



Hampden Public Safety

Emergency Services Working Together

106 Western Avenue
Hampden, ME 04444



Phone: 207-862-4000

Email: publicsafety@hampdenmaine.gov

<http://www.hampdenmaine.gov/>

<https://www.facebook.com/hampdenpublicsafety>

Police—Fire—EMS

Code Enforcement
Building Inspection
Fire Inspection

Local Health Office

Joseph L. Rogers
Director of Public Safety
Kandy A. McCullough
Admin. Office Manager

Police

T. Daniel Stewart
Sergeant/SRO
Scott A. Webber
Sergeant
Christian D. Bailey
Sergeant
Joel Small
Investigator
Joseph D. Burke
Patrol Officer
Benson G. Eyles
Patrol Officer
Shawn F. Devine
Patrol Officer
Marc Egan
Patrol Officer
William Miller
Patrol Officer
Jeffrey L. Rice
Patrol Officer

Fire

Jason Lundstrom
Lieutenant / Fire Inspector
Daniel Pugsley, Jr.
Lieutenant / Paramedic
Matthew St. Pierre
Lieutenant / Paramedic
Myles Block
CEO / Paramedic
Jared LeBarnes
Building Inspector / Paramedic
Joseph Dunton
Paramedic / Chaplain
Matthew Thomas
FF / Paramedic
Shawn McNally
FF / Paramedic
Matthew Roope
FF / Paramedic
Chris Liepold
FF / Paramedic

CONCEALED HANDGUN CARRY APPLICATION PACKET

TO THE RESIDENT APPLICANT:

Please review the copy of the booklet “Laws Relating to Permits to Carry Concealed Firearms”, then complete and return this entire packet **with the following items**:

- Application for Permit to Carry Concealed Handgun
- Authority and Authorization to Release Information forms must be filled out completely by the applicant, whether applying for the first time or renewing.
- Fee: (Please make checks payable to: **TOWN OF HAMPDEN**
\$35.00 for NEW applicant
\$20.00 for RENEWAL applicant
\$2.00 for CHANGE OF ADDRESS/NAME and/or DUPLICATES
If your permit expired over 6 months ago, you are considered a NEW applicant and must pay the \$35.00 fee. You are also required to submit your supporting documents again; eg: Birth Certificate, Handgun Safety Certificate.
- If you hold a Maine permit from another Issuing Authority, please include a complete copy of that permit with your application.
- If you are or were a member of the Armed Forces of the United States of America, a copy of your DD214 serves as proof of knowledge of handgun safety. You must have served long enough to complete basic firearms training. You also may NOT have a Dishonorable Discharge from the service.
- A copy of birth certificate or INS document.
- A copy of a certificate which has been issued within the past 5 years that shows proof of knowledge of handgun safety.

If you have not been issued a permit from HPS in the past, we will need your supporting documents even if you are a valid renewal.

RETURN YOUR COMPLETED APPLICATION PACKET TO THE HAMPDEN PUBLIC SAFETY DEPARTMENT ADDRESS ABOVE.

MAKE CHECK PAYABLE TO: TOWN OF HAMPDEN

<p>TOWN OF HAMPDEN</p> <p>APPLICATION FOR PERMIT TO CARRY CONCEALED HANDGUN</p> <p> <input type="radio"/> NEW (\$35.00) <input type="radio"/> RENEW (\$20.00) <input type="radio"/> DUPLICATE (\$2.00) <input type="radio"/> CHANGE OF ADDRESS (\$2.00) <input type="radio"/> CHANGE OF NAME (\$2.00) </p>	<p>FOR OFFICE USE ONLY</p> <p>Check # _____ Amount Paid _____</p> <p>License # _____</p> <p>Reviewed Date _____</p> <p>Expiration Date _____</p> <p>Denied _____</p>
---	---

FULL NAME: _____

PRIOR LEGAL NAME(S): _____

ALIASES: _____

LEGAL MAILING ADDRESS: _____

LEGAL PHYSICAL ADDRESS: _____

BIRTHDATE: _____

BIRTHPLACE: _____

US CITIZEN: (Please circle one) Yes / No

SEX: (Please circle one) Male/Female

RACE: _____

HEIGHT: ___ ft. ___ in. WEIGHT: ___ lbs. EYE COLOR: _____ HAIR COLOR: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

LIST ALL ADDRESSES YOU HAVE LIVED AT DURING THE PAST 5 YEARS. INCLUDE DATES:

Address	Dates

LIST OF PREVIOUSLY ISSUED PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR ANY OTHER JURISDICTION. For each permit previously issued, please identify the issuing authority (e.g. Massachusetts State Police; Portland PD; Town of Shapleigh Selectmen) and the date the permit was issued.

