

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:

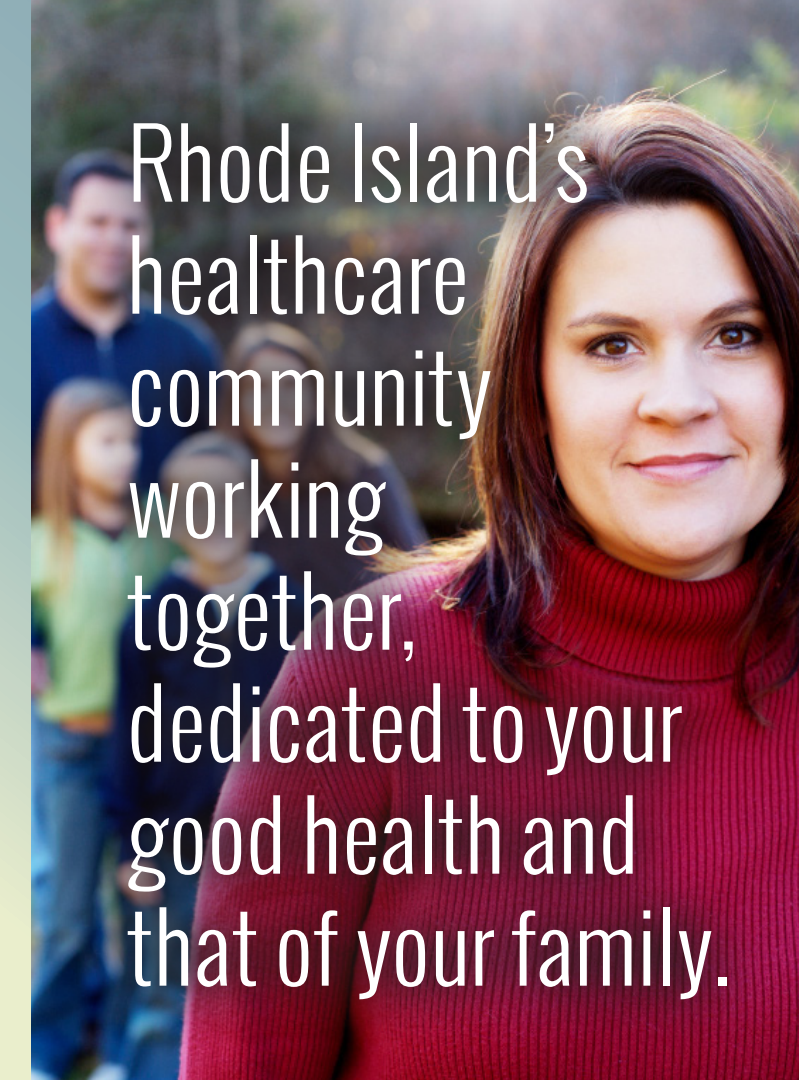
Provider Address:

City: State: Zip:

Provider Phone Number:

CurrentCare. To your health.

From banking to computers to smartphones, technology makes possible the use of information in ways that are transforming entire industries for the better, and making our lives easier in the bargain. And healthcare is no exception. CurrentCare is the RI healthcare community drawing on the power of technology to work as one for you. From office visits to emergency situations, the same healthcare professionals you already trust with your health can share what they know about you to coordinate and improve your care.



Rhode Island's
healthcare
community
working
together,
dedicated to your
good health and
that of your family.

CurrentCare makes it happen.



www.currentcareri.org / 888-858-4815

CurrentCare is available
at no cost to you.

Sign up today!

Rhode Island Quality Institute
50 Holden Street / Suite 300 / Providence, RI 02908

Welcome to CurrentCare.

Call it a healthcare eco-system.

Call it patient-centered.

Call it peace of mind.

Just rest assured that your well-being is at the center of it all.

Your healthcare is no place for question marks - on either end of the stethoscope. Fortunately, just by enrolling in CurrentCare, you eliminate all guesswork for good.

What meds are you on? What were the results of your last lab test? When was the last time you had bloodwork?

Let's face it. Your medical records are only as valuable as your doctors' ability to access them. Otherwise, it's like having money in the bank that you can't touch. The CurrentCare network offers a more complete picture of your health for all providers- at all times. Thanks to CurrentCare, doctors, hospitals, pharmacies and labs can use technology to work together. This way, they ensure that their approach to your care is consistent, cohesive and coordinated - in other words, what's best for you.

Two easy ways to enroll.

1. Take a few moments right now to fill out our simple form and submit it to your doctor's office.
2. Enroll online at www.currentcareri.org. Just click the "Enroll Now" graphic that's prominently displayed throughout the site. It only takes a few minutes to complete the online enrollment process.

Remember, by giving your doctor and other healthcare providers access to a more complete view of your health records and medical history, he or she becomes a better caregiver - and you become a much less mysterious patient.

Need another reason?

We've got plenty of them, but here's

Reason No. 14

Why you need CurrentCare

Your 82-year-old mother takes six different medications. Could you name them all in an emergency?

You shouldn't have to.

CurrentCare ensures that your pharmacy and your doctors are a team, managing your medications accordingly - or, when she enrolls, your mother's. In fact, with CurrentCare, an entire healthcare team coordinates around you and all other family members who choose to enroll.



For office use only.

Please fill in your patient information below:

First Name:

Middle Name:

Last Name:

Date of Birth: - - m m d d y y y y

Address (No P.O. boxes):

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 and that federal and Rhode Island law will be followed for the access, use and disclosure of my health information. 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 have had the opportunity to access the list of participating provider organizations that are accessing health information in CurrentCare before providing this consent and signing this enrollment 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 Cancellation of Enrollment 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.

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 _____

YOU MUST SELECT AN OPTION ON THE REVERSE SIDE. →