



Practice Details			
Practice Name			
Street Name			
City		Postcode	
Mailing Address			
Street / PO Box			
City		Postcode	
Phone		Fax	
Email Address			
Contact Details			
Practice Manager		IT Support Contact	
Who would you prefer to install the software?	Medical-Objects <input type="checkbox"/> IT Support Contact <input type="checkbox"/>	IT Support Ph No.	
IT Configuration			
Operating system	<input type="checkbox"/> Mac <input type="checkbox"/> Windows	Version in use (i.e Windows 7, 8, OSX Leopard): _____	
Clinical system (e.g MD, Best Practice, Genie, PPMP): _____			



To Get ready for eHealth Interoperability. Please complete the section below:

Please indicate which of the below items your practice has available (if any)			
NASH Certificate (Practice)		Individual PKI Access to HPOS (Health Professional Online Services)	



Australia's Fastest Secure Messaging

Providers Details	
Providers Names	Enter Provider Numbers

*If you need to add further provider details, please append another page to the form when returning.

Agreement

Medical-Objects agrees to adhere to all Privacy Act 1988 (Commonwealth) (“the Act”) and the Australian Privacy Principles (“APPs”) and any other applicable privacy laws that govern how private sector Health Service providers handle your personal information (inclusive of sensitive information and Health Information). Please read the Medical-Objects Privacy Policy located <http://www.medical-objects.com.au/privacy/>

I understand and accept this agreement with the knowledge that Medical-Objects Pty Ltd will be using the personal information provided by me on this form in order to supply Medical-Objects Health Software Products and Services. I understand and accept that Medical-Objects products, services and personal information will be used by us for managing healthcare information, services and communications only.

I understand that software support covers Medical-Objects products and services only. I agree to the Medical-Objects terms and conditions found at www.medicalobjects.com.au/MedicalObjectsSLA.pdf. I agree to notify Medical-Objects Pty Ltd of any problems or errors and to provide feedback directly.

Please sign below to accept that you have read and understood our Privacy Policy.

Name			
Signature		Date	