



Consent for Full Access to MyAtriumHealth Medicine Records for Teen Patients Ages 13 to 17 Years

Parent or Legal Guardian of Patient Ages 13 to 17 Years

Under North Carolina law, health systems and other providers must keep certain types of health information and services given to minors private. This information can only be shared with the minor patient's permission. If you are the parent/legal guardian with CarolinaCARE insurance, and your child is between 13 and 17 years old and you want to see all their prescribed and dispensed medicines via MyAtriumHealth, you and your teenage patient must fill out and sign this form. Each parent or guardian needs their own form. Your child can change their mind and stop you from having full access to their complete medicine record via MyAtriumHealth at any time.

By filling out this form, you state you are the insurance policyholder and/or a parent or legal guardian with the right to access the Teen Patient's protected health information.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Information

Name (First, Middle, Last) _____

Address _____

City, State, ZIP Code _____

Phone number _____

Date of birth _____

E-mail _____

Teen Patient's Information

Name of patient (First, Middle, Last) _____

Teen Patient's email address _____

Patient's main address _____

City, State, ZIP Code _____

Patient's date of birth _____

Teen Patient Must Sign and Initial Below

I, _____, agree to:

- give my parent/guardian access to my MyAtriumHealth account.
- look at any and all of my prescriptions.
- refill any of my prescriptions.

I understand my parent/guardian will be able to see all information including medicines related to:

- treatment for pregnancy and/or prescriptions for birth control.
- some diseases – including HIV, AIDS, or sexually transmitted infections.
- alcohol or drug use/abuse and/or behavioral health conditions.

Patient initials _____

I understand I can cancel my parent/legal guardian access from seeing my medicines in MyAtriumHealth at any time by calling: 1-866-697-6800.

Patient initials _____

Signature of Teenage Patient allowing access: _____

Printed name of Teenage Patient: _____

Date of Birth: _____ Date: _____

To Parents and Legal Guardians: Once we receive and approve your request, you can check all the medicines your teenager takes on your MyAtriumHealth account. You can still ask for the After Visit Summary (discharge papers) after a clinic visit, call the clinic for some information, or ask for their medical records. If you want your teen to have their own account, ask their doctor at the next visit. The doctor will set it up, and your child will get a text or email to activate it and see their health information on MyAtriumHealth.

Please return this form by fax or email:

Email: OneOnOneRx@atriumhealth.org

Fax: 704-512-6801

Documents can also be mailed to:

Attn: CarolinaCARE

P.O. Box 31691

Charlotte, NC 28208