



For office use only

ENROLLEE REQUEST for DISCLOSURE REPORT FORM

Form with fields: CurrentCare Enrollee Name, Date of Birth, Gender, Enrollee/Patient Address, City, State, Zip Code, Telephone Number, Cell Phone Number, Email.

- 1. Request for Disclosure Report. I authorize the state designated Regional Health Information Organization, the Rhode Island Quality Institute (RIQI) to prepare a Disclosure Report...
2. Effective Date of Request. This request will become effective when it is received by RIQI...
3. Effect of Request. As a result of this request, RIQI will provide a Report of Disclosures to the enrollee named above...

Request for Disclosure Report from CurrentCare. I, _____ request a written Disclosure Report for the period from _____ to _____.
Printed Name of Enrollee
Please give me my report in [] electronic format [] paper format
Delivered by: [] Mail to the enrollee address above [] Pick-up at RIQI office [] Secure email

For your protection, we require that the "Enrollee Request for Disclosure Report" form be authenticated by your physician's office staff if they are a CurrentCare enrollment partner, by a notary public or by a member of the Operations Department at Rhode Island Quality Institute.

I hereby certify that all items on this form have been completed to the best of my knowledge.

Print Name of Patient or Authorized Representative

Date

Signature of Patient or Authorized Representative

Relationship (select one)
[] Parent
[] Legal Guardian
[] Power of Attorney

Print Name of Authenticator or Notary

Date

Please complete and sign this form and mail or hand-deliver the original form to:

CurrentCare
Rhode Island Quality Institute
50 Holden Street, Suite 300
Providence, RI 02908

Facsimiles (fax) and copies will not be accepted.

