

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.co.uk or mail to MedAdvisor UK, Manager – Support, 4th Floor Imperial House, 8 Kean Street, London WC2B 4AS, United Kingdom.

Important Notice

This revocation will be actioned within seven business days. If you want this form to be actioned sooner, you must contact us by emailing support@medadvisor.co.uk

Section 1 – Defined Terms

Pharmacy

Name of pharmacy:	
Street address of pharmacy:	
Town/city:	Postcode:

Cared for Individual

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

Carer

First name:	Last name:
Date of birth (DD/MM/YYYY):	
Address:	
Town/city:	Postcode:

Section 2 – Revocation (complete A or B)

A.

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:

OR

B.

*(Complete where the Individual does **not** have the capacity to consent for themselves)*

I:

- **certify** that I am the Individual's legal guardian or a person exercising an enduring power of attorney granted by the Individual; and
- on behalf of the Individual, **revoke consent** to the Carer having access to the Individual's MedAdvisor information.

Signature of Guardian or Attorney:
(please provide evidence of guardianship or power of attorney)

Date:
