

Phone: 09 964 6000 Fax: 09 964 6006 Email: register@medicalobjects.com

Practice Details					
Practice Name					
Street Name					
City		Postcode			
Health Provider Index Number	(Can be found in your Elixir Admin settings or Minist	ry of Health Website)			
HPI Facility ID: Example: (FXXNNN-C)					
Mailing Address					
Street / PO Box					
City		Postcode			
Phone					
Email Address			-		
Contact Details					
Practice Manager		IT Support Contact			
IT Configuration					
Clinical System: Elixir					
GP Basic Edition					
 Medical-Objects Download Client Free Installation Unlimited Support during Business hours Online Upgrades 					

Providers Names	CPN (Common Person Number) Example: (NCAAAA)

*Please note, if you need to add further provider details, please append another page to the form when returning.

Agreement

Medical-Objects agrees to adhere to the New Zealand Privacy Act 1993, the Australian 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.medicalobjects.com/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/MedicalObjectsSLA.pdf. I agree to notify Medical-Objects Pty Ltd of any problems or errors and to provide feedback directly.

Name		
Signature	Date	