



CurrentCare for Me Designee Form

By completing this form you are granting Designee access to view this individual's medical record via CurrentCare for Me.

- The individual must be enrolled in CurrentCare and 18 years of age or older.
- A Designee can be any other person designated by the individual to view this individual's medical record.

Individual (please complete ALL fields)

This request applies to the following individual's medical record in CurrentCare for Me:

First Name Middle Name Last Name

Street Address (No PO Boxes)

_____ / _____ / _____

City/Town State ZIP Code Date of Birth Male Female Transgender

Designee Information (please complete ALL fields)

Grant this person access to the above-named individual's CurrentCare for Me record:

First Name Middle Name Last Name

Street Address (No PO Boxes)

_____ / _____ / _____

City/Town State ZIP Code Date of Birth Male Female Other

() - _____

Phone* Email Address (Required for CurrentCare for Me)

() - _____ A message will be sent to the email address provided with directions to activate designee access to CurrentCare for Me.

Mobile*

Designee's relationship to above-named **Individual**:

- Spouse Son Other (please list): _____
- Father Daughter _____
- Mother Partner

*By submitting a telephone number to RIQI you agree that a representative of RIQI can contact you at the number provided, potentially using automated technology (including texts/SMS messaging), or a pre-recorded message. Your consent to contact you at the telephone number(s) provided using automated or prerecorded messages, and text messages, is not required in order to participate in CurrentCare.



