

Superior Court of Washington, County of _____

In re:

Petitioner/s (*person/s who started this case*):

And Respondent/s (*other party/parties*):

No. _____

Sealed Personal Health Care Records
(Cover Sheet)

(SEALPHC)

☒ Clerk's action required.

For use in Family Law and Guardianship cases.

Sealed Personal Health Care Records (Cover Sheet)

Use this form as a cover sheet to keep your personal health information **private** from the public. On the first page of each document, write the word "SEALED" 1 inch from the top of the page.

Check the documents you are attaching to this cover sheet to be sealed:

- ☐ Health records of any kind (including correspondence) related to a person's physical or mental condition, or payment for health care.
- ☐ Genetic test records for parentage.

Submitted by: ☐ Petitioner or lawyer ☐ Respondent or lawyer



Sign here

Print name (if lawyer, also provide WSBA #)

Important! The other person and the lawyers in your case can see your **sealed** documents. If you need to keep your address information private for safety reasons, you may cross out or delete your address information.