

# Medical-Objects Request to Add New Doctor

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## Practice Details

Practice name	
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Practice address			
Street name			
City		Postcode	

Phone		Fax	
Email address			

## Doctor's Details

Doctor's Name	GP/Specialty	Provider Number

## Agreement

It is my understanding that I undertake this agreement with the knowledge that Medical-Objects Pty Ltd will be sending specialist reports in a secure encrypted format across the internet and that Medical-Objects Pty Ltd will be using the information provided by me on this form solely to setup my practice for this purpose.

Medical-Objects Pty Ltd agrees to adhere to all aspects of the Privacy Act 2000 along with Australian Standard AS4400-1995 personal Privacy in Health Care Information Systems.

I accept that the software systems employed by Medical-Objects Pty Ltd to provide its service to my practice are I agree to the Medical-Objects terms and conditions found at <http://www.medical-objects.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	