

Medical-Objects Request to Remove Doctor

NZ



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Practice Details	
Practice Name	
Health Provider Index Number	
HPI Organisation Example: (GXXNNN-C)	

Practice Address			
Street Name			
City		Postcode	
Phone		Fax	
Email Address			

Doctor's Details

Receiving Only?

Sending Specialist Letters/Reports or Allied Health Letters/Reports

Doctor's Name	GP/Specialty	Common Person Number Example: (NCAAAA)	HPI Facility Identifier 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	