

Secure E-Mail Questionnaire

Practice Name:

Practice Address:

Practice E-mail Address:

Practice Contact:

Telephone:

Fax:

Please list all the Doctors that will be collecting reports from your practice: (Please print clearly in block letters)

Doctors Name:

Specialty:

Provider No.:

Do you have a Technical Contact for you practice?

Yes

No

Technical Contact's Name:

Technical Contact's E-Mail Address:

Telephone:

Fax:

What operating system does the computer you intend to install our software on use?

Windows

Mac

Do you currently have a working internet connection?:

Yes

No

Are you installing for a single user/laptop use?:

Yes

No

Please indicate which Practice Management Software your practice has:
(eg. Medical Director, Genie, Best Practice, Cliniko, etc.)

TERMS OF ACCEPTANCE OF NOMINATION

I/we, the Practice named above, accept your nomination that I/we be appointed as a registered user of the Promedicus.net Secure Email System. I/we understand that this will require my/our agreement to install the Promedicus.net Client Software on my/our computer. I/we understand that I/we may either accept or reject the installation and acceptance will be on the terms of the "Licence Agreement for Use of the Promedicus.net Secure Email System by Nominated Recipient". I/we agree that any person who installs the Promedicus.net Client Software on my/out computer does so as my/our agent on my/our behalf. These terms may be viewed by accessing <https://mail.promedicus.net/terms.txt> or by reading the licence agreement displayed when installing the "software".

Signature:

(Authorised signatory of Practice name above)

Name of Signatory:

Title:

Date: