



P.O. Box 5048 Maroochydore B.C. 4558 **Phone:** 07 5456 6000. **Fax:** 07 3221 0220

Email: register@medicalobjects.com

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 IT Support Contact		IT Support Ph No.		
IT Configuration					
Operating system Mac	Windows	Version in use (i.e Windows 7, 8, OSX Leopard):			
Clinical system (e.g MD, Best Practice, Genie, PPMP):					
To be ready for e	Health Interoperak	oility. Pl	ease complete the s	ection below:	



Australia's Fastest Secure Messaging

Individual PKI Access to HPOS (Health Professional Online Services)

MO USE ONLY: Email pathologyit@svha.org.au to notify when complete.

Please indicate which of the below items your practice has available (If any)

oviders Details	Enter Provider Numbers
oviders Names	Effici Provider Numbers

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 and not for unsolicited communication or marketing. 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.

Name		
Signature	Date	

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