Medical-Objects Request to Remove Doctor

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Practice Details

Practice Name	

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	