RADIA®

REQUEST FOR AMENDMENT OF PROTECTED HEALTH INFORMATION

Patient Name	
Date of Birth	
Patient Address	
Patient Telephone #	
Email Address for Communications	

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:

_____

_____

_____

_____

☐ **Consent to unencrypted email communications:** By checking this box, you permit Radia to send unencrypted emails to the email address above related to your amendment request. You acknowledge the risk that unencrypted emails may not keep your information safe and raise the risk of a third party accessing it. Radia is not responsible for unauthorized access to unencrypted emails sent by Radia.

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 this form to Radia via one of the following methods: Fax: 425-563-1370 **Email:** patientcommunication@radiax.com

Mail: Radia, Attn: Compliance Department, 19020 33Rd Ave W., Ste 210, Lynnwood, WA 98036

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.**