UCLA HEALTHCARE

REQUEST TO ADD A STATEMENT TO A MEDICAL RECORD

Patient Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **Medical Record #** _____

Under California law, I hereby request an addendum (up to 250 words per incorrect item) be added to my medical record. I understand that this addendum will be included with any future disclosures of the original documentation permitted by law or authorized by me.
(Please either complete the addendum in the space provided below, or attach your request on a separate piece of paper.)

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(Signature of Patient or representative) Date

_____ _____

(Please Print Name) Relationship to patient (if other than patient)

When you have completed this form, please return it to the UCLA Privacy Management Office :
10833 Le Conte Avenue, CHS BH265, Los Angeles CA 90095-7305
Date received in Privacy Management Office: _____