Massachusetts Department of Correction **POLICY**	Effective Date 1/16/2026 Annual Review Date 1/16/2026	Responsible Division Deputy Commissioner, Clinical Services and Reentry
Policy Name 103 DOC 603 MEDICAL PAROLE	Regulation Reference: M.G.L. c. 27, §1; M.G.L. c. 27, §4; M.G.L. c. 127, §119A; M.G.L. c. 127, § 130; M.G.L. c. 249, §4; M.G.L. c. 258B; M.G.L. c. 265, §1; 501 CMR 17.09 DOC Policy Reference: ACA/PREA Standards: Click here to enter text.	
Attachments Yes ☒ No ☐ Library Yes ☒ No ☐	Applicability: Staff, Health Services Division Contractual Medical Provider	
Public Access Yes ☒ No ☐	Location: Department Central Policy File Each Institution Policy File	

PURPOSE:
The purpose of this policy is to establish policy and guidelines for medical parole.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Assistant Deputy Commissioner, Clinical Services
Superintendents

CANCELLATION:
This policy cancels all previous Department policy statements, bulletins, directives, orders, notices, rules or regulations which are inconsistent with this policy.

SEVERABILITY CLAUSE:
If any part of this policy is for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

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603.01 DEFINITIONS

Activities of Daily Living (ADL): Self-care tasks including, but not limited to, bathing and showering, personal hygiene and grooming, dressing, toilet hygiene, functional mobility, and self-feeding.

Commissioner: Commissioner of the Department of Correction.

Debilitating Condition: A physical or cognitive condition that appears irreversible and which causes an incarcerated individual significant and serious impairment of strength or ability to perform daily life functions such as eating, breathing, toileting, walking or bathing so as to minimize the incarcerated individual's ability to commit a crime if released on medical parole, and requires the incarcerated individual's placement in a facility or a home with access to specialized palliative or medical care.

Department: The Department of Correction established pursuant to M.G.L. c. 27, § 1.

Incarcerated Individual: A committed offender or such other person as is placed in custody in a correctional institution in accordance with law.

Medical Parole: A release on parole pursuant to M.G.L. c. 127, §119A due to a terminal illness and/or permanent incapacitation, as determined by a licensed physician, that is so debilitating that the incarcerated individual does not pose a public safety risk.

Medical Parole Plan: A comprehensive written medical and psychosocial care plan specific to an incarcerated individual and including, but not limited to: (i) the proposed course of treatment; (ii) the proposed site for treatment and post-treatment care (home plan); (iii) documentation that medical providers qualified to provide the medical services identified in the medical parole plan are prepared to provide such services; and (iv) the financial program in place to cover the cost of the plan for the duration of the medical parole, which shall include eligibility for enrollment in commercial insurance, Medicare or Medicaid, or other government benefits, or access to other adequate financial resources for the duration of the medical parole.

Multidisciplinary Review Team (MRT): A team consisting of the Commissioner's designee, the Superintendent of the institution where the incarcerated individual is currently incarcerated, a representative of the Department's health service provider, and the Director of the Department's Classification Division or designee.

Parole Board: The Parole Board established pursuant to M.G.L. c. 27, § 4.

Permanent Incapacitation: A physical or cognitive incapacitation that appears irreversible, as determined by a licensed physician, that is so debilitating that the incarcerated individual does not pose a public safety risk.

Secretary: The Secretary of the Executive Office of Public Safety and Security.

Terminal Illness: A condition that appears incurable, as determined by a licensed physician, that will likely cause the death of the incarcerated individual in not more than eighteen (18) months, that is so debilitating that the incarcerated individual does not pose a public safety risk.

603.02 REQUEST FOR MEDICAL PAROLE

A. Notwithstanding any general or special law to the contrary, an incarcerated individual may be eligible for medical parole due to a terminal illness or permanent incapacitation.

B. The Superintendent of a correctional institution shall consider an incarcerated individual for medical parole upon receipt of a written petition submitted by:

1. The incarcerated individual;

2. The incarcerated individual's attorney;

3. The incarcerated individual's next of kin;

4. A medical provider of the correctional institution;

5. A member of the Department's staff; or

6. An individual, designated by the incarcerated individual to act on their behalf, but said designated individual shall not be a Department or county incarcerated individual.

