

**PART OF MY MIRROR's  
STANDARD OPERATIONAL  
POLICY AND PROCEDURES**

**Document History**

**Document Information**

Category	Current Status
Document Owner	Clinical Team
Authorisation	Rachel Tomlinson
Review	26/10/2025 (at a maximum)

**Revision History and Document Approval**

Issue Date	Version	Approved by
26/10/2023	1.0	Rachel Tomlinson
6/1/26	1.1	Rachel Tomlinson

**1. Purpose**

My Mirror is committed to excellence and high quality of service delivery for clients engaged with the service (as outlined in the Clinical Governance Framework) which is further supported by the Performance Management Policy. The purpose of this policy is to outline what constitutes quality care, the measures and tools used to determine adherence to minimum standards, including monitoring and evaluation of service delivery.

This policy is supported by the Principles and Definitions below and is enabled by the procedures outlined in this policy.

The Quality Assurance Policy aims to:

1. Provide clinicians with an understanding of minimum standards associated with service delivery on behalf of My Mirror
2. Outline how quality assurance is measured and monitored
3. Clearly link quality assurance activities and outcomes with performance management, with the overarching aim of ensuring ongoing suitability of clinicians to deliver services

The Quality Assurance policy constitutes two components:

1. A clinician's ability to fulfil the requirements of service delivery as well as their conduct whilst undertaking requirements of service delivery.
2. My Mirrors due diligence (including investigation and subsequent action) to clients and consumers to ensure high quality practice and adherence to minimum standards relating to service delivery.

## 2. Definitions (for the purposes of this policy)

**Platform:** The My Mirror online platform where services are delivered to the client and client records are kept and maintained

**Service delivery (or services):** any services delivered to clients through My Mirror, including but not limited to; assessment, counselling, report writing, communication, record keeping.

**Clinician:** any psychologist who has signed a contract and is delivering services or has delivered services to clients through My Mirror

**Client:** individual, couple or organisation accessing clinicians via My Mirror's platform to engage in therapeutic interventions, assessments, or other clinical services

**Service Agreement:** refers to the individual contract (service agreement) signed by the clinician and/or employee of My Mirror which governs work conditions and work/duty requirement.

## 3. Principles

My Mirror adheres to the following principles of Quality Assurance, aligned with the National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMH)<sup>1</sup> and the Psychology Board Code of conduct (2). The NSQMH outlines 3 key standards:

### 3.1 Practice Governance Standard

- a. Practice governance, leadership, and culture: My Mirror establishes and uses practice governance systems for their service delivery to improve the safety and quality of care.
- b. Safety and quality systems: Safety and quality systems are integrated with practice governance processes to enable My Mirror to actively manage and improve the safety and quality of care.
- c. Clinician qualifications and skills: The clinician has the right qualifications, competencies, skills, and values to ensure the delivery of safe and high-quality care to clients, their families and carers.
- d. Safe environment for the delivery of care: The environment promotes safe and high-quality care for clients, their families and carers.

### 3.2 Partnering with Clients, Families and Carers Standard

- a. Partnering with clients in their own care: Clients are partners in their own care, with their families and carers, in line with the model of care and to the extent that they choose. Systems that are based on partnering with clients in their own care, and with their families and carers, are used to facilitate the delivery of care.
- b. Health literacy: The service provider takes account of the health literacy of clients, their families and carers, and ensures that communication occurs in a way that supports effective partnerships.

### 3.3 Model of Care Standard

- a. Planning for delivery of care and supports: Systems are in place to support the clinician in the safe delivery of care and supports.

- b. Delivering care and supports: Clinicians partner with clients, their families and carers, to deliver safe and high-quality care and supports to achieve the client's recovery goals.
- c. Recognising and responding to acute deterioration, crisis or distress and minimising harm: My Mirror has systems in place to support the clinician to respond to early signs of deterioration, crisis or distress in a client's circumstances. The clinician engages with client, and their carers and families to identify early signs of distress or crisis and implement strategies to prevent the risk of harm.
- d. Communicating for safety: My Mirror has systems in place for effective and coordinated communication that facilitates the delivery of safe and high-quality care for clients, their families, and carers.

