

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 the 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