C. The petition shall be in writing. The Department has developed a form to be made available to the incarcerated individual or the petitioner (Attachment #1). If the petition is not submitted on the form made available by the Department, correctional or medical staff will provide the incarcerated individual or petitioner, where not the incarcerated individual, with the proper form as soon as practicable and will direct the petitioner to complete it. A failure to submit the petition on the Department's form shall not delay or change the processing of the petition.

The petition shall be accompanied by:

1. A proposed medical parole plan, but, where not submitted by the incarcerated individual or petitioner, said proposed plan shall be developed by the Superintendent prior to transmitting the petition to the Commissioner.

2. A written diagnosis accompanied by a signed affidavit on letterhead from a licensed physician if not a medical provider utilized by the Department;

3. A release form signed by the incarcerated individual to permit copies of the petition and all supporting documents to be provided to other criminal justice agencies and the appropriate district attorney. Registered victims/victims' family members pursuant to M.G.L. c. 258B, will be provided with a copy of the petition and the most recent clinical assessment of the incarcerated individual prepared by the Department's medical provider, upon request and to the extent permitted under state and federal medical privacy laws (Attachment #2); and

4. A release form signed by the incarcerated individual to permit the Parole Board, the Department of Correction, and the Department's medical provider to investigate, assess and share a proposed medical parole plan and any relevant information associated therewith for purposes of G.L. c. 127, § 119A, with any medical or other facility considering the incarcerated individual for potential admission and/or treatment. (Attachment #3).

D. The Department shall make the appropriate release forms available for these purposes. If the incarcerated individual is not competent to sign the release forms, the incarcerated individual's medical guardian is required to sign the release forms on the incarcerated individual's behalf. The petition shall not be processed without the signed release forms.

If the incarcerated individual has completed and provided all documents required by subsections (2), (3), and (4) above, said petitioner may request assistance through parole staff assigned to the institution in completing subsections (2), (3), and (4) below.

The medical parole plan required by 103 DOC 603.02(C) shall include specific information as to:

1. The proposed course of medical treatment following any release on medical parole;

2. The level of care required and proposed site for any continuing medical treatment and post-treatment care (e.g., private home, skilled nursing care facility, hospice);

3. Availability of medical care and written documentation that medical providers qualified to provide the care proposed are prepared to provide the services required; and

4. The financial program in place to cover the cost of the plan for the duration of any medical parole, including eligibility for enrollment in commercial insurance, Medicare or Medicaid, other government benefits, or access to other adequate financial resources for the duration of any medical parole.

E. Petitions must be submitted to the Superintendent of the institution where the incarcerated individual is currently incarcerated, unless the incarcerated individual is housed at Lemuel Shattuck Hospital, in which case the petition should be submitted to the Superintendent of Lemuel Shattuck Hospital for forwarding as appropriate to the Superintendent of the institution to which the incarcerated individual is classified. A petition submitted to any other Department employee or institution other than the Superintendent of the institution where the incarcerated individual is currently incarcerated shall be forwarded to the appropriate Superintendent for processing.

F. The Superintendent shall review the petition and, in consultation with the Multidisciplinary Review Team, develop a recommendation as to the release of the incarcerated individual on medical parole. Whether or not the Superintendent recommends in favor of medical parole, the Superintendent shall, not more than twenty-one (21) days after receipt of the petition, transmit the recommendation, petition, and all supporting documentation to the Commissioner, including but not limited to:

1. The medical parole plan developed by the petitioner and/or the Superintendent;

2. The written diagnosis by a physician licensed to practice medicine under section 2 of chapter 112 previously submitted by the petitioner to the Superintendent, an updated clinical review of the incarcerated individual by the Department's medical provider as to whether the incarcerated individual suffers from a debilitating condition, and any supplemental medical diagnosis and/or records, which the Superintendent deems relevant; and

3. An assessment of the risk for violence that the incarcerated individual poses to society, which shall utilize standardized

assessment tools that measure clinical prognosis, such as the LS/CMI assessment tool and/or COMPAS; and

4. The incarcerated individual's risk level for classification evaluation purposes based on a recent classification report.

