

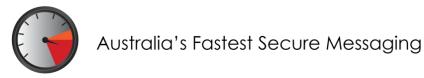




P.O. Box 5048 Maroochydore B.C. 4558 Phone: 07 5456 6000. Fax: 07 3221 0220 Email: register@medicalobjects.com

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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 Clinical system (e.g MD, Best Practice, Genie, PPMP):						
Clinical system (e.g MD, Best Practice, Genie, PPMP):						



Medical Objects Admin Use Only: Notify it.pacs@svha.org.au once install complete

Page 1 of 2

Providers Details					
Providers Names	Enter Provider Numbers				
<u> </u>					

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 <u>http://www.medical-objects.com.au/privacy/</u>

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 <u>www.medicalobjects.com.au/MedicalObjectsSLA.pdf</u>. 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	