



CurrentCare for Me Designee Form

By completing this form you are granting Designee access to your health record through CurrentCare for Me and/or access to Alerts only, based on the levels described and selected below.

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

Individual/Patient (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				Phone†
_____				_____
City/Town	State	ZIP Code	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
_____	_____	_____	____/____/____	

I want online access to my own health record through CurrentCare for Me, if I do not already have access. (Watch for a welcome email with directions to activate the account.)

Email Address (Required to view your own record)

Designee Information (please complete ALL fields)

Please check **ONE** box to grant this person **Designee** access to the above-named individual's CurrentCare for Me record. **Designee Alerts** allow Designees to receive email and/or text notifications when loved ones are admitted to, or discharged from, participating hospitals and skilled nursing facilities. Please check a box below for your Designees Access rights:

A Designee with **Full Access** can view another person's CurrentCare for Me record, make modifications to the account (add designees, enable designee alerts, etc.) and receive Designee Alerts.

- OR -

A Designee with **Alerts Only Access** can receive Designee Alerts, but cannot view another person's CurrentCare for Me record or make modifications to the account.

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

First Name		Middle Name	Last Name	
_____		_____	_____	
Street Address				

City/Town	State	ZIP Code	Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
_____	_____	_____	____/____/____	

() _____ - _____

Phone†

Email Address (Required for CurrentCare for Me) We will send a message to the email address provided with directions to activate Designee access to CurrentCare for Me.

Designee's relationship to above-named **Individual/Patient**: (Choose One)

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

†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.

Please complete and sign form on back!



