SWEDISH RADIA IMAGING CENTER AT EDMONDS

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name		Date of Birth	
Date of Birth			
Patient Address			
Patient Telephone #			

If other than patient, information of person making request
(if legal guardian or holder of a power of attorney for healthcare, please attach legal documentation)

Name	
Relationship to patient	
Address/Phone	

Exam Information

Date of exam	
Facility where exam was performed	
Type of exam (i.e. MRI of Shoulder, etc.)	
Name of physician on documentation (if known)	

Describe the information you want amended/or the statement you would like placed in your medical record:

_____

_____

_____

_____

_____

_____

Signature of patient or legal representative	
Date	

Please note: While original documentation in the record cannot be altered, and addendum can serve to correct errors in the record. We can only amend records that were created by us. **Requests to amend records created by other providers must be sent directly to them.**

Send to: Radia, Attn: Compliance Department, 19020 33Rd Ave West, Suite 210, Lynnwood, WA 98036
Or fax: 425-563-1401

For Radia Use Only		
**Check if amendment completed: ☐	Date completed:	
If denied, indicate reason:	☐ PHI is not part of the patient's designated record set	☐ Record is not available for inspection under Federal law
	☐ Radia did not create Record	☐ Record is accurate and complete
Date patient notification sent		
Signature		

****Note: Copies of your amended record will be sent to the ordering provider or facility and any third party copied on the original record.**

<u>You may obtain copies of your records by contacting the facility where the exam was performed.</u>