



Nov. 6, 2023

Dear Member –

Last month, we announced changes within our CarolinaCARE platform relating to access to prescription records for minor dependents aged 12 - 17. After considering feedback from members and consulting with our legal and compliance teams, we are pleased to announce we have restored the system to its prior state and implemented a proxy access procedure which allows us to remain in compliance with state law.

Effective immediately, the insured teammate and their covered spouse may access prescription records and information and submit refills for all covered minor children, except for specific classifications of prescriptions specifically defined by North Carolina state law for adolescent patients. Generally speaking, those prescriptions are for the treatment of certain types of reproductive health, communicable diseases (including sexually transmitted diseases, HIV and AIDS), substance abuse and behavioral health-related conditions. Your pediatrician, family physician or pharmacist can help you determine if specific drugs prescribed for adolescents covered under your health plan are among those covered by the privacy shield law.

By signing the Consent for Access acknowledgement form (pages 2 - 3 of this letter), your adolescent may waive their statutory right to privacy when receiving these types of medications, allowing full access by permitted household users to the CarolinaCARE portal, including the ability to order refills online.

If your adolescent child elects not to sign the consent form, any protected prescriptions, as defined by the law, will not be displayed. In this instance, online refills will not be available and must be managed through the automated phone system by dialing 866-697-6800. Refills using this option will require the patient's name, name of the medication and the prescription number.

As a reminder, electronic access to adolescent medical records is also protected under state law. If you haven't previously done so, a separate consent must be signed and on file for parental access to those records via the MyAtriumHealth.com portal.

We appreciate your service to our mission of improving health, elevating hope and advancing healing for all and thank you for choosing us for your prescription needs.

Thank you,

CarolinaCARE



Consent for Full Access to CarolinaCARE Records for Adolescent Patients Ages 12-17 Years

PARENTS OR LEGAL GUARDIANS OF PATIENT AGES 12-17 YEARS

Under North Carolina law, we are required to keep confidential certain types of health information and services provided to minors and can only disclose this information with the minor patient's permission. If you are the insurance policyholder enrolled with CarolinaCARE, are a parent/legal guardian of a minor child who is between 12 – 17 years of age (Adolescent Patient) and you wish to have unrestricted online access to their full medication record, you and the Adolescent Patient must complete and sign this request form.

Parent/guardian unrestricted access via CarolinaCARE can be revoked at any time by the Adolescent Patient.

By completing this form, you attest that you are the insurance policyholder and a parent or legal guardian with the right to access the Adolescent 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 _____

ADOLESCENT PATIENT'S INFORMATION

Name of patient (First, Middle, Last) _____

Patient's address _____

City, State, ZIP Code _____

Patient's date of birth _____



ADOLESCENT PATIENT MUST SIGN AND INITIAL BELOW

I, _____, agree to allow my parents/guardians, as well as any individual who has access to view the family's CarolinaCARE account via its online portal, to look at any and all of my medical information and related prescriptions published within the CarolinaCARE platform and act on my behalf for the purposes of refilling prescriptions. I understand that if my record has information about medications related to treatment for pregnancy and/or prescriptions for birth control, certain communicable diseases – including HIV, AIDS or sexually transmitted infections – alcohol or drug use/abuse, and/or behavioral health conditions, my parents/guardians, as well as any individual who has access to view the family's CarolinaCARE account, will be able to see all of this information when logged into the CarolinaCARE portal.

Patient initials _____

I understand I can stop my parents/legal guardians and others who have access to view the CarolinaCARE account, collectively, from looking at this information at any time by revoking access by contacting 1-866-697-6800.

Patient initials _____

Signature of Adolescent Patient allowing access:

Printed name of Adolescent Patient:

Date of Birth: _____

Date: _____

To Parents/Legal Guardians: Upon receipt and approval of your request, you will be able to access your adolescent child's complete medication record from your account.

Please return this completed form by fax or email:

Email: OneOnOneRx@atriumhealth.org

Fax: 704-512-6801

Documents can also be mailed to:

Attn: CarolinaCARE

PO Box 31691

Charlotte, NC 28208