

# Letter of Authorisation for Pharmacy Transactions

## For Medical Care and Social Care (Children) – page 1 of 3

### Give a health and social care unit a Letter of Authorisation to perform your child's pharmacy transactions

By filling in this form and submitting it to a pharmacy, you, who are the parent/legal guardian, agree that the healthcare and care unit of your choice as your agent may:

- Order and pick up medicines or other items your child has obtained with a doctor's prescription .
- Obtain an overview of your child's active prescriptions.

*The Letter of Authorisation may be passed on by the healthcare unit to any pharmacy. Take your proof of identity with you.*

### Who is the principal and who is the agent?

You as a parent/guardian can give another person the right to pick up your child's prescription medicines at a pharmacy by giving them a Letter of Authorisation for Pharmacy Transactions. The person giving the Letter of Authorisation is referred to as the "principal" (grantor) and the person who receives the Letter of Authorisation is referred to as the "agent" (authorised party pursuant to a Letter of Authorisation). If you are two parents/guardians, both become providers of a Letter of Authorisation, i.e. principals. It is the Health and Social Care unit that is your agent in this case.

As a principal (parent/guardian), you need to fulfil the following preconditions:

- Have a Swedish personal identity (civil registration) number
- Be 18 years old or older.
- Do not have access to your personal details restricted.

The child also cannot have access to their personal details restricted.

In addition, the health and social care unit (the agent) needs to fulfil the following preconditions:

- Be registered with the Swedish eHealth Agency.
- Have employees authorised to use the Letter of Authorisation registered with the Swedish eHealth Agency.

Fill in the personal details of the child and the health and social care unit on the form. If you are two parents/guardians, personal details for both of you must be filled in. Then hand it in to any pharmacy, which registers the Letter of Authorisation electronically. You must present your proof of identity when submitting the Letter of Authorisation. If you are two parents/guardians, both must present proof of identity. If a staff member from the health and social care unit submits the form, the staff member must present both their own and the principal's proof of identity.

Once the pharmacy has registered the Letter of Authorisation, it is valid at all pharmacies throughout Sweden.

### The health and social care unit's (the agent's) information details

Name of the unit

Organisation ID <sup>2</sup>

The Unit's ID <sup>3</sup>

### Your child's personal details

First and last name

Swedish personal identity number yyyyymmdd-nnnn

### Period of Validity (The Letter of Authorisation may be valid for a maximum of four years)

Four years

Until (date)

Letter of Authorisation is valid at a maximum until the child's 18th birthday

### The personal details of the principal(s) (parent/guardian)

First and last name

Swedish personal identity number yyyyymmdd-nnnn

The pharmacy's notations



First and last name

Swedish personal identity number yyyyymmdd-nnnn

The pharmacy's notations



## TURN OVER - Sign on the next page!

<sup>2</sup> Identity of the specified company (can be company registration number, Swedish personal identity number or VAT registration number).

<sup>3</sup> ID of the care unit in the care unit register. Does not need to be filled in by the care unit. A local pharmacy can search for the unit's ID if necessary.

\*Required fields

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## The signatures of the principals (parent/guardian)

By your signature, you confirm that you have read and understood the information on this form and consent to that the agent performs your child's pharmacy transactions. A signature also means that you consent to that the Swedish eHealth Agency processes your personal data and your child's personal data according to the information on the back of the form.

Signature City and date Name in block letters

Signature City and date Name in block letters

## The pharmacy's notations

Submitted by principal/agent yyyyymmdd-nnnn (ID PRN)

Name of the pharmacy and city		Pharmacy ID (GLN code)
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Note! If changes have been made to the form, it can only be used as a paper Letter of Authorisation at the pharmacy.

## Information for principals and agents

You can read here, as a principal and you as an agent, more about Letters of Authorisation for pharmacy transactions, what the registration of a Letter of Authorisation means and how the Swedish eHealth Agency processes your personal data.

### Who has the right to use this Letter of Authorisation and for what purposes?

The Letter of Authorisation gives the agent the right to represent and act on behalf of the principal for the purpose of:

- Order and pick up medicines or other items the principal has obtained for his/her child obtained with a doctor's prescription.
- Obtain an overview of your child's active prescriptions (after a confidentiality review at the pharmacy).

### The Letter of Authorisation may be used at all pharmacies throughout Sweden

This Letter of Authorisation may be used in all pharmacies throughout Sweden. The Letter of Authorisation is not limited to the pharmacy where it was submitted. The Letter of Authorisation is stored electronically at the Swedish eHealth Agency and will thus become available to all pharmacies in Sweden.

### When does the validity of a Letter of Authorisation end?

One of the principal(s) or the agent can cancel the Letter of Authorisation at any time, at any pharmacy. It will also be terminated if one of you withdraws your consent. The Letter of Authorisation is terminated if access to the child's or the agent personal details becomes restricted. All Letters of Authorisation are automatically cancelled when the period of validity expires. The period of validity always expires when the child reaches the age of 18.