G. If the medical parole plan proposes a placement outside of the Commonwealth for the incarcerated individual, such placement will be subject to the guidelines of the Interstate Compact for Adult Offender Supervision, and approval of the petition may be conditioned on acceptance by the other jurisdiction, potentially delaying the incarcerated individual's release on medical parole.

603.03 MULTIDISCIPLINARY REVIEW TEAM

The Multidisciplinary Review Team (MRT) shall be responsible for reviewing the proposed medical parole plan and supporting documents and assisting the Superintendent in formulating their recommendation to the Commissioner. The MRT's review shall include, but not be limited to:

A. Confirmation of the written diagnosis as to whether the incarcerated individual has a debilitating condition that appears incurable, that will likely cause the death of the incarcerated individual in not more than eighteen (18) months or a debilitating physical or cognitive incapacitation that appears irreversible as determined by the Department's medical provider;

B. The proposed course of treatment as provided in the medical parole plan submitted by the petitioner;

C. The proposed site for treatment and post-treatment care;

D. Documentation that medical providers qualified to provide the medical services identified in the medical parole plan are prepared to provide such services;

E. The financial program in place to cover the cost of the medical parole plan for the duration of the medical parole, which shall include eligibility for enrollment in commercial insurance, Medicare or Medicaid, other government benefits, or access to other adequate financial resources for the duration of the medical parole; and

F. The incarcerated individual's suitability for medical parole, utilizing standardized assessment tools such as the LS/CMI assessment tool and/or COMPAS, as well as the incarcerated individual's risk level for classification evaluation purposes based on a recent classification report.

603.04 RISK FOR VIOLENCE ASSESSMENT

The Superintendent's risk for violence assessment required by subsection 603.02(F) shall take into consideration:

A. The incarcerated individual's diagnosis and prognosis;

B. The incarcerated individual's current housing situation (e.g., placement in general population, institutional infirmary, Lemuel Shattuck Hospital, or outside hospital);

C. The necessary clinical management of the incarcerated individual's terminal illness/permanent incapacitation;

D. An assessment for mobility, gait and balance, specifically, whether the incarcerated individual is bedridden, wheelchair-bound, uses a walker, or can walk with assistance;

E. The medically prescribed and required durable medical equipment or other assistive devices for the incarcerated individual including, but not limited to, wheelchairs (manual or electric), hospital beds, traction equipment, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, and/or lifts;

F. The incarcerated individual's ability to manage Activities of Daily Living;

G. A mental health assessment; and

H. The incarcerated individual's age, height, weight, ability to eat independently, and if the incarcerated individual is fed intravenously.

603.05 NOTIFICATION TO DISTRICT ATTORNEYS, VICTIMS/VICTIMS' FAMILIES, INCARCERATED INDIVIDUAL, AND PETITIONER

A. Upon receipt of the medical parole petition, supporting documentation and recommendation of the Superintendent where the incarcerated individual is currently incarcerated, the Commissioner shall notify the following individuals, in writing, that the incarcerated individual is being considered for medical parole:

1. The District Attorney for the jurisdiction where the offense resulting in the incarcerated individual being committed to the correctional institution occurred;

2. The incarcerated individual;

3. The person who petitioned for medical parole, if not the incarcerated individual; and

4. If applicable, the victim(s) or the victim's family entitled to receive notification under M.G.L. c. 258B. Said notification should take place through the Department's Office of Victim Services both telephonically and in writing.

B. Any individual who receives notice under this section shall have an opportunity to provide written statements; provided, however, that if the incarcerated individual was convicted and is serving a sentence under M.G.L. c. 265, §1, the District Attorney or victim's family may request a hearing.

