



Michelle Hookham  
Mental Health & Homeopathy

## Client consent form for Wentworth Healthcare

You have been referred to us for services to support your mental health and wellbeing. Services provided under this program will require your GP/other referrer to provide some information to us to ensure that you are referred to the service that best suits your needs. Your consent is required for this to occur.

Mental health services funded through Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network) undergo regular review and evaluation by the Department of Health Aged Care which are aimed at informing ongoing service improvements. This is a requirement of all Primary Health Networks across Australia. To enable the Department of Health and Aged Care and state and territory health departments/agencies to conduct the regular review and evaluation of mental health services, we and Wentworth Healthcare provides data about services and clients to the Department of Health Aged Care.

Some of the data provided to the Department of Health Aged Care includes personal information such as date of birth and gender. The information provided does not include your name, address or Medicare number. Your personal information will only be provided by us or Wentworth Healthcare] to the Department of Health and Aged Care and state and territory health departments/agencies if you give your consent. If you do not give your consent your personal information will not be provided.

The Department of Health and Aged Care and state and territory health departments also uses data collected by us (and provided to Wentworth Healthcare) to facilitate data linkage and produce statistical and evaluation reports, which are based on summary statistics for our region. These statistical reports contain only combined information from many clients and will not identify any individual. Your consent is not required for the Department of Health and Aged Care and state and territory health departments to include your data in these summary statistics.

### Protecting your privacy

We are committed to providing you with the highest level of service and confidentiality, and this includes protecting your privacy. We are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which outlines the principles concerning the protection of your personal information. For more information on how the Department of Health and Aged Care and state and territory health departments/agencies use your data please refer to the consumer FAQ provided by Michelle Hookham.

I consent to my personal information being provided by Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network, to the Department of Health and Aged Care, and state and territory health departments/agencies to be used for statistical and evaluation purposes designed to improve mental health services in Australia. I understand that this will include details about me such as date of birth and gender but will not include my name, address or Medicare number. I understand this includes the use of personal information to generate a unique key, which can be used to link my de-identified data to other de-identified data to facilitate research. I understand that my personal information will not be provided to the Department of Health and Aged Care or state and territory health departments/agencies if I do not give my consent.

I also understand that my consent is not required for the Department of Health and Aged Care and state and territory health departments/agencies to include data about my use of services, combined with information about other clients, in summary reports about the activities funded by Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Care Network because these do not require personal information.

Name: EVONNE DEBRA LYNDON

Signature: Evonne D Lyndon

Date: 12 / 9 / 25

Credentialed mental health nurse; Registered homeopath  
6 Christie Street, Windsor NSW 2756

PHONE 02 4577 4435 MOBILE 0423 162 001

EMAIL [health@michellehookham.com.au](mailto:health@michellehookham.com.au); WEBSITE [www.michellehookham.com.au](http://www.michellehookham.com.au)



# NovoNote

by NovoPsych

NovoPsych Pty Ltd

NovoPsych.com.au

Phone: 03 7019 4244

Email: [info@novopsych.com](mailto:info@novopsych.com)

## 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: EVONNE ~~DEBRI~~ LYNDON

Signature: E. Lyndon

Date: 12-9-25

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

Signature: EVANNE D. LINDON Date: 12.1.25

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.