LIST OF PREVIOUS REFUSALS TO ISSUE PERMIT TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each refusal of a permit, please identify the agency that refused to issue the permit, the date of refusal and an explanation.

LIST OF PREVIOUS REVOCATIONS OR SUSPENSIONS OF HANDGUNS PERMITS OR PERMITS TO CARRY CONCEALED HANDGUNS OR OTHER CONCEALED WEAPONS BY ANY ISSUING AUTHORITY IN MAINE OR IN ANY OTHER JURISDICTION. For each revocation, please identify the agency or authority that revoked the permit and the date it was revoked or suspended, along with an explanation.

CIRCLE APPROPRIATE ANSWER AFTER EACH QUESTION.

- a. Are you less than 18 years of age? ----- YES NO
- b. Is there a formal charging instrument now pending against you in this state for a crime under the laws of this state that is punishable by imprisonment for a term of year or more? ----- YES NO
- c. Is there a formal charging instrument now pending against you in any federal court for a crime under the laws of the United States that is punishable by imprisonment for a term exceeding one year? -----YES NO
- d. Is there a formal charging instrument now pending against you in another state for a crime that, under the laws of the that state, is punishable by imprisonment for a term exceeding on----- YES NO
- e. If your answer to question (d) is "yes", is that charged crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less? ----- YES NO
- f. Is there a formal charging instrument pending against you in another state for a crime punishable in that state by a term of imprisonment of 2 years or less and classified by that state as a misdemeanor, but that is substantially similar to a crime that under the laws of this State is punishable by imprisonment for a term of one year or more? -----YES NO
- g. Is there a formal charging instrument now pending against you under the laws of the United States, this State or any other state or the Passamaquoddy Tribe or Penobscot Nation in a proceeding in which the prosecuting authority has pleaded that you committed the crime with the use of a Handgun against a person or with the use of a dangerous weapon as defined in Title 17-A, M.R.S.A. § 2 (9) (A)? -----YES NO
- h. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (b), (c), (d) or (f) and involves bodily injury or threatened bodily injury against another person? ----- YES NO
- i. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (g)? -----YES NO
- j. Is there a formal charging instrument now pending against you in this or any other jurisdiction for a juvenile offense that, if committed by an adult, would be a crime described in question (b), (c), (d) or (f), but does not involve bodily injury or threatened bodily injury against another person? ----- YES NO
- k. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (b), (c), (f) or (g)? ----- YES NO
- l. Have you ever been convicted of committing or found not criminally responsible by reason of insanity or mental disease or defect of committing a crime described in question (d)? -----YES NO
- m. If your answer to question (l) is "yes," was that crime classified under the laws of that state as a misdemeanor punishable by a term of imprisonment of 2 years or less? ----- YES NO
- n. Have you ever been adjudicated as having committed a juvenile offense described in question (h) or (i)? -----YES NO
- o. Have you ever been adjudicated as having committed a juvenile offense described in question (j)? ----- YES NO
- p. Are you currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains you from harassing, stalking or threatening your intimate partner,

as defined in 18 United States Code, Section 921(a), or a child of your intimate partner, or from engaging in other conduct that would place your intimate partner in reasonable fear of bodily injury to that intimate partner or the child? -----YES NO

q. Are you a fugitive from justice? ----- YES NO

r. Are you a drug abuser, drug addict or drug dependent person? ----- YES NO

s. Do you have a mental disorder that causes you to be potentially dangerous to yourself or others? ----- YES NO

t. Have you been adjudicated to be an incapacitated person pursuant to Title 18-A, Article V, Parts 3 and 4, and not had that designation removed by an order under Title 18-A, M.R.S.A. §5-307 (b)? [Termination of incapacity, Probate Code; protection of persons under disability and their property] ----- YES NO

u. Have you been dishonorably discharged from the military forces within the past 5 years? ----- YES NO

v. Are you an illegal alien? ----- YES NO

w. Have you been convicted in a Maine court of a violation of Title 17-A, M.R.S.A. § 1057 [possession of a Handgun in an establishment licensed for on-premises consumption of liquor] within the past five (5) years? ----- YES NO

