IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

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

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

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

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

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| --- | --- | --- |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Address |  | Telephone/Fax Number |
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| City, State, Zip Code |  | Email Address |

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# **ORDER**

**(CLERK’S ACTION REQUIRED)**

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

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

Guardian ad Litem:

Guardians:

Other: Petitioners’ attorney,

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE/COURT COMMISSIONER

Presented by:

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| --- | --- | --- |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |