



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4

KATHLEEN E. WALSH
 Secretary

ROBERT GOLDSTEIN, MD, PhD
 Commissioner

Tel: 617-624-6000
 www.mass.gov/dph

MAURA T. HEALEY
 Governor

KIMBERLEY DRISCOLL
 Lieutenant Governor

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.