



# NovoNote

by NovoPsych

NovoPsych Pty Ltd

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## NovoNote Note Taker Consent

Clinicians at our clinic are using NovoNote, an automated tool designed to assist clinicians with taking session notes. Below is an explanatory statement about the technology and a consent form.

**Purpose of the automated note taker:** The use of an AI enhanced note taker was adopted to enable us to focus more on communication and your care during sessions, rather than being distracted by manual note-taking.

**What we Saved:** As a healthcare provider, we keep notes of our contact with you to help us serve you better. Our AI note taker, NovoNote, helps by transcribing the session and then providing a summary of that session. Typically, the transcript of the session will be deleted and will not make up part of your patient file, while the summary is saved as part of your file. Audio of the session is never saved.

**Compliance and Security:** NovoNote complies with the Australian Privacy Principles and is compliant with AHPRA and HIPAA standards. It adheres to industry encryption and security protocols. NovoNote operates on a secure server in Australia and your data does not contribute to training AI models. For more detailed information on the security measures and protocols of NovoNote, please visit the security page: [NovoPsych.com.au/NovoNote\\_Security](https://NovoPsych.com.au/NovoNote_Security)

I consent to:

- The audio of my session being processed into a transcription for the purpose of creating session summaries.

Name: Josephine DEBONO

Signature: J Debono

Date: 4.8.2025

Contact NovoNote  
[NovoNote@NovoPsych.com](mailto:NovoNote@NovoPsych.com)  
[NovoPsych.com.au/NovoNote](https://NovoPsych.com.au/NovoNote)

## 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)....., have read and understood this Consent Form. I agree to the above conditions for Michelle Hookham's services.

Signature: *J. Osborne* Date: 4.1.8.12025

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.