

# 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 Medicine Neighborhood Clinics                           |
| <input type="checkbox"/> Valley Medical Center & Clinics                   | <input type="checkbox"/> University of Washington Physicians (billing records only) |
| <input type="checkbox"/> University of Washington 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:

### UW Medicine Enterprise Records and Health Information

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

### UW Medical Center – Northwest

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

### Valley Medical Center

Mail: Release of Information  
400 S 43<sup>rd</sup> 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 – University of Washington Medical Center  
UW Neighborhood Clinics – Valley Medical Center  
University of Washington Physicians Seattle, Washington

### REQUEST AMENDMENT OF MED RECORD

Page 1 of 1



UH2078

UH2078 REV JAN 20

WHITE – MEDICAL RECORD  
CANARY - PATIENT