

SAFER Signing up for **currentcare** will help your doctors get your most up-to-date information right away so they can treat you with the best possible care. If you are ever in a medical crisis, emergency room doctors will be able to access more of your health information quickly through **currentcare**.

BETTER CARE Because you see a number of doctors, get different prescriptions, and get lab tests at different locations, it's hard to coordinate all aspects of your health care. **currentcare** will allow your doctors to see more of your health information in one place so they can give you the best possible care.

FREE Signing up for **currentcare** is free and completely voluntary. You decide if you want to participate and which of your doctors have access to view your secure health information.

For more information, call (888) 858-4815.

To participate, simply complete the attached form to give your doctors permission to access your health information through **currentcare** when they need it.



Today **currentcare** shares test results from medical laboratories. Over time it will include more of your health information, like your medications, X-rays and medical history.

www.currentcareri.com



Please fill in your patient information below:

First Name: [] Middle Name: []

Last Name: [] Date of Birth: [] [] - [] [] - [] [] [] [] [] []
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Address: []

City: [] State: [] [] Zip: [] [] [] [] Gender: Male Female Other

Phone Number: [] [] [] - [] [] [] - [] [] [] E-mail: []

Previous Name: []

I have received the CurrentCare brochure which explains how CurrentCare helps make my health information available through a computer network to hospitals, nursing homes, physicians, laboratories and other health care providers participating in CurrentCare. I want this information to be released to support my care and treatment. If I have any questions, I can call the CurrentCare Information Line: 1-888-858-4815 or visit the website: www.currentcareri.com.

I want to sign up for CurrentCare. I understand that health information is protected under federal privacy laws and regulations and under the General Laws of Rhode Island. By signing this form, I am authorizing health care providers treating me to provide my health information to CurrentCare. I also authorize CurrentCare to release and provide access to my health information to health care providers/organizations and professionals who are treating me or are involved in the coordination of my health care, are participating in CurrentCare and whom I have so authorized on the reverse side of this form.

I understand that by signing this authorization form, I am allowing disclosure of and access to all my health information, including information relating to alcohol and substance abuse, mental or behavioral health, HIV/AIDS, genetic diseases or tests, and sexually transmitted diseases. If health information about me includes any of these types of information, I specifically authorize the release of such information to CurrentCare and access to such information by the authorized health care providers and professionals listed on the reverse side of this form.

I understand that authorized health care providers/organizations and professionals that receive or access health information about me from CurrentCare pursuant to this authorization may re-disclose this information to health care providers/organizations not participating in CurrentCare and/or for reasons unrelated to the coordination of my health care and treatment if it is allowed by law. It is possible that this health information may be re-disclosed to a person or entity that is not a health care provider covered by federal or state privacy laws, and therefore, is no longer protected by those laws (such as pursuant to a subpoena).

I release CurrentCare from all liability arising from the re-disclosure of my health information by others.

I am voluntarily choosing to sign up for CurrentCare and understand that I can revoke this authorization at any time by filling out and submitting a Revocation of Authorization form to CurrentCare. Such revocation, however, will not affect disclosures made or access to the information while my authorization was in effect and will not prevent future re-disclosures of that information by health care providers and professionals who received information from CurrentCare pursuant to this authorization prior to my revocation.

I understand that this authorization will expire if and when CurrentCare, or its successor organization(s), no longer exists.

If I am enrolling my minor child in CurrentCare, I understand and agree that when my child is between 10 and 18 years old that CurrentCare will not disclose HIV/Aids, communicable diseases, abortion, substance abuse or family planning information to me. I also understand and agree that if my child is between 16 and 18 years old, or if my child is married, and my child consented to treatment for routine emergency or surgical care, CurrentCare will not disclose such information to me.

Authorized Release and Access to Health Information In an Emergency or Unscheduled Event. I understand that by enrolling in CurrentCare, my health information always may be accessed in an emergency or unscheduled event.

Signature of Patient or Authorized Representative _____ Date _____

Print Name of Authorized Representative (If Applicable) _____

Relationship (select one)

Parent

Legal Guardian

Power of Attorney

Print Name of Authenticator _____ Date _____

YOU MUST SELECT AN OPTION

First Name: Middle Name:

Last Name:

Please choose ONLY ONE OPTION BOX below.

OPTION #1: ALL OF MY DOCTORS, INCLUDING EMERGENCY SITUATIONS

I authorize any and all health care providers/organizations who are treating me or are involved in the coordination of my health care to access any and all of my health information through CurrentCare.

OR

OPTION #2: ONLY EMERGENCY SITUATIONS

I authorize any and all health care providers/organizations access to my health information through CurrentCare only in an emergency or unscheduled event on a temporary basis.

OR

OPTION #3: ONLY SOME OF MY DOCTORS, AND EMERGENCY SITUATIONS

I authorize the following health care providers/organizations to have access to my health information through CurrentCare. (If you selected this option, you must fill in the requested information below.)

*If you selected **Option #3** above, please fill out the information below. You only need to fill in this section if you selected **Option #3**.*

Provider/Organization Name:

Provider Address:

City: State: Zip:

Provider Phone Number: - -

Provider/Organization Name:

Provider Address:

City: State: Zip:

Provider Phone Number: - -

Provider/Organization Name:

Provider Address:

City: State: Zip:

Provider Phone Number:



Your health information... when it's needed most.

currentcare has been made possible through a joint effort by the Rhode Island Quality Institute and the Rhode Island Department of Health, with financial support from the federal government and other members of the health care community. The Rhode Island Quality Institute (RIQI) is Rhode Island's Regional Health Information Organization (RHIO). For more information about the Rhode Island Quality Institute, visit the RIQI website at www.RIQI.org.



currentcare

50 Holden St., Suite 300
Providence, Rhode Island 02908
(888) 858-4815
info@currentcareri.com

Sign up today at:
www.currentcareri.com

All policies related to **currentcare** are available online at www.currentcareri.com.

currentcare connects your doctors with your most up-to-date health information so you can receive the best possible care.

