

MEDADVISOR CARER MODE ACCESS REVOCATION FORM

For use by an individual cared for under a MedAdvisor Carer Mode service, allowing them to cancel access to their personal medication records by their Carer.

Completion Instructions

- Please fill in all blanks.
- Please type or write in BLOCK LETTERS.
- Please email a scan of the completed form to support@medadvisor.com.au or mail to MedAdvisor International Pty Ltd, Manager – Support, Level 2, 971 Burke Road, Camberwell, VIC 3124.

Important Notice

This revocation will be actioned within **seven business days** of being provided to MedAdvisor. If you want this form to be actioned sooner, you must discuss this with MedAdvisor by emailing support@medadvisor.com.au

Section 1 – Defined Terms

Pharmacy

Business name of pharmacy:		
Legal entity owner of pharmacy (if known):		
Street Address of pharmacy:		
Suburb:	State:	Postcode:

Cared For Individual

First name:	Last name:	
Date of birth (DD/MM/YYYY):		
Phone number:		
Address:		
Suburb:	State:	Postcode:

Carer

First name:	Last name:	
Date of birth (DD/MM/YYYY):		
Address:		
Suburb:	State:	Postcode:

Section 2 – Revocation

I, the Cared For Individual:

- **Previously consented** to the Carer having access to my MedAdvisor information (or the Carer has previously been permitted to have access to my MedAdvisor information as my parent or guardian).
- **Revoke** my previous consent to the Carer having access to my MedAdvisor information.

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Signature of Cared for Individual

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Date