

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); and
- **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

.....
Date

(please provide evidence of guardianship or power of attorney)