Methods for Terminating Your Participation in CurrentCare

- Submit a valid and authenticated “Cancellation of Authorization” form by dropping it off or mailing it to:

  Rhode Island Quality Institute  
  50 Holden St., Suite 300  
  Providence, RI 02908

- Come to the RIQI offices at 50 Holden Street, Suite 300, Providence, RI 02908 and fill out a form in person after we verify your identity

- Send a notarized letter to RIQI containing the following information:
  - Your name (first, middle and last)
  - Date of birth
  - Gender
  - Full address
  - Telephone number (if applicable)
  - Cell phone number (if applicable)
  - E-mail address (if applicable)
  - A statement that you wish to cancel authorization to participate in the HIE
  - The effective date of the request
  - A statement that you understand that termination does not affect access, use or disclosure of information prior to the effective date of termination