



## Patient Opt-Out Form

# CurrentCare Patient Opt-Out Form

**This form is to be used by patients who do not wish to participate in CurrentCare, Rhode Island's statewide Health Information Exchange (HIE).**

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you. When you opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you.

### EXCLUSIONS:

In accordance with the law, the following are excluded from your opt-out request:

- Public Health reporting, such as the reporting of infectious diseases to public health officials
- Temporary access to health information in the event of an emergency
- Health plans where information is necessary for care management, quality, and performance measure reporting

This Opt-Out Form only needs to be completed once to opt out of the HIE; it is not necessary to complete for each provider. The effective date will be the date the request is received and recorded in the CurrentCare health information exchange system and will not affect previous disclosures or access to your health information.

You have several options for opting out of CurrentCare. Please select **one** below:

1. Fill out an electronic form by visiting [CurrentCareRI.org](http://CurrentCareRI.org) (preferred)
2. Print and complete the Patient Opt-Out Form
  - a. Mail to: The Rhode Island Quality Institute, 315 Iron Horse Way – Suite 102, Providence, RI 02908
  - b. FAX to: 401-226-0845
3. Call 888-858-4815 to speak to a Client Services Representative who will assist you

Note: If you are someone who makes healthcare decisions for a patient and are requesting to opt out of CurrentCare for that person, you must attest to your relationship to that person on the form.

If you wish to reverse your decision, you may opt back in at any time by calling CurrentCare Customer Service at 888-858-4815.

For more information about health information exchange and your rights, please visit [CurrentCareRI.org](http://CurrentCareRI.org) or call 888-858-4815.



## Patient Opt-Out Form (\* = Required)

First Name *	
Middle Name	
Last Name *	
Email	
Primary Phone Number *	
Secondary Phone Number	
Date of Birth *	
Sex * (select one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other / Do Not Wish to Disclose
Address Line 1 *	
Address Line 2	
City *	
State *	
Zip *	

**Opt Out of All Sharing** – Opt out of all sharing of your information through health information exchange, except for the exclusions noted above.

If this form is submitted by someone other than the person named above, the person submitting the form hereby certifies that he/she is acting as (CHECK ONE & complete contact information):

<input type="checkbox"/> Parent	Name of Person Submitting Form *	
	Phone # of Person Submitting Form *	
<input type="checkbox"/> Legal Guardian	Name of Person Submitting Form *	
	Phone # of Person Submitting Form *	
<input type="checkbox"/> Other	Name of Person Submitting Form *	
	Phone # of Person Submitting Form *	
	Please specify relationship to the person named above *	

I would like to be notified of my participation choice in the following way (choose one):

- Email       Phone       No Notification

I understand that falsifying my identity or signing on behalf of an individual in which I do not have authority is against the law and a punishable offense. For more information, please contact CurrentCare Customer Service at 888-858-4815.