

Request for Correction or Amendment of the Medical Record

Name of Patient _____

Birth Date _____

Address _____

Phone (home) _____

City, State, Zip Code _____

Phone (work) _____

UW Medicine entity:

- | | |
|--|---|
| <input type="checkbox"/> Harborview Medical Center & Clinics
<input type="checkbox"/> UW Medical Center & Clinics - Montlake
<input type="checkbox"/> UW Medicine Primary Care
<input type="checkbox"/> UW Physicians (<i>billing records only</i>) | <input type="checkbox"/> UW Medical Center & Clinics - Northwest
<input type="checkbox"/> Valley Medical Center & Clinics
<input type="checkbox"/> Hall Health Center |
|--|---|

I believe that the medical information made by (*provider name*): _____ does not correctly show my condition/diagnosis/treatment on the following date(s): _____ and should be corrected.

I understand:

- The original information in my medical record cannot be changed, but a comment, statement, or clarifying note can be added to the record.
- My care provider may not agree with my request to amend my record.
- If my request is denied, my amendment request and the denial will be filed in my medical record, but will only be released if I make that request.

I request the following correction to my medical record (*Please include reason why*):

If more space is needed, more pages can be attached.

Signature (*Patient or Legally Authorized Surrogate Decision Maker*)

Date

You may send completed form to:

Harborview Medical Center and Clinics
UW Medical Center and Clinics - Montlake
UW Medical Center and Clinics - Northwest
UW Medicine Primary Care Clinics
Hall Health Center
Mail: 325 Ninth Ave. Box 359738
Seattle, WA 98104
Fax: 206.744.9997
Phone: 206.744.9000
Email: uwmedroi@uw.edu

Valley Medical Center and Clinics
Mail: Release of Information
400 S 43rd Street
P.O. Box 50010
Renton, WA 98058
Fax: 425.690.9407
Phone: 425.690.3406
Email: RecordsRequest@valleymed.org

For Provider Use Only

Provider Please Return To: _____ Box _____ After Review

- In response to this request, a correction/addendum will be made part of your permanent medical record.
- This request has been made a part of your permanent medical record; however, your request for amendment has been denied for the following reason(s):
- _____

Provider Signature

NPI

Date

Time

For Office Use Only: Sent to Patient: (Date)

By (Name)

UW Medicine

Harborview Medical Center – University of Washington Medical Center
UW Medicine Primary Care – Valley Medical Center – UW Physicians

REQUEST AMENDMENT OF MED RECORD

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UH2078 REV JAN 22

WHITE – MEDICAL RECORD
CANARY - PATIENT

PLACE PATIENT LABEL HERE