



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

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Secretary

Robert Goldstein, MD, PhD
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 the ICP Team at icp-bhpl@mass.gov

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 Date¹

Date of Birth

Email address: _____ (check here ☐ if you prefer email correspondence)

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

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