

Medical Objects GP Download Request Form

P.O. Box 5048 Maroochydore B.C. 4558
 Phone: 07 5456 6000. Fax: 07 3221 0220
 Email: register@medical-objects.com.au

medical-objects



Practice Details			
Practice Name			
Street Name			
City		Postcode	
Mailing Address			
Street / PO Box			
City		Postcode	
Phone		Fax	
Email Address			
Practice Manager			IT Support Contact
Who will Install?	Medical-Objects <input type="checkbox"/>	IT Support Ph No.	
	IT Support Contact <input type="checkbox"/>		
IT Information			
Computer system	Mac <input type="checkbox"/>	Windows <input type="checkbox"/>	Broadband <input type="checkbox"/>
	Version: _____		Permanent Dialup <input type="checkbox"/>
		Internet Connection	Dialup On Demand <input type="checkbox"/>
Practice Management Software: _____			

Please select your Support/Software Option:

Basic Edition (Receive Only)	Standard Edition (Receive and Send)
Medical-Objects Download Client <input type="checkbox"/> <ul style="list-style-type: none"> • Free install of Capricorn • Online upgrades • \$160 (Plus GST) per support incident 	Medical-Objects Download Client <input type="checkbox"/> Medical-Objects Referral Client <input type="checkbox"/> <ul style="list-style-type: none"> • Free install of Capricorn • \$250 (Plus GST) Per Practice Per Year • Capricorn support within business hours. • Online upgrades • Send Valid Referrals

Optional: Medicare Individual PKI keys can be used to digitally sign referrals. However, support in relation to PKI will incur an additional \$200 (plus GST) fee per practice as they are not a Medical-Objects product.

Providers Details

Doctors Names	Enter Provider Numbers

Please supply the name of the Medical-Objects officer you have been dealing with, if known:

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Agreement

It is my understanding that I undertake this agreement with the knowledge that Medical-Objects Pty Ltd will be sending clinical communications 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 set up my practice for this purpose. I understand that this service is for sending patient correspondence only, and not for unsolicited communication or marketing.

I understand that support required by Medical-Objects that does not relate to Medical-Objects products will incur charges.

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 and I agree to the Medical-Objects terms and conditions found at <http://www.medicalobjects.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	