C. Following the receipt of notice from the Commissioner, the District Attorney, may, upon request, receive a copy of the medical parole petition, medical parole plan, and all supporting documents, except for the recommendation of the Superintendent to the Commissioner to the extent the documents are not protected from disclosure under state and federal medical privacy laws, relied upon by the Superintendent when submitting the recommendation to the Commissioner.

The registered victim/victim's family members, pursuant to M.G.L. c. 258B, will be provided with a copy of the petition and the most recent clinical assessment of the incarcerated individual prepared by the Department's medical provider, upon request. The recommendation of the Superintendent to the Commissioner shall not be provided to the incarcerated individual or petitioner, if not the incarcerated individual, while the Commissioner's decision is pending.

D. Written statements regarding the petition must be provided to the Department on or before the deadline set by the Commissioner. Individuals who fail to timely submit such statements waive their right to be heard and untimely submitted statements will not be considered by the Commissioner, unless an extension is granted by the Commissioner within the 45-day deadline required by 103 DOC 603.08. All individuals shall receive advance notice of the deadline for submission of written statements, and the deadline for filing a request for an extension.

603.06 HEARINGS

The Commissioner, in their discretion, may conduct a hearing on the medical parole petition in accordance with 103 DOC 603.05. The following procedures shall apply to any such hearing:

A. The hearing shall be closed to the public and to the media.

B. The Commissioner shall determine who may attend the hearing. Attendees may include, but are not limited to:

1. The incarcerated individual;

2. The person who petitioned for medical parole, if not the incarcerated individual;

3. An attorney for the incarcerated individual or petitioner;

4. The District Attorney for the jurisdiction where the offense occurred that resulted in the incarcerated individual's governing sentence to the Department, and/or one (1) or more persons designated by the District Attorney;

5. The victim and/or the victim's family, if applicable under M.G.L. c. 258B;

6. Such other Department staff or contracted healthcare employee as designated by the Commissioner; and

7. A representative from the Parole Board.

C. The hearing may be held within the correctional institution where the incarcerated individual is currently incarcerated or in another suitable location determined by the Commissioner. In the Commissioner's discretion, a telephonic or videoconferencing hearing may be conducted.

D. Persons who give oral testimony at the hearing shall testify under oath.

E. The hearing shall be recorded in a manner to allow a written transcript of the hearing to be produced if necessary.

F. The Commissioner shall preside over every phase of the hearing and the conduct of all attendees and may impose procedural requirements such as reasonable time limits on the length of oral testimony. The Commissioner may ask questions, but otherwise, questioning of witnesses by attendees shall not be allowed.

G. The Commissioner shall not be bound by the laws of evidence observed by the courts of the Commonwealth.

603.07 REFERRAL TO THE PAROLE BOARD

A. If it appears to the Commissioner that a decision to release the incarcerated individual on medical parole is likely, the Commissioner shall refer the case to the Parole Board to investigate and report on the suitability of the proposed place of residence set forth in the medical parole plan and to set appropriate terms and conditions for medical parole. Submit the incarcerated individual's entire medical parole petition, and supporting documents, to the Parole Board within thirty (30) days after receiving the Superintendent's recommendation. The Parole Board staff, and designated staff will be available to assist incarcerated individuals and their advocates in identifying community resources available to them in the event the incarcerated individual is granted medical parole.

B. Each medical parole petition referred to the Parole Board by the Commissioner shall include the following:

1. The proposed medical parole plan and supporting documents;

2. An updated clinical review of the incarcerated individual by the Department's or Sheriff's medical provider, respectively;

3. The written diagnosis, accompanied by a signed affidavit on letterhead, by a licensed physician previously submitted by the petitioner to the Superintendent or Sheriff.

4. A release form provided by the Department or Sheriff, respectively, and signed by the incarcerated individual, or the incarcerated individual's medical guardian if the incarcerated individual is incompetent, to permit copies of the petition and all supporting documents to be provided to other criminal justice agencies, the appropriate District Attorney, and proposed nursing facility placements. The registered victims/victims' family members, pursuant to M.G.L. c. 258B, will be provided with a copy of the petition and the most recent clinical assessment of the incarcerated individual prepared by the Department's or Sheriff's medical provider, upon request, to the extent the documents are not protected from disclosure under state and federal medical privacy laws;

5. A release form provided by the Department or Sheriff, respectively, and signed by the incarcerated individual, or the incarcerated individual's medical guardian if the incarcerated individual is incapacitated.