x. Have you been adjudicated in a Maine court within the past five (5) years as having committed a juvenile offense involving conduct that, if committed by an adult, would be a violation of Title 17-A, M.R.S.A. § 1057 [criminal possession of a Handgun in an establishment licensed for on-premises consumption of liquor]? -----YES NO

y. To your knowledge, have you been the subject of an investigation by any law enforcement agency within the past 5 years regarding the alleged abuse by you of family or household members? ----- YES NO

z. Have you been convicted in any jurisdiction within the past 5 years of 3 or more crimes punishable by a term of imprisonment of less than one year or of crimes classified under the laws of a state as a misdemeanor and punishable by a term of imprisonment of 2 years or less? ----- YES NO

aa. Have you been adjudicated in any jurisdiction within the past 5 years to have committed 3 or more juvenile offenses described in question (o)? ----- YES NO

bb. To your knowledge, have you engaged within the past 5 years in reckless or negligent conduct [as defined at 25 M.R.S.A. § 2002(11)] that has been the subject of an investigation by a governmental entity? ----- YES NO

cc. Have you been convicted in a Maine court within the past 5 years of any Title 17-A, chapter 45 drug crime? ----- YES NO

dd. Have you been adjudicated in a Maine court within the past 5 years as having committed a juvenile offense involving conduct that, if committed by an adult, would have been a violation of Title 17-A, chapter 45? [Drug offenses] ----- YES NO

ee. Have you been adjudged in a Maine court to have committed the civil violation of possession of a useable amount of marijuana, butyl nitrite or isobutyl nitrite in violation of Title 22 M.R.S.A. § 2383 within the past 5 years? ----- YES NO

ff. Have you been adjudicated in a Maine court within the past 5 years as having committed the juvenile crime defined in Title 15 M.R.S.A. § 3103 (1) (B) of possession of a useable amount of marijuana, as provided in Title 22 M.R.S.A. § 2383? ----- YES NO

READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

BY AFFIXING YOUR SIGNATURE BELOW AS THE APPLICANT YOU:

- A. Certify that the statements you have made on this application and any documents you make a part of this application, are true and correct.
 - A-1. Certify that you understand that a “yes” answer to question (l) or (o) above is cause for refusal unless you are authorized to possess a Handgun under Title 15 M.R.S.A. § 393.
 - A-2. Certify that you understand that a “yes” answer to question (p) is cause for refusal if the order of the court meets the preconditions contained in Title 15, M.R.S.A. § 393 (l) (D). If the order of the court does not meet the preconditions, the conduct underlying the order may be used by the issuing authority, along with other information, in judging good moral character under 25 M.R.S.A. § 2003 (4).
- B. Certify that you understand that a “yes” answer to question number (a), (k), (n), or any of the questions numbered (q) through (x) above is cause for refusal.
 - B-1. Certify that you understand that a “yes” answer to one or more of the questions numbered (b) through (j), (m), (y), (z), or (aa) to (ff) above will be used by this issuing authority, along with other information, in judging good moral character under Title 25 M.R.S.A. § 2003(4).
- C. Certify that you will, that at the request of this issuing authority, take whatever action is required of you by law to allow this issuing authority to obtain from the Maine Department of Health and Human Services (limited to records of patient committals to Riverview Psychiatric Center and Dorothea Dix Psychiatric Center), the courts, law enforcement agencies, the military, the United States Citizenship and Immigration Services, and any prior issuing authority in this State or any other jurisdiction with which you have been involved, information relevant to the following:
 - (1) The determination as to whether the information supplied on the application or any documents made a part of the application is true and correct;
 - (2) The determination as to whether each of the additional requirements of Title 25 M.R.S.A. § 2003 has been met;
 - (3) The determination as to whether, if you are currently a permit holder, such permit must be revoked under Title 25 M.R.S.A. § 2005; and
 - (4) The determination as to whether, if you are otherwise eligible and reapplying following an earlier revocation of a permit, you are eligible to do so under Title 25 M.R.S.A. § 2005 or Title 17-A M.R.S.A. § 1057.
- D. Certify that you understand that if fingerprints are required by this issuing authority in order to resolve any questions as to your identity, you will submit to being fingerprinted.
- E. Certify that you understand that if a photograph is an integral part of the permit to carry concealed Handguns adopted by this issuing authority, you will submit to being photographed for that purpose.
- F. Certify that you understand that you must demonstrate to this issuing authority a knowledge of handgun safety as required by Title 25 M.R.S.A. § 2003 (l) (E) (5), unless you demonstrate that you are exempted under that same statute..

