondence and who will contact your lawyer or insurer.

Subpoena contingency instructions

Who checks incoming mail and email?
Where are current subpoenas recorded?
Who is the legal contact?
Who is the professional indemnity insurer?
Who may communicate with the court or solicitor?
Where are copies of relevant reports and records stored?
How will deadlines be tracked?

Rule of thumb

The nominee should not improvise a legal response. The plan should identify the professional and legal contacts who can advise on the appropriate response.

Practice prompt: Is my nominated practitioner who will hold files able to respond to any incoming subpoenas? How will they be contacted by client's lawyers?

19. Reviewing your plan

A plan that is not maintained is not a plan

Practice systems change. Passwords change. Software changes. Staff leave. You move offices. Your nominee may retire or relocate. Your plan needs to change with the practice.

Review at least annually

- Confirm nominee and alternate nominee.
- Confirm contact details.
- Review access to records.
- Review practice software and administrators.
- Review premises and keys.
- Review insurer, lawyer and accountant details.
- Review client communication instructions.
- Review referral arrangements.
- Check whether legal documents still align with the plan.
- Record the review date.

Trigger events

New practice management software

New premises

New staff

Change of nominee

Change of business structure

Major change in client population

Extended leave

Retirement planning

Cyber incident

Change in applicable law or professional guidance

Practice prompt: what are the barriers to keeping my current contingency plan up-to-date?

20. Checklist

Core contingency plan checklist

- ☐ Nominee identified and has accepted the role.
- ☐ Alternate nominee identified.
- ☐ Role and payment arrangements documented.
- ☐ Executor / legal contact identified.
- ☐ Client communication process documented.
- ☐ Current client list can be identified.
- ☐ Urgent clients can be identified.
- ☐ Record locations documented.
- ☐ Digital systems documented.
- ☐ Access and recovery processes documented.
- ☐ Physical files and keys documented.
- ☐ Referral pathways documented.
- ☐ Subpoena/legal-response pathway documented.
- ☐ Insurer contact documented.
- ☐ Accountant contact documented.
- ☐ Practice manager/staff contacts documented.
- ☐ Premises and security arrangements documented.
- ☐ Website, domain and phone arrangements documented.
- ☐ Data backup arrangements documented.
- ☐ Privacy and data-breach arrangements documented.
- ☐ Death scenario considered.
- ☐ Incapacity scenario considered.
- ☐ Planned leave scenario tested.
- ☐ Retirement/closure scenario considered.
- ☐ Plan stored securely and can be located.
- ☐ Annual review date scheduled.
- ☐ Gap assessment

Count the unchecked items above.

A contingency plan is most useful when the remaining gaps are visible rather than assumed away

My next three actions

1. _____
2. _____
3. _____

Practice prompt: Do you feel confident in tackling this list or would you benefit from professional contingency planning assistance?

Appendix A. Emergency Activation Checklist

This is a generic operational checklist for use in an emergency or unplanned activation. The actual response should be adapted to the circumstances and the legal authority available to the person activating the plan.

Nominated Practitioner Checklist

- ☐ Confirm the event and authority to activate the contingency plan.
- ☐ Locate the current version of the plan.
- ☐ Contact any parties such as practice manager, administration support person or colleagues to inform them of the event and what they need to do.
- ☐ Contact the executor of a professional will where relevant.
- ☐ Contact partners family of clinician to explain role of nominated practitioner and secure any client related hardware, files or tests kept at home addresses.
- ☐ Secure the practice premises and confidential information. As the nominated practitioner it is your responsibility to ensure all hardware, software and files are securely stored.
- ☐ Confirm access to essential systems through the documented secure process.
- ☐ Identify current clients and urgent clinical priorities.
- ☐ Identify appropriate and available referral pathways.
- ☐ Review appointments and immediate commitments.
- ☐ Communicate with affected clients using the approved process.
- ☐ Arrange continuity or referral for clients where appropriate.
- ☐ Secure and manage client records - identify where and how these will be stored for or transferred to new treating clinicians.
- ☐ Identify pending reports, referrals, legal requests and subpoenas.
- ☐ Notify insurer and other required professional contacts.
- ☐ Review contracts, subscriptions and critical business services.
- ☐ Document actions and decisions.
- ☐ Schedule a follow-up review of unresolved matters.
- ☐ Liaise with professional will executors to manage outstanding client invoices
- ☐ Contact AHPRA, professional bodies, referrers to update clinician status
- ☐ Provide information to all current and former clients of where files will be stored and how to gain access to information.
- ☐ Update advertising, listings and websites to reflect clinician is no longer available.

