

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

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: Enterprise Records and Health Information
Box 354914
1959 N.E. Pacific St.
Seattle, WA 98195
Fax: 206.520.3195
Phone: 206.744.9010, Option #3
Email: erhiccp@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) _____

PLACE PATIENT LABEL HERE

UW Medicine

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

REQUEST AMENDMENT OF MED RECORD

Page 1 of 1



U2078

WHITE – MEDICAL RECORD
CANARY – PATIENT