

MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION
RELEASE (Physician)
Outside Medical Services

I, _____, agree to perform or cause to perform the medical services listed below on _____ an inmate in the custody of the Massachusetts Department of Correction. In so doing, I understand that neither the Commonwealth of Massachusetts, nor the Massachusetts Department of Correction, nor any of their agents, officials, or employees, nor the medical provider for the Department of Correction, will incur any financial obligation for said services. Further, I for myself and my agents heirs, employees, successors, and assigns agree to release and forever discharge the Department of Correction and all its agents, officials, and employees, and the medical provider for the Department of Correction from any and all liability, causes of action, claims, suits, damages, obligations, agreements, debts, judgments, or any other matter arising out of or in any way connected directly or indirectly, with said medical services except as otherwise provided by state law.

Name and Address of Provider (Type or print clearly):

Nature of Services (Please type or print clearly):

Signed: _____
(Physician's Signature)

Certification Number: _____

Date: _____

Witness: _____

Title: _____

Date: _____

COMMONWEALTH OF MASSACHUSETTS



Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor

Terrence M. Reidy
Secretary

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security

Department of Correction
50 Maple Street
Milford, MA 01757

www.mass.gov/doc



Carol A. Mici
Commissioner

Kelley J. Correia
Patrick DePalo
Robert Higgins
Mitzi Peterson
Thomas Preston
Deputy Commissioners

BACKGROUND INFORMATION REQUEST AND WAIVER
(PLEASE PRINT CLEARLY OR TYPE)

PERSONAL DATA:

NAME _____
LAST FIRST MIDDLE

PREVIOUS NAME AND/OR ALIAS _____

RESIDENTIAL ADDRESS _____
(Not a P.O. Box) NUMBER STREET CITY STATE ZIP

HAVE YOU EVER RESIDED IN ANOTHER STATE? _____ IF YES, WHICH STATE (S)? _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____ SEX _____ RACE _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

I, _____, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Massachusetts Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal records check with the local police department, the State Police, the FBI in Washington D.C., the Massachusetts Board of Probation, Registry of Motor Vehicles and interviews with my character references. The Department of Correction will conduct these checks as the Department deems necessary, including but not limited to initial hire, promotion, investigations and disciplinary cases.

SIGNATURE _____ DATE _____