- G. Certify that you have received a copy of the pamphlet entitled "LAWS RELATING TO PERMITS TO CARRY CONCEALED HANDGUNS" (2014 edition).
- H. I understand that any false statements I make in this application or documents I make a part of this application may result in criminal prosecution pursuant to 25 M.R.S.A. § 2004 (1) and/or 17-A M.R.S.A. § 453, unsworn falsification.

YOUR SIGNATURE AS APPLICANT

DATE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND THE APPLICATION FEE (\$35 FOR ORIGINAL APPLICATION, \$20 FOR RENEWAL APPLICATION, OR \$2.00 FOR CHANGE OF ADDRESS, DUPLICATE OR CHANGE OF NAME) MUST ACCOMPANY THIS APPLICATION OR THE APPLICATION WILL BE RETURNED.

**AUTHORIZATION TO PSYCHIATRIC FACILITY TO RELEASE INFORMATION FOR THE
PURPOSE OF APPLYING FOR A CONCEALED HANDGUN PERMIT**

PRINT LEGIBLY OR TYPE

NAME OF APPLICANT: _____ DOB: _____

ALIAS AND/OR PRIOR NAME(S): _____

Pursuant to 25 M.R.S. §2003 (1)(E)(1), I authorize the **Riverview Psychiatric Center** and the **Dorothea Dix Psychiatric Center** of the Department of Health and Human Services to disclose any record of whether I have ever been committed to the Riverview Psychiatric Center or the Dorothea Dix Psychiatric Center to the issuing authority:

Issuing Authority (individual)	Chief Joseph L. Rogers
Issuing Authority (organization)	Hampden Public Safety
Mailing Address	106 Western Avenue, Hampden, ME 04444
Issuing Authority Fax # (207) 862-4588	Telephone # to verify receipt of fax (207) 862-4000

I understand that the information requested is protected by law and cannot be released without my written permission, unless otherwise specifically permitted by law. I understand that I have the right to review information and material prior to its release. I understand I have the right to revoke this authorization in writing at any time by contacting the issuing authority identified above. I understand that my refusal to sign this release will cause my application for a concealed handgun permit to be rejected. I understand that if the issuing authority receives an affirmative response to its inquiry, I may be asked to authorize the release of additional information to determine my eligibility for a concealed handgun permit. Information disclosed to the issuing authority pursuant to this release is confidential pursuant to 25 M.R.S. § 2006.

This authorization is effective for six months following the date of my signature.

Applicant Signature Date

Witness Signature Date

**APPLICANT: DO NOT SEND THIS FORM TO THE HOSPITAL. YOU MUST RETURN THIS FORM TO THE
ISSUING AUTHORITY IDENTIFIED ABOVE WITH YOUR PERMIT APPLICATION, OR YOUR
APPLICATION MAY NOT BE PROCESSED.**

ISSUING AUTHORITY: Send completed form (or a copy) to Riverview Psychiatric Center (RPC) AND to Dorothea Dix Psychiatric Center (DDPC) by one of the following means:

1. Scan form and send via e-mail to: RiverviewMedicalRecords@maine.gov AND DorotheaDixMedicalRecords@maine.gov OR
2. Fax form to: RPC: (207) 287-7127 AND DDPC: (207) 941-4029 OR
3. Mail the form, with a self-addressed stamped envelope to: Riverview Psychiatric Center, 250 Arsenal St., Augusta, ME 04330, Attn. Health Information; AND Dorothea Dix Psychiatric Center, PO Box 926, Bangor, ME 04401, Attn. Medical Records.

NOTICE TO ISSUING AUTHORITY: The RPC and DDPC will respond in the same manner in which you forward this form. However, if you fax the form, you must provide your telephone number so that the institution can verify your receipt of the return fax.

