

# 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 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: 425.656.4026  
Phone: 425.251.5159  
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*) \_\_\_\_\_

PT.NO

NAME

DOB

Place EPIC Label Within Box

## 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



UH2078

UH2078 REV SEP 17

WHITE – MEDICAL RECORD  
CANARY - PATIENT