

For office use only		

ENROLLEE REQUEST for DISCLOSURE REPORT FORM

CurrentCare Enrollee Name: First/Middle/Last	Date of Birth	Gender ☐ Male ☐ Female
Enrollee/Patient Address		Other
Street:		
City	State	Zip Code
Telephone Number	Cell Phone Number	Email
Request for Disclosure Report. I authorize the state desi Institute (RIQI) to prepare a Disclosure Report outlining all especified below. I understand that the period of disclosures report of the property of the prope	disclosures of my health i	nformation to users of CurrentCare during the period
2. Effective Date of Request. This request will become effect that RIQI will make every effort to produce the requested re make me aware of any cause for delay in my request. RIQI RIQI will review the effective date of this request and, if it h my health information, RIQI may require reasonable payment.	port as soon as possible a I may also request a 30 da as been less than 12 mont	nd no later than 60 days of a completed request or to ay extension to produce the report. I understand that
3. <u>Effect of Request</u> . As a result of this request, RIQI will pr representative. I hold RIQI harmless for any subsequent disc		
Request for Disclo	sure Report from Curre	entCare
I, request a written Disclosur Printed Name of Enrollee	re Report for the period fr	om to
Please give me my report in electronic format paper format	at	
Delivered by: Mail to the enrollee address above Pick-up	at RIQI office Secure	email
For your protection, we require that the "Enrollee Request for Disarre a CurrentCare enrollment partner, by a notary public or by a m		
I hereby certify that all items on this form have been completed to	the best of my knowledge	e.
Print Name of Patient or Authorized Representative	Date Relationship (selection) Parent	t one)
Signature of Patient or Authorized Representative	Legal Guard	
Print Name of Authenticator or Notary	Date	_

Please complete and sign this form and mail or hand-deliver the original form to:

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

Facsimiles (fax) and copies will <u>not</u> be accepted.