**AUTHORITY TO RELEASE INFORMATION TO THE ISSUING AUTHORITY FOR THE PURPOSE
OF EVALUATING INFORMATION SUPPLIED ON MY APPLICATION FOR A CONCEALED
HANDGUN PERMIT UNDER 25 M.R.S., CHAPTER 252.**

TO ALL LAW ENFORCEMENT AGENCIES, INCLUDING COURTS, BOTH WITHIN AND WITHOUT THE
STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to the following:

- (1) conviction data;
- (2) any criminal matter in which a formal charging instrument is now pending;
- (3) adjudication data relating to any juvenile offenses which involves conduct which, if committed by an adult, would be a crime;
- (4) any juvenile matter in which a formal charging instrument is now pending involving any juvenile offense described in (3) above;
- (5) fugitive from justice status;
- (6) incidents of abuse of family or household members within the past five years;
- (7) drug abuse, drug addiction or drug dependency;
- (8) adjudication as an incapacitated person;
- (9) any mental disorder that causes me to be potentially dangerous to myself or others;
- (10) reckless or negligent conduct as defined by 25 M.R.S. § 2002(11) within the past five years;
- (11) information of record indicating that I have been convicted of or adjudicated as having committed a violation of Title 17-A, chapter 45 or Title 22, section 2383, or adjudicated as having committed a juvenile crime that is a violation of Title 22, section 2383 or a juvenile crime that would be defined as a criminal violation under Title 17-A, chapter 45 if committed by an adult; and
- (12) whether I am currently subject to an order of a Maine court or an order of a court of the United States or another state, territory, commonwealth or tribe that restrains me from harassing, stalking or threatening an intimate partner, as defined in 18 United States Code, Section 921(a), or a child of an intimate partner, or from engaging in other conduct that would place an intimate partner in reasonable fear of bodily injury to that intimate partner or the child.

TO ALL PRIOR ISSUING AUTHORITIES, BOTH WITHIN AND WITHOUT THE STATE OF MAINE:

I hereby authorize and direct you to release to the issuing authority or its representative any information of record in your possession or control concerning me pertaining to any previous refusal to issue or revocation of a permit to carry handguns or firearms, or other weapons.

TO ALL MILITARY FORCES, BOTH STATE AND FEDERAL:

I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to a dishonorable discharge from the military forces within the past 5 years.

TO THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES:

I hereby authorize and direct you to release to the issuing authority or its representative any information in your possession or control concerning me pertaining to my status as an illegal alien.

TO ALL ABOVE-ADDRESSED GOVERNMENTAL ENTITIES:

I hereby authorize and direct you to release to the issuing authority named below or its representative any information in your possession or control concerning me pertaining to the following:

- (1) my full name;
- (2) my full current address and address for the prior 5 years;
- (3) the date and place of my birth and my physical description;
- (4) my signature.

Should there be any question to the validity of this release, you may contact me at the address and/or the telephone number listed below.

DATE:	
APPLICANT'S FULL NAME: (Typed or printed)	
APPLICANT'S FULL NAME: (Signature)	
DATE OF BIRTH OF APPLICANT:	
Mailing Address of Applicant:	
Telephone Number of Applicant:	

Hampden Public Safety

ISSUING AUTHORITY (Organization)

Chief Joseph L. Rogers

ISSUING AUTHORITY REPRESENTATIVE (Name)

INFORMATION OBTAINED PURSUANT TO THIS RELEASE IS CONFIDENTIAL TO THE EXTENT PROVIDED BY 25 M.R.S. § 2006 AND MAY NOT BE MADE AVAILABLE FOR PUBLIC INSPECTION OR COPYING BY THE ISSUING AUTHORITY UNLESS THE CONFIDENTIALITY IS WAIVED BY THIS APPLICANT BY WRITTEN NOTICE TO THE ISSUING AUTHORITY.

THIS ORIGINAL RELEASE, AND ANY COPIES, ARE VALID FOR A PERIOD OF SIX MONTHS FROM THE DATE OF SIGNATURE OF THE APPLICANT.

Staff Use Only

Acadia Hospital Corp.
AND / OR

Acadia Healthcare, Inc.
268 Stillwater Avenue, PO Box 422
Bangor, Maine 04402-0422

Staff Assisting Patient: _____

Patient Name:
Patient DOB:
Patient MRN:

Authorization to Release or Obtain Health Care Information
Health Information Services Fax 207-973-6822

I, _____, hereby authorize Acadia Hospital / Healthcare (circle one) to release and/or obtain my below-
Patient / Guardian Name
designated health care information to and/or from:

Agency / Individual: Chief Joseph L. Rogers, Hampden Police Department
Street 106 Western Avenue City or Town Hampden State/Zip ME 04444
Authorization by FAX to # 207-862-4588 Attn: Kandy McCullough, Admin. Asst.

