

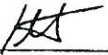
Middlesex, SS.

In the Matter of )  
Kevin R. Greene, M.D. )  
\_\_\_\_\_ )

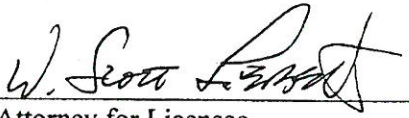
8. I agree to provide a complete copy of this Agreement, within twenty-four (24) hours of notification of the Board's acceptance of this Agreement, by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which

I practice medicine; any in-state or out-of-state health maintenance organization, with which I have privileges or any other kind of association; any state agency, in-or-out-of state, with which I have a provider contract; any in-state or out-of-state medical employer, whether or not I practice medicine there; the Drug Enforcement Administration Boston Diversion Group; Massachusetts Department of Public Health Drug Control Program; and the state licensing boards of all states in which I have any kind of license to practice medicine. I will certify to the Board within seven (7) days that I have complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above or any other affected entity, of any action it has taken.

9. This Agreement represents the entire agreement between the parties at this time.

  
\_\_\_\_\_  
Kevin Greene, M.D.  
Licensee

10/27/16  
Date

  
\_\_\_\_\_  
Attorney for Licensee

10/27/2016  
Date

Accepted by the Board of Registration in Medicine this 27th <sup>October</sup> ~~day~~ of October, 2016.

  
\_\_\_\_\_  
Board Chair or Designee

Ratified by vote of the Board of Registration in Medicine this 3rd day of November, 2016.

  
\_\_\_\_\_  
Board Chair or Board Member

SENT CERTIFIED MAIL 11/14/16 