The Psychology Board of Australia Code of Conduct is embedded within the Quality Assurance Policy to ensure that quality monitoring, review, and improvement activities are grounded in the **regulatory standards that define safe, ethical, and effective psychological practice**. Aligning quality assurance processes with the Code ensures that service delivery is assessed not only for outcomes and efficiency, but also for compliance with professional, ethical, and legal obligations. The Psychology Board Code of Conduct outlines 9 key standards:

- **3.4 Client Safety and Quality of Care**

Monitoring of clinical practice ensures services are delivered competently, within scope, and in a manner that prioritises client safety and minimises risk of harm.

**3.5 Informed Consent and Client Autonomy**

Quality review processes assess whether informed consent is obtained, documented, and revisited appropriately, including consent for treatment, information sharing, and use of clinical information.

**3.6 Confidentiality, Privacy, and Information Handling**

Audits and reviews assess compliance with confidentiality obligations, appropriate information access, secure record-keeping, and lawful, consented disclosure of client information.

**3.7 Professional Boundaries and Ethical Conduct**

Quality mechanisms support identification and response to boundary issues, conflicts of interest, dual relationships, and conduct that may compromise therapeutic integrity.

**3.8 Clinical Documentation and Record Keeping**

The policy enforces standards for accurate, timely, and clinically appropriate documentation that supports continuity of care, accountability, and regulatory compliance.

### **3.9 Supervision, Consultation, and Reflective Practice**

Quality assurance reviews monitor engagement in supervision, appropriate consultation, and reflective practice, particularly in complex, high-risk, or ethically challenging cases.

### **3.10 Risk Identification and Management**

QA processes support early detection of clinical risk, appropriate escalation, safety planning, and documentation of risk-related decisions.

### **3.11 Cultural Safety and Respectful Practice**

Quality review considers whether care is delivered in a culturally safe, respectful, and inclusive manner, aligned with professional obligations.

### **3.12 Practitioner Wellbeing and Fitness to Practise**

The policy supports identification of factors that may impair safe practice (e.g. burnout, excessive workload) and enables early support and intervention.

## 4. Measures of Quality

The below are minimum standards expected of all clinicians engaged by My Mirror to provide services to clients:

### **4.1 Completion of notes**

As per Australian Health Practitioner Regulation Agency (AHPRA) and Australian Psychological Society (APS) standards<sup>3</sup>, clinical notes form part of a client's health record. Notes are essential for accurate recall of client's information, continuity of care; between sessions but also in the instance of referring on or handing over to another clinician, including incapacity or death of the original clinician to allow treatment to continue without interruption to the client. In addition, accurate records of client sessions are required in the instance of files being subpoenaed by the courts or if the clinician is required to give evidence about their treatment associated with the client, which ensure accuracy of the information shared.

As such, minimum standards are that clinical notes adhere to the following:

- a. Notes are completed in a timely fashion
- b. They are recorded in the My Mirror platform
- c. Confidentiality and privacy are maintained – including minimum ethical standard that clinicians will maintain appropriate levels of confidentiality and/or disclosure (based on presentation, including risk, or legal requests) and adhere to minimum

standards of data protection and privacy (writing, storage, maintenance and keeping records of sessions)

- d. They are an accurate record of the treatment – including appropriate documentation of; presentation, history to demonstrate rationale for modality and treatment provided

#### 4.2 Handovers

At times clinicians will be unable to continue working with clients, due to operation outside of clinical expertise or training, being unavailable or not able to align with client expectations around session regularity or access or ceasing operating with My Mirror. This also includes extended leave where some clients may require support during the original clinician's absence.

At a minimum the following is expected:

- a. Clients are informed as soon as practical that continuity of care will be disrupted, including clinical consideration as to timeframe for informing them
- b. Client led principles will guide the handover, including involving clients in selecting or approving the new clinician taking over care
- c. Where possible a verbal handover with the new clinician will take place
- d. If the client was referred under a MHTP or other service the referrer (including referring GP) should be informed to change of duty of care/continuity of care
- e. Liaising with My Mirror Customer Success team to advise of handover or any support requirements (including supporting clients to book with the new clinician etc)
- f. A clear timeframe for handover is provided to the client and the new clinician to ensure continuity of care and duty of care is maintained
- g. The new clinician should familiarise themselves with the current status of the client's treatment and inform any referring parties or key stakeholders of their involvement

#### 4.3 Regulatory and legislative practice

Adherence with statutory regulatory and legislative best practice. Clinicians are bound by minimum AHPRA requirements, including the Psychology Board Code of Conduct (2) in relation to practice and maintenance of registration.

