

Public Disclosure Request

(If requesting Client Records, please use the *Client Records Request form*.)

Questions? Call (844) 284-2148 or email: publicdisclosure@hca.wa.gov

Requestor information

Requestor name		
Company name		
Mailing address		
City	State	ZIP Code
Phone number	Email address	
<p>Description of requested records: Please provide as many details as possible, including the applicable date/range of requested records. This will assist us in identifying the records responsive to your request.</p>		
<p>Washington State Law prohibits agencies from providing lists of individuals when requested for commercial purposes. By signing below, I certify that I will not use the requested records for commercial purposes in the event that a list of individuals included in the records provided.</p>		
Date	Name (please print)	Signature

You may submit your request by using any of the following methods:

- Email: publicdisclosure@hca.wa.gov
- In person: **Washington State Health Care Authority**
Cherry Street Plaza
626 8th Avenue
Olympia, WA 98501
- Mail: **Washington State Health Care Authority**
PO Box 42704
Olympia, WA 98504-2704
- Fax: (360) 507-9068