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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON  
IN AND FOR THE COUNTY OF KING

In the Guardianship of: \_\_\_\_\_ ) Case No.:  
)  
) MOTION, DECLARATION, AND  
) ORDER SEALING GUARDIANSHIP  
) MEDICAL RECORDS  
)  
) (ORSD)  
An Alleged Incapacitated Person. ) **(CLERK’S ACTION REQUIRED)**

**MOTION AND DECLARATION**

COMES NOW \_\_\_\_\_ (*name*) the [ ] Guardian [ ] Guardian ad Litem  
and requests the Court for entry of this order and in support thereof declares as follows:

1. The court should seal the following documents previously filed/or to be filed herein:
2. [X] Medical Report, dated \_\_\_\_\_, prepared by \_\_\_\_\_.

///  
///  
///

1 3. A compelling interest exists for sealing the medical report, in that the person alleged or  
2 found to be incapacitated herein is vulnerable to exploitation by others; the records  
3 would be otherwise privileged under HIPAA, but for the filing of this action; the person  
4 retains a right of privacy limited only to the least extent necessary for the court to apply  
5 the law; and the publication of the records would impede the ability of the Guardian to  
6 protect the person's interests.

7 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE  
8 STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

9 Signed at \_\_\_\_\_, Washington, \_\_\_\_\_, \_\_\_\_200\_\_.

10  
11 \_\_\_\_\_  
12 Signature

11 \_\_\_\_\_  
12 Printed Name

13 \_\_\_\_\_  
14 Address

13 \_\_\_\_\_  
14 Telephone/Fax Number

15 \_\_\_\_\_  
16 City, State, Zip Code

15 \_\_\_\_\_  
16 Email Address

17 ///

18 ///

19 ///

1 **ORDER**

2 **(CLERK'S ACTION REQUIRED)**

3 1. Due to the compelling interests set fourth in Paragraph 3. of the *Motion and*  
4 *Declaration* above, the Clerk of the Court shall seal the Medical Report, dated  
\_\_\_\_\_ and its attachments.

5 2. Access to the sealed document(s) is limited to the following persons, who may  
6 review the documents and purchase copies thereof without further court order:

7 Guardian ad Litem:

8 Guardians:

9 Other: Petitioners' attorney,

10 Other: \_\_\_\_\_

11 3. In the event of an application for the opening or copying of a sealed document listed  
12 above, notice shall be given to the following persons in addition to the parties (or  
13 their counsel, if represented) listed in the paragraph immediately above, and a  
14 hearingshall be noted on the 10:30am daily Guardianship Calendar of the appropriate  
15 case assignment area.

16 Signed at \_\_\_\_\_, Washington, \_\_\_\_\_, \_\_\_\_200\_\_.

17 \_\_\_\_\_  
18 JUDGE/COURT COMMISSIONER

19 Presented by:

20 \_\_\_\_\_  
21 Signature

20 \_\_\_\_\_  
Printed Name

22 \_\_\_\_\_  
23 Address

22 \_\_\_\_\_  
Telephone/Fax Number

24 \_\_\_\_\_  
25 City, State, Zip Code

24 \_\_\_\_\_  
25 Email Address