

# Medical-Objects Request to Remove Doctor

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



## 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

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 [www.medical-objects.com.au/privacy/](http://www.medical-objects.com.au/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](http://www.medicalobjects.com/MedicalObjectsSLA.pdf). I understand the Medical-Objects Refund Policy found at [www.medicalobjects.com/refund-policy](http://www.medicalobjects.com/refund-policy). I agree to notify Medical-Objects Pty Ltd of any problems or errors and to provide feedback directly.

Name			
Signature		Date	