

MEDADVISOR CARER MODE CONSENT FORM

Application for Carer Access to MedAdvisor Information



By completing this form, you will be allowing your nominated carer access to see all details of prescriptions you have filled in the past 12 months, and prescriptions you may fill in the future at participating pharmacies (**MedAdvisor Network Pharmacies**). This includes the names of the medications you take, the dates scripts are issued and filled, the directions provided by your doctor and pharmacist and other personal medication information (**MedAdvisor information**).

Additionally your nominated carer will be able to request replacement prescriptions from your doctor on your behalf, without an appointment, where your doctor is subscribed to MedAdvisor's GP Link service. In this case your doctor will decide whether it is appropriate to issue your script.

Who should complete this form?

The cared for person (**Individual**) or their carer should complete this form. The carer must have one of the types of relationship to the Individual stated in section 2 of this form.

To enable the carer to have access, either the Individual or their carer must bring the completed form, together with satisfactory proof of identity, to a MedAdvisor Network Pharmacy. The Individual must have previously filled scripts at the MedAdvisor Network Pharmacy selected.

A parent or guardian of a child under 14 years old can have access to their child's MedAdvisor information without completing this form. The parent or guardian must present their Medicare card, showing the name of the child, or some other proof that they are parent or guardian.

Two forms of identification

Whoever brings the form to a MedAdvisor pharmacy - whether the Individual or their carer - must provide two forms of identification, one of which must be an original or certified copy of any one of the following:

- Australian licence or permit (driver licence, learner's permit, boat licence or taxi licence)
- Australian passport or overseas passport
- birth certificate

Activating carer access

Once the pharmacy has registered this application, the carer will be given an activation code by the pharmacy, which will allow the carer to access the MedAdvisor information.

The carer can attach the Individual to the carer's existing MedAdvisor account, by choosing the "Carer Mode" option in the MedAdvisor App or website's "Settings" page and entering the Individual's activation code and last name. If the carer does not have a MedAdvisor account, they can download the MedAdvisor App at: www.mymedadvisor.com/download.

Duration of access

The carer will have access until the Individual or their carer informs a MedAdvisor pharmacy that they are revoking the access by using the "MedAdvisor Carer Mode Access Revocation Form", which can be obtained from a MedAdvisor Network Pharmacy or at: www.mymedadvisor.com.

Terms and conditions

By downloading or using the MedAdvisor Service, a user agrees to be bound by its terms and conditions (available at www.mymedadvisor.com/customers/termsconditions). If a carer is using the service on behalf of an Individual, the Individual (or their legal guardian or a person exercising an enduring power of attorney) must agree to the terms and conditions and expressly authorise the carer to use the service for the Individual's benefit. Your pharmacist can also provide you with a copy of the terms and conditions.

Privacy policy

MedAdvisor's Privacy Policy (available at www.mymedadvisor.com/privacy) describes how MedAdvisor handles the personal information of both Individuals and their carers who use the MedAdvisor Service. Your pharmacist can also provide you with a copy of the Privacy Policy.

Questions?

If you have questions on how this form should be used, email support@medadvisor.com.au.

Section 1 – Individual (the cared for person sharing their MedAdvisor information with the carer)

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

Section 2 – Carer

First name:		Last name:									
Date of birth (DD/MM/YYYY):											
Address:											
Suburb:	State:	Postcode:									
<p>The carer is the:</p> <table border="0"> <tr> <td><input type="checkbox"/> child or sibling of the Individual if the child or sibling is at least 18 years old; or</td> <td><input type="checkbox"/> person exercising an enduring power of attorney granted by the Individual that is exercisable in relation to decisions about the Individual's health; or</td> </tr> <tr> <td><input type="checkbox"/> spouse or de facto partner of the Individual</td> <td><input type="checkbox"/> person who has an intimate personal relationship with the Individual</td> </tr> <tr> <td><input type="checkbox"/> relative of the Individual who is at least 18 years old and a member of the Individual's household</td> <td><input type="checkbox"/> person nominated by the Individual to be contacted in case of emergency</td> </tr> <tr> <td><input type="checkbox"/> guardian of the Individual</td> <td></td> </tr> </table>				<input type="checkbox"/> child or sibling of the Individual if the child or sibling is at least 18 years old; or	<input type="checkbox"/> person exercising an enduring power of attorney granted by the Individual that is exercisable in relation to decisions about the Individual's health; or	<input type="checkbox"/> spouse or de facto partner of the Individual	<input type="checkbox"/> person who has an intimate personal relationship with the Individual	<input type="checkbox"/> relative of the Individual who is at least 18 years old and a member of the Individual's household	<input type="checkbox"/> person nominated by the Individual to be contacted in case of emergency	<input type="checkbox"/> guardian of the Individual	
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<input type="checkbox"/> relative of the Individual who is at least 18 years old and a member of the Individual's household	<input type="checkbox"/> person nominated by the Individual to be contacted in case of emergency										
<input type="checkbox"/> guardian of the Individual											

Section 3 – Proof of identity (either Individual or carer)

Either the Individual or the carer can lodge this form, either in person or by mail. The person lodging must provide two forms of identification, including one form of photographic identification listed at the start of this form. Mailed forms should include a certified copy of the two forms of identification.

Identified person:	Type of photographic identification: (eg, NSW driver licence)	Identification number: (eg, driver licence number)
Individual / Carer (delete as applicable)		

Section 4 – Certification and application

Ensure one of these sections is signed, by the Individual or Carer.

<p>Individual completes – Where the Individual has the capacity to consent for themselves</p> <p>I <i>certify</i> that the person named as carer above has the relationship to me stated in section 2.</p> <p>I <i>apply</i> for the carer to have access to my MedAdvisor information.</p> <p>I have <i>read and accept</i> the MedAdvisor Terms and Conditions and Privacy Policy.</p> <p>Signed: _____ Individual</p> <p>Date: _____</p>	<p>Carer completes - Where the Individual does not have the capacity to consent for themselves</p> <p>I <i>certify</i> that:</p> <p>(1) I have the relationship to the Individual stated in section 2; (2) the Individual is physically or legally incapable of giving consent or cannot physically communicate consent; and (3) my access is not contrary to the Individual's wishes or best interests.</p> <p>I <i>apply</i> to have access to the Individual's MedAdvisor information.</p> <p>I have <i>read and accept</i> the MedAdvisor Terms and Conditions and Privacy Policy.</p> <p>Signed: _____ Carer</p> <p>Date: _____</p>
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Pharmacy application registration (to be completed by pharmacy)

- I have sighted the (delete as applicable) Individual's/ Carer's:
 - Australian licence or permit (driver licence, learner’s permit, boat licence or taxi licence).
 - Australian passport
 - Birth certificate
 - Overseas passport
- I confirm that:
 - the photographic identification matches the person presenting it
 - the type and identification number of the photographic identification are correctly stated in section 3 of this form
 - the form has been properly completed, and
 - I have no reason to suspect that granting access to the carer is contrary to the Individual's wishes or best interests.
- I have given the bearer of this form an activation code.

PHARMACY STAMP OR NAME & ADDRESS

Name: _____

Signed: _____

Date: _____

Completed forms should be stored securely by the pharmacy for later reference if required.