At a minimum, each clinician is solely responsible for ensuring that they adhere to:

- a. Maintaining accreditation and registration with appropriate bodies. Please see the [Credentiailling Policy](#) for a more detailed outline of minimum standards
- b. They commit to only working within their scope of practice, including; treatment modalities being practiced, client cohorts (age, presentation, diagnosis, etc) or services/programs being delivered (such as; Workers Compensation, NDIS, Eating Disorder Treatment Plans, Perinatal and Infant Mental Health etc)
- c. Service delivery adheres to client led and trauma informed principles
- d. Service delivery engages key stakeholders, families or carers as appropriate

#### 4.4 Responding to Risk

All clinicians are legally, ethically, and morally bound to respond to disclosures of risk, including mandatory reporting (elder abuse and child protection reporting as per state and national standards), and reports or concerns pertaining to suicide, risk of harm to self and harm to others.

At a minimum, this will include:

- a. Once risk has been identified or is suspected, a risk assessment is conducted
- b. Risk should then be managed as per best practice and reflective of the level of risk identified
- c. High or unmanageable risk should be escalated as appropriate to; 000 (emergency services)
- d. Risk relating to child protection or elder abuse should occur as per mandatory reporting guidelines
- e. My Mirror Clinical team should be notified for support or guidance if the clinician feels unable to manage the risk or needs clinical/support guidance to determine level of risk and a subsequent management plan
- f. Risk assessment and safety plan should be accurately recorded in the clients file/notes on the My Mirror platform
- g. Follow up relevant to the level of risk should be conducted as and when is considered appropriate, and all communications, and interactions should include a subsequent risk assessment and should be recorded in the clients notes/file on the My Mirror platform
- h. Any referrals or escalations pertaining to risk management should be recorded in the clients notes/file on the My Mirror Platform

#### 4.5 Completion of referral paperwork

Completion of Medicare or other referral paperwork many clients engaged with My Mirror clinicians are referred under a Mental Health Treatment Plan, or other service (NDIS, Workers Compensation etc). At certain points in the client journey communication and correspondence is required with the original referrer (including General Practitioner, Case Manager, Case worker or similar).

At a minimum, it is expected that:

- a. All clients engaged under a MHTP will have communications sent to the referring GP at the following timeframes/points of the client journey:
  - i. Confirming engagement or acceptance of the MHTP
  - ii. At session 6 a review letter outlining current treatment, engagement, and progress against the referral reasons, including any recommendation to continue treatment for the additional 4 sessions (as clinically appropriate)
  - iii. At session 10 to summarise engagement and progress against referral reasons, including any recommendations post treatment relating to continuity of care.
  - iv. At any point of disengagement throughout the treatment (outside of key points – session 6 and 10 of the MHTP approved sessions)

- b. All clients referred under other programs will have communications sent to the referrer to indicate acceptance of the referral, at key points in the journey, including communication relating to progress, or completion of referral tasks (i.e. completion of reports, assessments, or letters etc that have been requested) and discontinuation or disengagement of services
- c. As per the Psychology Board Code of Conduct (2) all clients will be informed of communication and correspondence requirements based on their referral type and/or funding stream.

#### 4.6 Completing sessions off platform

In the event where it is clinically appropriate or necessary for a session to be completed off the My Mirror platform (e.g., via phone due to technical difficulties), it is imperative that the session occur when it was booked on the platform. This is to ensure that there is an accurate booking recording so payments can be processed, and clinical notes can be completed accurately.

#### 4.7 Client Retention and engagement

It often takes a lot for clients to reach out for help for the first time, and in addition many have never engaged in therapeutic services/support before so are unaware of how it works, including modality, booking and frequency of sessions, homework, the process for rebooking appointments amongst others. It is essential that all clinicians use their clinical judgement to make treatment plans with the clients input not only for a best practice client led approach, but to orient them to therapy so they know what to expect from the clinician, and from their sessions as they progress through their treatment plan.

