



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Bureau of Health Professions Licensure  
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 Commissioner

**PUBLIC RECORDS EXEMPTION DECLARATION FORM**

Under Massachusetts public records law, M.G.L. c. 66 §10, a Licensee's name, home address, and home phone number may be considered public information, subject to disclosure in response to a public records request. However, the public records law also provides certain exemptions, including M.G.L. c. 66 §10B, which states that Licensee's home address, home telephone number, place of employment, and place of education are exempt from public records disclosure if the Licensee is a victim of domestic violence, a victim of an adjudicated crime, or provides services and/or training in family planning. If you believe you qualify for this exemption, complete this form and submit to: Kimberly Morton at 239 Causeway Street, 5<sup>th</sup> Floor, Boston, MA 02114.

**DECLARATION**

I (Print Name clearly) \_\_\_\_\_ hereby declare that:

I am licensed by the Board of \_\_\_\_\_ and the exemption under M.G.L. c. 66 §10B, applies to me for the following reason:

\_\_\_\_\_ I am a victim of domestic violence;

\_\_\_\_\_ I am a victim of an adjudicated crime; or

\_\_\_\_\_ I provide services and/or training in family planning.

\_\_\_\_\_  
 Licensee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 License Number and Expiration Date<sup>1</sup>

\_\_\_\_\_  
 Date of Birth

Email address: \_\_\_\_\_ (check here \_\_\_ if you prefer email correspondence)

Mailing Address where the Bureau may send correspondence in this matter:

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

<sup>1</sup> If you hold multiple BHPL licenses please provide all license types, numbers, and expiration dates on the back of this sheet.