C. Within fifteen (15) days of receipt of the referral from the Commissioner, the Parole Board or designated employees shall, pursuant to M.G.L. c. 127,

§ 130, conduct the parole risk and needs assessment and set all appropriate terms and conditions of release.

603.08 FINAL DECISION

A. The Commissioner shall issue a written decision no later than 45 days after receipt of the Superintendent's or Sheriff's recommendation and supporting documentation. If the Commissioner determines that an incarcerated individual is terminally ill or permanently incapacitated such that if released, the incarcerated individual will live and remain at liberty without violating the law and the release will not be incompatible with public safety or the welfare of society, the incarcerated individual shall be released on medical parole. The decision shall be accompanied by:

1. A written statement of reasons for the Commissioner's decision.

2. All the conditions that must be met prior to the incarcerated individual's release; and

3. Notification of the ability to file a petition for judicial review under M.G.L. c. 249, § 4

B. A copy of the Commissioner's written decision shall be provided to the individuals entitled to notice as set forth in 103 DOC 603.05, and the Parole Board.

C. The Commissioner may set conditions which must be met prior to the incarcerated individual's release on medical parole where doing so is necessary to ensure the incarcerated individual is released to a facility or home that provides appropriate care in an appropriate facility, consistent with the requirements of the medical parole plan. Said conditions shall include, but are not limited to, enrollment in MassHealth; signing all necessary release forms, registration with the Sex Offender Registry Board, where required, and acceptance by the Interstate Commissioner of Adult Offender Supervision under the Interstate Compact for the Supervision of Adult Offenders, where required, or where such acceptance is not received, the availability of an alternative placement. The Department shall work proactively and collaboratively with other states, departments, agencies, facilities, and individuals, including the incarcerated individual and petitioner, to ensure the conditions are satisfied so the incarcerated individual is released as expeditiously as possible.

D. The conditions established by the Commissioner pursuant to 103 DOC 603.08 (C) are distinct from the terms and conditions of supervision imposed by the Parole Board pursuant to 103 DOC 603.10, which take effect upon the incarcerated individual's release from custody.

603.09 NOTICES

Not less than 24 hours before the date of an incarcerated individual's release on medical parole, the Commissioner shall notify the following, in writing, including identification of the incarcerated individual's release date and the terms and conditions of the scheduled release:

A. The District Attorney for the jurisdiction where the offense resulting in the incarcerated individual being committed to the correctional institution occurred;

B. The department of the state police;

C. The police department in the city or town in which the incarcerated individual shall reside; and

D. If applicable under M.G.L. chapter 258B, the victim or the victim's family, through the Department's Office of Victim Services.

603.10 PAROLE BOARD JURISDICTION, SUPERVISION, AND CONTROL

A. An incarcerated individual granted release under M.G.L. c. 127, § 119A, and 501 CMR 17.09 shall be under the jurisdiction, supervision, and control of the Parole Board, as if the incarcerated individual has been paroled pursuant to M.G.L. c. 127, § 130.

B. Upon a favorable determination on the petition by the Commissioner, the Institutional Parole Officer/Transitional Parole Officer at the institution where the incarcerated individual is held will generate a medical parole permit, which shall include the Parole Board's final terms and conditions of medical parole and apply through the date upon which the incarcerated individual's sentence would have expired. The Parole Board may revise, alter, or amend the terms and conditions of a medical parole at any time.

C. The Institutional Parole Officer/Transitional Parole Officer will notify the Field Parole Officer of the scheduled date of release of the incarcerated individual on medical parole by the Commissioner. A Victim Services Coordinator at the Parole Board will contact victims and victims' families to provide notification of terms and conditions of release set by the Parole Board.

D. An incarcerated individual granted medical parole will be supervised in accordance with Parole Board policy. In the event that the conditions set by the Parole Board are inconsistent with existing Field Policies or Standard Operating Procedures concerning special conditions, the conditions for

medical parole set by the Parole Board shall supersede those policies or procedures.