### The information is stored in the Letters of Authorisation Registry

When a pharmacy employee registers a Letter of Authorisation, the information is stored in the Letters of Authorisation Registry. The Swedish eHealth Agency is responsible for the information about the Letter of Authorisation in the Letters of Authorisation

Registry. The public authority verifies that the personal data in the Registry is correct by checking the national civil status register (Swedish Population Register). Both the principal(s) and the agent, by signing the form, agree to the Swedish eHealth Agency's processing of personal data for each separate Letter of Authorisation. This means that the consent of both are stored as soon as the pharmacy personnel registers them, and that the Letter of Authorisation can be used immediately. Processing of your personal data The information from the Letter of Authorisation that is stored includes:

- the principal's, the child's and the principal's Swedish personal identity number
- the name of the principal, child and agent
- administrative information such as dates and registered pharmacies.

The Letter of Authorisation remains valid and is automatically cancelled at the end of four years or when the child reaches the age of 18, whichever occurs first. When the Letter of Authorisation is terminated, the date of termination, closing pharmacy, and reason for termination are also saved. The information is stored for 12 months after the Letter of Authorisation has been cancelled, for traceability and safety reasons. The consent of the principal(s) and the agent is the legal basis of the Swedish eHealth Agency for processing the personal data.

### The purpose of the processing of personal data

The consent means that the Letter of Authorisation is saved and managed electronically. The purpose of this processing is to give the pharmacies and the Swedish eHealth Agency the possibility to check the agent's authority when using the Letter of Authorisation.

## Give and withdraw consent

Both you as a principal and you as an agent give your consent in writing on the Letter of Authorisation form that you submit at any pharmacy. The consent remains in effect for the duration of the validity of the Letter of Authorisation and you may withdraw your consent at any time by a personal visit to any pharmacy. Agents may also withdraw their consent digitally on the Läkemedelskollen/ Medicine Check, e-service, or a pharmacy's website that offers this service. The legality of the processing of personal data that took place prior to the withdrawal of consent is not affected.

## Privacy protections (security and confidentiality)

As a general rule, the personal data contained in the Swedish eHealth Agency's register is subject to confidentiality pursuant to the Swedish Public Access to Information and Secrecy Act. It may not be disclosed if there is a risk that you or those closely related to you will suffer harm. However, the information may be disclosed to pharmacies, healthcare providers and certain public authorities when this is necessary for the performance of their tasks. These cases are governed by law. The information be disclosed electronically and certain categories of professions may have direct access to the data. There are also laws that govern the confidentiality of the information held by the recipients.

Both the Swedish eHealth Agency and pharmacies are only permitted to access your personal data when necessary for them to be able to perform their duties. Your identity may only be used as a search term for certain specified purposes according to the law, for example when registering information, dispense a prescription or to facilitate the use of medicines. Those who deal with personal data aware of and bound by the rules concerning the confidentiality of your personal data. The Swedish eHealth Agency also retains external technology providers to provide registries and databases that process your personal data. The Swedish eHealth Agency then ensures that these providers take adequate safeguards to process your personal data in a safe and secure manner.

## Your rights

The Swedish eHealth Agency is the data controller for the processing it performs with your personal data under the Swedish National Medication List Act (Lag om nationell läkemedelslista) and the EU General Data Protection Regulation (GDPR). You have the right to request information without free if the Swedish eHealth Agency processes personal data about you and, if so, receive a copy of it – in the form of a register extract – together with certain additional information. We will, at your request or on our own initiative, correct or delete information that is incorrect or restrict the processing of such information. You have the right to object to the processing of your data. You also have the right, in certain cases, to receive your personal data in a machine-readable format or, if technically possible, to have the data transferred to a third party as you indicate. If you are dissatisfied with our processing, you can file a complaint with the Swedish Authority for Privacy Protection ([www.imy.se](http://www.imy.se)). You can also contact a supervisory authority where you live or work. If the processing has been carried out in violation of applicable laws, you may be entitled to compensation for damages.

## Contact the E-hälsomyndigheten/Swedish eHealth Agency

The Swedish eHealth Agency has a designated Data Protection Officer, see contact details below.

If you have any questions about our personal data processing, you can always contact us. You can also visit our website: [www.ehalsomyndigheten.se](http://www.ehalsomyndigheten.se).

E-mail: [registrator@ehalsomyndigheten.se](mailto:registrator@ehalsomyndigheten.se) or [dataskyddsbud@ehalsomyndigheten.se](mailto:dataskyddsbud@ehalsomyndigheten.se)

Address: Box 913, 391 29 Kalmar Södra Långgatan 60, Kalmar Sankt Eriksgatan 117, Stockholm  
Telephone no.: 0771-766 200

If you have any questions about, for example, submission or registration of the form, please contact your local pharmacy or their customer service.