Appendix B. Planned Activation Checklist

This is a generic operational checklist for use in a planned activation. The actual response should be adapted to the circumstances and the legal authority available to the person activating the plan.

Clinician Checklist

- ☐ Plan the time line and set a final date of practice
- ☐ Ensure contingency plan is current
- ☐ Check nominated practitioner is available
- ☐ Inform all clients of last date of practice and handover procedure
- ☐ Inform referrers of final date of practice
- ☐ Triage clients requiring onward referral
- ☐ Identify referral pathways for clients, communicate referral pathways to clients
- ☐ Identify whether hard copy files will be digitised
- ☐ Audit archived hard copy and digital files, identify number of files and length of storage time
- ☐ Handover practice management software access to nominated practitioner
- ☐ Update websites, emails, and online advertising listings with nominated practitioner's details
- ☐ Review contracts, subscriptions and critical business services.
- ☐ Inform AHPRA and professional bodies of leave or retirement
- ☐ Notify insurer and other required professional contacts.
- ☐ Transfer remaining files to nominated practitioner

Nominated Practitioner Checklist

- ☐ Meet with clinician to check details of handover, confirm role, responsibilities and costs.
- ☐ Confirm access to essential systems through the documented secure process.
- ☐ Secure and manage client records - discuss with clinician where and how these will be stored and length of storage.
- ☐ Identify any pending reports, referrals, legal requests and subpoenas.
- ☐ Respond to requests for file transfers, information and subpoenas as required.
- ☐ Document actions and decisions.
- ☐ Schedule a follow-up review of unresolved matters if required with clinician

Appendix C. Annual Review

Date of review: _____ Reviewer: _____

Review Area	Status	Action Required
Nominee	Current or changed	
Alternate nominee	Current or changed	
Client communication	Current or changed	
Records map	Current or changed	
Practice software	Current or changed	
Access recovery	Current or changed	
Physical files	Current or changed	
Premises / keys	Current or changed	
Referrals	Current or changed	
Legal / subpoena process	Current or changed	
Insurance	Current or changed	
Privacy & security information	Current or changed	
Website	Current or changed	
Professional will	Current or changed	
Phone	Current or changed	
Hardware - laptops etc	Current or changed	
Practice management software	Current or changed	
Miscellaneous	Current or changed	

Sources and further reading

This guide was prepared using publicly available Australian professional and privacy guidance current to 23 September 2026. Always check the current version of source material before relying on it.

Psychology Board of Australia

Code of Conduct for psychologists; section 4.7 Maintaining continuity of services.

<https://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>

Psychology Board of Australia / Ahpra

Current Code of Conduct material and publication information.

<https://www.ahpra.gov.au/>

Australian Psychological Society

Understanding practice contingency plans — practical guidance on professional nominees, records,

client communication and incapacity/death planning.

<https://psychology.org.au/for-members/publications/inpsych/2021/august-special-issue-3/understanding-practice-contingency-plans>

Office of the Australian Information Commissioner

Guide to Health Privacy — privacy management, security, access, use/disclosure and health information.

<https://www.oaic.gov.au/privacy/privacy-guidance-for-organisations-and-government-agencies/health-service-providers/guide-to-health-privacy>

Office of the Australian Information Commissioner

Handling health information and access to health information.

<https://www.oaic.gov.au/privacy/your-privacy-rights/health-information/handling-health-information>

This resource is designed to help psychologists ask better questions and identify gaps. It is not a substitute for tailored legal, privacy, estate, insurance or professional advice.

NEED SOMEONE TO ACT AS YOUR NOMINATED PRACTITIONER?

Talk to CPMA about professional contingency planning support for Australian psychologists.

The aim is not simply to create a document. It is to create a practical arrangement that can be activated when your practice needs it.