

Client Records Request Form

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

Requestor name		Company Name		
Mailing Address		City	State	Zip Code
Phone Number		Email Address		
Relationship	Last name	First name		Middle initial
Date of birth (mm/dd/yyyy)		Former names		
Client identification number		Social Security number	Dates of service	
Description of records being requested (Please provide as many details as possible, time frames, program, issue, data fields, etc.)				

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