****P.O. Box 5048 Maroochydore B.C. 4558

**Phone:** 07 5456 6000. **Fax:** 07 3221 0220

**Email:** [register@medical-objects.com.au](mailto:register@medical-objects.com.au)

**Medical Objects Admin Use Only:** Notify <Email Contact> once install complete

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| 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. |  |

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| 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 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)** |  |



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| --- | --- |
| Providers Details | |
| Providers Names | Enter Provider Numbers |
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| 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 it is our responsibility to provide adequate security to protect personal and sensitive information located on our premises.  
  
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](http://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 confirm that you have read and understood our Privacy Policy.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Signature |  | Date |  |