



**Member Authorization Form Required
for any Member Under the Age of 18**

Carolina Complete Health offers tutoring services for members enrolled in Carolina Complete Health Medicaid Managed Care enrolled in grades Pre-K-6th Grade through Educational Tutorial Services (ETS).

**Legal Parent or Guardian must complete this form and return to:
Carolina Complete Health, Attention: Tutoring, 1701 N. Graham St., Suite 101, Charlotte, NC 28206**

Member information

Name of member/child (first, last): _____

NOTE: Address **MUST** match address that Carolina Complete Health has on file for the member.

Street: _____

City: _____ State: _____ ZIP code: _____

Education information

Member/Child's school: _____

School address: _____

City: _____ State: _____ ZIP code: _____

Grade level: _____

Subject area(s) requiring tutorial services:

- Reading Mathematics

I have read the contents of this form. I understand, agree, and allow Carolina Complete Health to use and release the member information to third parties, including Educational Tutorial Services to coordinate the service requested. I understand that signing this form is of my own free will. I understand that Carolina Complete Health does not require that I sign this form in order for me to receive treatment or payment, or for enrollment or being eligible for benefits. I have the right to withdraw this approval at any time by giving written notice of my withdrawal to Carolina Complete Health. This approval will be effective until it is withdrawn. I understand that my withdrawing this approval will not affect any action taken before I do so. I also understand that information that's released may be given out by the person or group who receives it. If this happens, it may no longer be protected under the HIPAA Privacy Rule. I am entitled to a copy of this form.

Signature (parent or guardian if member is a minor) Date: _____

Legal Parent or Guardian Phone Number with Area Code: _____

Email address to be used for online tutoring account: _____