

Superior Court of Washington, County of _____

In re:

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

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

Case Number: _____

Sealed Personal Health Care Records
(Cover Sheet)

(Clerk Code: 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. Only use this form to seal documents identified in GR 22 or sealed by court order.

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.