



CurrentCare Enrollment Form

First Name **Middle Name** **Last Name**
 () - _____
 Previous Name **Phone***
 () - _____
 Street Address (No PO Boxes) **Mobile***
 _____ / _____ / _____
 City/Town **State** **ZIP Code** **Date of Birth** **Male** **Female** **Transgender**
Gender
 Email Address (Required to view your own record)



I want online access to my own health records!**

Watch for a welcome email with directions to activate the account.
 Checking the 'YES' box will create a CurrentCare for Me account for the email address provided above.

REQUIRED: Please choose only **ONE** option below to whom health information may be disclosed:

- OPTION #1: ALL OF MY DOCTORS, INCLUDING EMERGENCY SITUATIONS AND MY HEALTH PLAN AS ALLOWED BY LAW**
 I authorize any and all health care providers/organizations that are treating me now or may treat me in the future or are involved in the coordination of my healthcare and my health plan as allowed by law to access any and all of my health information through CurrentCare.
- OPTION #2: ONLY EMERGENCY SITUATIONS AND MY HEALTH PLAN AS ALLOWED BY LAW**
 I authorize any and all healthcare providers/organizations that are treating me now or may treat me in the future to access my health information through CurrentCare only in an emergency or unscheduled event on a temporary basis and my health plan as allowed by law.
- OPTION #3: SOME OF MY DOCTORS IN EMERGENCY SITUATIONS AND MY HEALTH PLAN AS ALLOWED BY LAW**
 I authorize the following healthcare providers/organizations to access my health information through CurrentCare and my health plan as allowed by law.. (If you select this option, the healthcare provider(s)/organization(s) you choose will only be allowed to access your information in emergency situations. Please fill in the requested information below.)

If you selected **OPTION #3** above, please complete this section:

Provider Organization Name

 Provider Address **City** **State** **ZIP Code**

 Provider Organization Name

 Provider Address **City** **State** **ZIP Code**

* 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.

** To grant online access to another person, please complete a separate "CurrentCare for Me Designee Form." Access to CurrentCare for Me will only be granted to persons 18 years of age and older.

Please complete and sign form on back!

