DEPARTMENT OF INTERIOR

United States Park Police

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

DIRECTIONS: Complete all sections, date, and sign (Print legibly and use black or blue ink)

1. I, _____, hereby voluntarily authorize the disclosure of information from my health record.

2. This information is to be provided to:

Name:	United States Park Police
Address:	Medical and Fitness Program Manager 1901 Anacostia Drive Washington, DC 20020
Phone:	(202)963-9913
Email:	uspp_medical_liason@nps.gov

3. The purpose or need for disclosure is (check the applicable boxes):

☐ USPP Physical Readiness Assessment ☐ Physical Efficiency Battery ☐ Applicant Eye Exam Report

☐ Preplacement Medical Examination Report (USPP Form 130)

☐ Other (specify)_____

4. Sensitive health information to be disclosed (check the applicable boxes):

☐ Substance Related Disorder (Drug/Alcohol) Treatment/Referral

☐ Mental Health History

5. Disclosure Authorization: Signature and Date (Authorization is incomplete without signature and date).

5A. Signature	**5B. Date**

DEPARTMENT OF INTERIOR

United States Park Police

MENTAL HEALTH HISTORY QUESTIONAIRRE

DIRECTIONS: This Mental Health History Questionnaire must be completed to continue the application process. Please use the space at the bottom of the last page for details.

1A. NAME (Last, First, Middle)	**1B. DOB** (MM/DD/YYY)	**1C. SEX** (M or F)	**1D. TELEPHONE No.**

2A. Home Address (No. Street, City, State, Zip Code)	**2B. RECRUITIING OFFICE**

3A. Have you EVER been evaluated, diagnosed, and/or treated for any of the following?			**3B. Treatment Dates** (MM/YY):		**3C. Please check if your treatment included any of the following:**		
	Yes	**No**	**Start**	**End**	**Hospitalized**	**Medication**	**Counseling**
Depression	☐	☐			☐	☐	☐
Anxiety	☐	☐			☐	☐	☐
Work Burnout/Fatigue	☐	☐			☐	☐	☐
Bipolar Disorder	☐	☐			☐	☐	☐
Personality Disorder	☐	☐			☐	☐	☐
Post-Traumatic Stress Disorder	☐	☐			☐	☐	☐
Attention-Deficit/Hyperactivity Disorder	☐	☐			☐	☐	☐
Obsessive/Compulsive Disorder	☐	☐			☐	☐	☐
Suicidal Thoughts, Plan or Attempt	☐	☐			☐	☐	☐
Homicidal Thoughts, Plan or Attempt	☐	☐			☐	☐	☐
Hallucinations (Verbal or Auditory)	☐	☐			☐	☐	☐
Panic/Panic Attacks	☐	☐			☐	☐	☐
Substance Related Disorder (Drug/Alcohol)	☐	☐			☐	☐	☐
Any Other Mental Health Condition	☐	☐			☐	☐	☐

5. Please provide details on <u>ALL</u> checked boxes from the above table:

6. Please provide details on ALL <u>CURRENT</u> treatment not specified above:

7A. Signature	**7B. Date**