



For office use only

ENROLLEE REQUEST to ACCESS CURRENTCARE RECORD 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 to Access CurrentCare Record. I request access to my CurrentCare Record and to obtain a copy of my Record that is in CurrentCare as of the date that my record is provided to me.
2. Effective Date of Request. This request will become effective when it is received by state designated Regional Health Information Organization, the Rhode Island Quality Institute (RIQI).
3. Effect of Request. As a result of this request, RIQI will deliver a printed copy of my CurrentCare Record to the address provided above or if I so request, I may pick up the record from the office of RIQI.

Request to Access CurrentCare Record. I, _____ request a printed copy of my CurrentCare Record 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 "Request to Access CurrentCare Record" 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.