Agency / Individual: _____
Street _____ City or Town _____ State/Zip _____
Authorization by FAX to # _____ Attn: _____

Agency / Individual: _____
Street _____ City or Town _____ State/Zip _____
Authorization by FAX to # _____ Attn: _____

Agency / Individual: _____
Street _____ City or Town _____ State/Zip _____
Authorization by FAX to # _____ Attn: _____

I authorize Acadia to **RELEASE** all of my relevant health care information (including information created after I sign this form) to the Agency/Individual identified above, **EXCEPT (check only those items you do NOT want released):**

- Date of admission/discharge
- Admittance history
- Progress notes
- Referral form
- Diagnosis information
- Discharge summary
- Medical consult
- Verbal communication
- Diagnostic tests/result
- Service dates from _____ to _____
- Other excluded information

I authorize Acadia to **OBTAIN** all of my relevant health care information (including information created after I sign this form) from the Agency/Individual identified above, **EXCEPT (check only those items you do NOT want obtained):**

- Date of admission/discharge
- Admittance history
- Progress notes
- Referral form
- Diagnosis information
- Discharge summary
- Medical consult
- Verbal communication
- Diagnostic tests/result
- Service dates from _____ to _____
- Other excluded information

The purpose of this authorization is to be considered for a permit to carry a concealed weapon



If I wish to review this information prior to its release, I will check this box . Review must be supervised (utilize Supervision of Review of Psychiatric Records form). If I have been diagnosed or treated for any of the following, I understand that Acadia needs my specific consent to disclose related information. I may cross out any of the following which do not apply. In no event may any such information, if applicable, be disclosed without my specific consent. This authorization expires in one year unless I specify an earlier expiration date.
 Expiration Date (if any): _____

1. I DO DO NOT authorize **disclosure** of information about treatment or diagnosis of drug or alcohol abuse (Federal drug & abuse regulations, 42 CFR 2.31) including information within this category that is created after I sign this form. Such information may not be re-disclosed by the recipient without my specific written consent.
2. I DO DO NOT authorize **disclosure** of information about mental health treatment or diagnosis including information within this category that is created after I sign this form.
3. I DO DO NOT authorize **disclosure** of information which refers to treatment or diagnosis of HIV infection, ARC or AIDS including information within this category that is created after I sign this form. I understand that individuals about whom such disclosures have been made have encountered discrimination from others in the areas of employment, housing, education, life insurance, and social and family relationships.
4. I DO DO NOT authorize Acadia to **obtain** information about treatment or diagnosis of drug or alcohol abuse (Federal drug & abuse regulations, 42 CFR 2.31) including information within this category that is created after I sign this form. Such information may not be re-disclosed by the recipient without my specific written consent.
5. I DO DO NOT authorize Acadia to **obtain** information about mental health treatment or diagnosis including information within this category that is created after I sign this form.
6. I DO DO NOT authorize Acadia to **obtain** information which refers to treatment or diagnosis of HIV infection, ARC or AIDS including information within this category that is created after I sign this form. I understand that individuals about whom such disclosures have been made have encountered discrimination from others in the areas of employment, housing, education, life insurance, and social and family relationships.

I understand that the Provider will not condition treatment on signing this authorization. The Provider will not deny me treatment if I do not sign this form. I may review my record before signing. I may refuse to sign this authorization form. Partial or incomplete information will be labeled as such. I understand that if I refuse to sign this authorization form, it may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or other insurance or other adverse consequences. I also understand that I may revoke this authorization at any time, except to the extent that any person or organization has acted in reliance on the authorization prior to receiving notice of revocation and except with respect to information already disclosed. I understand that if I revoke this authorization, it may be the basis for denial of health benefits or other insurance coverage or benefits. To revoke my authorization, I will submit a written request to Acadia Health Information Services at the above address.

I understand that if information other than information about diagnosis and treatment for drug and alcohol abuse (see #1 above) is disclosed to a third party, the information may no longer be protected by federal privacy regulations and may be re-disclosed by the person or organization that receives the information.

A copy of this form will be provided to me upon my request.

I understand the matters discussed on this form. I release the Provider, its employees, officers and trustees, medical staff members, and business associates from any legal responsibility, or liability for the disclosures of the above information to the extent indicated and authorized herein.

 Signature of patient or guardian (signature requested for minors 14 or older)

 Date / Time

 Signature of parent of minor, guardian or other legal representative

 Relationship

If you are faxing or mailing this form for guardian consent, please include a copy of court guardianship paperwork.

Admin Use Only

Patient has a guardian other than parent of a minor

Confirmation of guardianship: date/source _____