E. An incarcerated individual granted medical parole will not see the Parole Board for a traditional parole release hearing. An incarcerated individual granted medical parole will only go before the Parole Board in the event of a revocation hearing.

603.11 LEGAL CHALLENGES TO MEDICAL PAROLE DECISIONS

A. Following the Commissioner's decision, an incarcerated individual, Sheriff, or Superintendent aggrieved by the decision denying or granting a medical parole petition may petition for judicial review of the decision under M.G.L. c. 249, § 4. Following the Commissioner's decision, and upon request by the aggrieved party, the incarcerated individual, or the petitioner, the Department will provide a copy of the administrative record, redacted where required under state and federal medical privacy laws, or where necessary to protect the victim or the victim's family, within fifteen (15) business days of receipt of the request, following the Commissioner's decision.

B. A decision by the court under M.G.L. c. 249, § 4, affirming or reversing the Commissioner's grant or denial of medical parole shall not affect an incarcerated individual's eligibility for any other form of release permitted by law, nor shall it preclude an incarcerated individual's eligibility for medical parole in the future.

C. Following the Commissioner's denial of medical parole, an incarcerated individual may file a new petition, or request that the Commissioner reconsider their previous decision on the petition. In no event shall a new petition or request for reconsideration be acted upon later than the sixty-six (66) days permitted under the medical parole statute.

603.12 REPORTING

The Commissioner and the Secretary shall file an annual report not later than March 1st with the clerks of the Senate and the House of Representatives, the Senate and House Committees on Ways and Means and the Joint Committee on the Judiciary detailing, for the prior fiscal year:

A. The number of incarcerated individuals in the custody of the Department or the Sheriffs who applied for medical parole and the race and ethnicity of each applicant;

B. The number of incarcerated individuals who have been granted medical parole and the race and ethnicity of each incarcerated individual;

C. The nature of the illness of the applicants for medical parole;

D. The counties to which the incarcerated individuals have been released;

E. The number of incarcerated individuals who have been denied medical parole, the reason for the denial and the race and ethnicity of each incarcerated individual;

F. The number of incarcerated individuals who have petitioned for medical parole more than once;

G. The number of incarcerated individuals released who have been returned to the custody of the Department or the Sheriff and the reason for each incarcerated individual's return; and

H. The number of petitions for relief filed in court pursuant to M.G.L. c. 249, §4.

No information provided in this report shall include personally identifiable information of the incarcerated individuals.

Attachment #1

MASSACHUSETTS DEPARTMENT OF CORRECTION
Medical Parole Petition

Incarcerated Individual's Name: _____ **Institution:** _____

Commitment ID#: _____ **Date of Birth**: _____

Date of Application: _____

Race/Ethnicity **(Check One):** ☐White ☐Black or African American ☐Hispanic and Latino ☐Native Hawaiians and other Pacific Islanders ☐Native American or Alaska Native ☐Asian ☐Middle Eastern American

Is this the first petition for medical parole filed by or on behalf of this incarcerated individual? ☐Yes ☐ No

If "No" to the above question, number of such petitions prior to this one: _____

Name and address of petitioner: _____
(if not the incarcerated individual) _____
_____
_____

Relationship to incarcerated individual: _____
_____

Phone number: _____

I. MEDICAL PAROLE SUMMARY

A. REASON FOR REQUEST: Terminal Illness ☐ Permanent Incapacitation ☐
Attach written statement or fill in below and attach additional pages as necessary.

B. MEDICAL DIAGNOSIS AND PROGNOSIS:
Attach the original documentation from a licensed medical provider. The medical provider's document must be accompanied by a signed affidavit on letterhead if not a medical provider used by the Department. Please summarize the diagnosis below.

