

Consent Form

As part of providing a therapeutic service to you, Michelle Hookham needs to collect and record personal information from you that is relevant to your situation. This includes information such as your name, contact details, next of kin/contact person and other relevant information as part of providing healthcare to you.

Purpose of collecting and holding information

Your personal information is gathered as part of your healthcare records. In the interests of your privacy, this information is stored in a secure clinical management system and is kept securely for a minimum of seven-year period in accordance with legislation.

Your personal information is retained in order to document what happens during sessions, and enables Michelle Hookham to provide a relevant and informed service for you.

Disclosure of personal information

No personal information gathered by Michelle Hookham will be disclosed except when:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would in the reasonable belief of Michelle Hookham, place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to disclose the information; or
4. Disclosure is otherwise required or authorised by law; or
5. Reporting back to your referring health practitioner

Withdrawal of Consent

You may wish to withdraw your consent at any time, however this would also terminate Michelle Hookham's services provided to you.

Fees and Cancellation Policy

Michelle Hookham requests that cancellations are made at least 24 hours prior to an appointment, where possible. Failure to do so may incur a cancellation fee.

I, (print your name in BLOCK CAPITALS) SARAH DANY, have read and understood this Consent Form. I agree to the above conditions for Michelle Hookham's services.

Signature: S. Dany Date: 10/3/25

Please note: If, after reading this form you are at all unclear about any of the information provided, please ask Michelle Hookham to clarify for you.