At a minimum, it is expected that clinicians will:

- a. Involve the client in setting a schedule or expectation for appointments. Clients are often waiting for the clinician to guide them around how frequently appointments should occur, or when they should return for follow up appointments. In session one it is essential to map out, either directly booking in follow up sessions using the Custom Booking feature on the platform or engaging the client in conversation about how to book the appointments.
  - i. This also includes orienting the client to how MHCP sessions work and the process for accessing the full 10 sessions, if clinically appropriate
- b. Provide up to date availabilities via their linked calendars;
  - i. Being aware of current forward booking options available to clients of My Mirror, including timeframes and advance booking options
  - ii. Closing out time(s) of “unavailability” to minimise potential for cross-scheduling, double booking and resultant cancellations or reschedules
  - iii. For any time periods longer than 2 weeks where the clinician will not be available, they will contact the My Mirror Customer Success Team to advise as well as informing any active clients. This will also require support plans, should a handover or interim supports be required to be put in place for clients during the clinician's absence
- c. Should availabilities change, clinicians must provide as much notice as possible for clients of My Mirror should a cancellation of their service be required.
  - i. A minimum of 48 hours notice is expected where possible

- ii. When cancelling an appointment via the My Mirror platform it is expected that a message from the clinician to the client is entered, which should include the reason for cancellation (where appropriate) and next steps or plans so the client is aware of what action to take or what to expect next
- iii. In the vast majority of instances a Custom Booking, inviting the client to a new, rescheduled appointment should be offered, including a message from the clinician indicating how the client could respond (accepting, rejecting or reviewing the clinician calendar and making their own booking)
- iv. Should the client not respond, a follow up Custom Booking (and appropriate communication) should be offered a week after the cancelled appointment
- v. A phone call to the client following disengagement is an appropriate next step to check in, resolve any issues and to keep them engaged
- d. Should a client reschedule or cancel an appointment and they have not immediately followed this up with booking a new appointment, it is expected that:
  - i. Unless the client indicated that they do not wish for any further sessions or other appropriate reasons the clinician should attempt to reschedule the client using the Custom Booking feature
  - ii. Should the client reject the booking, or the Custom Booking expires the clinician should make one further attempt to contact the client and offer another Custom Booking
- e. In each instance of communication to the client, including messages via the platform (when cancelling a session, or offering a Custom Booking) or telephone calls it is expected that these communication attempts will be recorded in the Psychologists Notes section of the client file (this is confidential and only visible to the psychologist)
  - i. All communication should be recorded as it forms a complete health record
  - ii. Any messages sent via cancellation or Custom Booking mechanisms in the platform should be copied and pasted into the psychologists' notes, or a summary of the interaction included
- f. Throughout treatment, a client's Treatment Status should be updated regularly to reflect exactly where they are on their treatment journey. For example, if it determined that a client has disengaged, this should be reflected in their Treatment Status.

#### 4.8 Open Disclosure

Open disclosure describes the way clinicians communicate with, and support clients and their support people, where appropriate who have experienced harm during health care they receive. Open disclosure is a client right, is anchored in professional ethics, considered good clinical practice, and is part of the care continuum.

An incident might be identified:

- a. By a clinician themselves at the time of the incident
- b. By a clinician retrospectively
- c. By a client or a support person at the time of the incident or retrospectively
- d. Through established feedback or complaints mechanisms
- e. Through incident reporting systems

At a minimum, it is expected that clinicians will follow these elements of open disclosure:

- a. Notifying a member of the Clinical Leadership Team if an incident has occurred as soon as practical
- b. Compliance with all the open disclosure process that could include but is not limited to:
  - i. Ensuring an open discussion occurs with a client and any support people, if appropriate about an incident(s) that resulted in harm to that client while receiving care
  - ii. An expression of regret
  - iii. A factual explanation of what happened
  - iv. An opportunity for the client and their support people, where relevant to relate their experience
  - v. A discussion of the potential consequences of the incident
  - vi. An explanation of the steps being taken to manage the incident and prevent recurrence.
- c. Receiving client feedback. Any client feedback (including complaints and compliments) collected and analysed demonstrates that psychological services provided meet the highest standards and are aligned with ethical guidelines. When feedback is provided, ensuring accountability and action is taken. Clinicians support and regularly encourage clients to provide feedback on the quality of care provided.