C. MEDICAL PAROLE PLAN:

Attach a written statement to explain your medical parole plan. Include the (a) proposed course of treatment; (b) the proposed site for treatment and post-treatment care; (c) documentation that medical providers qualified to provide the medical services identified in the plan are prepared to provide such services; and (d) the financial program in place to cover the cost of the plan for the duration of the medical parole. Provide a summary below and attach additional pages as necessary.

a. Name of Qualified Medical Provider: _____

b. Provider's Address: _____

_____

c. Provider's Phone: _____

_____

d. Proposed course of treatment: _____

_____

e. Proposed site for treatment/post-treatment care: _____

_____

f. Financial source of payment: _____

g. Additional comments (Please provide additional information or clarification below. Attach supporting documentation, as appropriate.)

II. RELEASE FORMS

The incarcerated individual is required to sign the attached Release Form to permit copies of the petition and all supporting documentation to be provided to other criminal justice agencies and to the appropriate district attorney. Registered victims/victims' family members pursuant to M.G.L. c. 258B, will be provided with a copy of the petition and the most recent clinical assessment of the incarcerated individual prepared by the Department's medical provider, upon request to the extent permitted under state or federal medical privacy laws. The incarcerated individual is also required to sign a release form to permit the Department and the Parole Board to assess the incarcerated individual's medical parole plan. The petition cannot be processed without the signed release forms.

III. DATE PETITION WAS SUBMITTED TO INSTITUTION SUPERINTENDENT:

_____ via U.S. mail/email (Circle one.)

Attachment #2

RELEASE OF INFORMATION
REGARDING PETITION FOR MEDICAL PAROLE

I, _____, hereby authorize the Department of Correction
(print name and commitment #)
to release copies of my petition for Medical Parole and all supporting documentation, including any and all Criminal Offender Record Information (CORI), medical records, evaluative information and other information related to the petition, to other criminal justice agencies and to the office of the appropriate district attorney. Registered victims/victims' family members pursuant to M.G.L. c. 258B, may be provided with a copy of my petition and my most recent clinical assessment prepared by the Department's medical provider, upon request, to the extent permitted under state or federal medical privacy laws. I understand that the Department may release this information pursuant to its legal duty to notify the district attorney and, if applicable, the victim or their family, of my petition such that those persons will have a fair opportunity to provide written statements or, in certain cases, to request a hearing regarding my request for Medical Parole.

Dated: _____ _____
(Signature of Incarcerated Individual)

_____
(Witness)

CONSENT FOR THE RELEASE
OF CONFIDENTIAL MEDICAL INFORMATION
REGARDING MEDICAL PAROLE PLAN

I, _____ authorize (check all applicable parties):
(Print Name of Incarcerated Individual)

- ❑ Parole Board
- ❑ Department of Correction & other criminal justice agencies
- ❑ _____ Program
- ❑ _____ Medical Provider(s)
- ❑ _____ Relative
- ❑ _____ Hospice
- ❑ _____ Other

to communicate with and disclose to one another the following information:

- ❑ My diagnosis, prognosis, medical records, medical parole plan, proposed course of medical treatment, proposed site for medical treatment and post-treatment care, financial source of payment for medical treatment, and

- ❑ Any employee, officer or other agent of the Parole Board and the Department of Correction has my permission to discuss my case with any person or agency associated with my medical parole plan or any program involved with my supervision under medical parole. Such information may include, but is not limited to, the sentence I am now serving, crimes in my criminal history, conditions of my medical parole, and any other information that may be relevant to my release on medical parole.

The purpose of the disclosure is to permit the Parole Board, the Department of Correction, and the Department's medical provider to investigate, assess and share a proposed medical parole plan and any relevant information associated therewith for purposes of G.L. c. 127, § 119A, with any medical or other facility considering me for potential admission and/or treatment.

If I am granted medical parole, this consent will remain valid for the duration of my medical parole and until I am discharged from my sentence, in order for the Parole Board to perform all aspects of supervision per G.L. c. 127, § 119A(f) and G.L. c. 127, § 130.

I understand that the medical parole petition will not be processed if I refuse to consent to this disclosure.

I acknowledge that I have read this form carefully and/or with the benefit of counsel of my own choosing.

Dated: _____ _____
Signature of Incarcerated individual/Guardian