

## 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](mailto: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](mailto: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.

Signature of Cared for Individual:

Date:

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