#### 4.9 Complaints Management

- a. If clients wish to make a complaint, compliment or provide feedback the clinician should support them by either taking the information they wish to share and passing it to the Clinical Team
- b. Directing the client to the My Mirror website where they can lodge a complaint, compliment, or feedback
- c. Should the clinician receive feedback (including complaints), either directly via the client, or from the Clinical Team they should receive the feedback as a learning opportunity and engage in remediation to rectify any concerns moving forward
- d. Engagement with Feedback. Receiving and actively engaging with feedback is an integral part of learning and growth as a clinician. At times, appropriate staff within My Mirror will provide feedback, including constructive and performance based feedback to clinicians.

At a minimum, it is expected that:

- a. the clinician will respond in a timely manner to, and engage with communications and feedback relating to their performance, including informal and formal feedback, or other measures providing context into their performance of service delivery
- b. Feedback may be received from the My Mirror Customer Success Team, Head of Service Area, the Clinical Team or other authorised and appropriate representatives of My Mirror
- c. Communication or feedback may be received informally, or formally via telephone call, email or other methods
- d. Contractors will use this feedback to improve their practice and to re-align with business expectations, relevant policies, processes etc
- e. Clinicians must familiarise themselves with the Performance Management Policy to ensure they are aware of My Mirrors responsibilities and response to non

adherence to quality assurance minimum standards, misconduct or lack of engagement and attempted rectification of any misaligned practice/service delivery

- f. Compliance with privacy/confidentiality. Ethical, legislative, regulatory and statutory standards provide guidelines for clinicians to operate appropriately within bounds of confidentiality and privacy, including when they either have consent to release or are able to breach confidentiality (see risk standard above).

#### 4.10 Consent and Data management

At a minimum, it is expected that clinicians will follow these regulatory, legislative, ethical and statutory requirements, including but not limited to:

- a. Informed consent
  - i. Prior to starting any psychological services, clinicians obtain informed consent from clients. This includes explaining confidentiality, the limits of confidentiality, and ensuring clients understand their rights and the potential risks, adverse effects, and benefits of psychological treatment. This is written in the client's clinical notes.
  - ii. This also includes re-consenting clients (as per Psychology Board Code of Conduct 2) if they age up, change service, after an appropriate period of time, access a new funding stream or referral type.
- b. Secure data management
  - i. Clinicians ensure that all client notes are only recorded and stored on the My Mirror platform.
  - ii. If client documents have been downloaded onto a clinician's desktop, the psychologist has systems in place for securely managing and destroying such data. Documents must be uploaded or stored on the My Mirror platform and duplicates in the clinician's computer should be destroyed immediately
  - iii. Clinicians adhere to all data protection/privacy laws and the My Mirror Terms of Service
- c. Secure communication
  - i. Communication of any sensitive information with clients is always via secure channels to protect the confidentiality of information.

#### 5. Mechanisms to Measure and Assure Quality

My Mirror will undertake intentional activities as well as respond to incidental feedback and/or complaints received internally, from clients, 3rd parties or stakeholders in order to capture performance against quality measures. Intentional and regular actions may include, but are not limited to:

- a. Reviewing trust pilot, google and other third party websites for reviews and feedback about the service, service delivery and/or clinicians
- b. Reviewing emails, zendesk, chats, calls and other communication tools for reviews and feedback about the service, service delivery and/or contractors
- c. Monthly review of cancellation, booking and rebooking data to identify trends, review responses and ensure alignment with appropriate cancellation or session booking behaviour from clinicians, including calendar management

- d. Review that communications are being appropriately recorded in client's files, including but not limited to;
  - i. Letters, reports and other communication relating to maintenance of Mental Health Treatment Plans
  - ii. Communication pertaining to session bookings, cancellations and re-bookings
- e. Monthly review that case notes are being entered against completed sessions

## 6. Compliance

Compliance with the Quality Assurance Policy applies to the My Mirror Clinical and Operational Team and Clinicians.

## 7. Related Documents

- [Clinical Governance Framework](#)
- [Credentiailling Policy](#)
- [Performance Management Policy](#)

## 8. Review

This policy is a living document that will be continually reviewed and updated to remain relevant and adapt to changing circumstances. At a maximum, it will be reviewed every two years.

## 9. References

1. Australian Commission on Safety and Quality in Health Care (2017). *National safety and quality mental health standards for community managed organisations*.  
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3. Australian Association of Psychologists Inc. (2020). *Ethical note taking and record keeping guide*.  
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