

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"/> University of Washington Physicians (<i>billing records only</i>) |
| <input type="checkbox"/> Northwest Hospital & Medical Center & Clinics | <input type="checkbox"/> Hall Health Center |
| <input type="checkbox"/> Valley Medical Center & Clinics | <input type="checkbox"/> Summit Cardiology |
| <input type="checkbox"/> University of Washington Medical Center & Clinics | |
| <input type="checkbox"/> UW Medicine Neighborhood Clinics | |

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:

UW Medicine Health Information Management

325 Ninth Ave. Box 359738
Seattle, WA 98104
Fax: 206.744.9997
Phone: 206.744.9000
Email: uwmedroi@uw.edu

Northwest Hospital & Medical Center

Mail: 1550 North 115th St., D-129
Seattle, WA 98133
Fax: 206.668.1920
Phone: 206.668.1616

Valley Medical Center

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*) _____

PLACE PATIENT LABEL HERE

UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

REQUEST AMENDMENT OF MED RECORD



87-9076

UH2078 REV SEP 19

WHITE – MEDICAL RECORD
CANARY - PATIENT