



NZ

Email: helpdesk@medicalobjects.com

Practice Details								
Practice Name								
Street Address								
City					Ро	stcode		
Health Provider Index Number								
HPI Organisation Example: (GXXNNN-C)								
Mailing Address								
Street / PO Box								
City					Ро	Postcode		
Phone					Fa	-ax		
Email Address								
Contact Details								
Practice Manager					IT:	Support Contact		
Who would you prefer to install the software?	Med	ical-Objects		T Support	IT:	Support Ph No.		
IT Configuration								
Operating System Mac Windows		Version in use (i.e Windows 10, 11, macOS 11 Big Sur):				Clinical System (e.g VIP, Indici, Expect, MyPractice, Medtech32), please specify if more than one is used in the clinic:		
GP Basic Edition								
 Medical-Objects Do Free Installation Unlimited Support Online Upgrades 			;					

MO Use Only: email medicalobjects@arg.co.nz when complete.

Providers Details							
Providers Names & Medical Council Number (NZMC)	CPN (Common Person Number)	HPI Facility Identifier					
	Example: (NCAAAA)	Example: (FXXNNN-C)					

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	

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