**Superior Court of Washington, County of**

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| 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 #)*

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| ***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. |