

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Docket No. 10-306

\_\_\_\_\_ )  
 In the Matter of )  
 )  
 Joel A. Saperstein, M.D. )  
 \_\_\_\_\_ )

**VOLUNTARY AGREEMENT FOR PRACTICE RESTRICTIONS**

1. I, Joel A. Saperstein , M.D., hereby agree to restrict my medical practice immediately in the following manner:

a. I agree to cease taking call.

2. I am entering this non-disciplinary Agreement voluntarily.

3. This Agreement will remain in effect until the Board determines that this Agreement should be modified or terminated; or until the Board takes other action against my license to practice medicine; or until the Board takes final action on the above-referenced matter.

4. I understand that this Agreement is a public document and may be subject to a press release.

5. I understand that this action will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank, the Health Care Integrity and Protection Data Bank, and the Federation of State Medical Boards.

6. I understand that this Agreement does not represent a final determination or action of any kind and does not preclude the Board from taking any disciplinary action against me, including but not limited to possible summary suspension of my license to practice medicine, provided, however, that such authority is subject to my right(s) referred to in this Agreement.

7. Any violation of this Agreement shall be prima facie evidence supporting immediate summary suspension of my license to practice medicine.

8. I understand that by voluntarily agreeing to the practice restrictions specified in this Agreement, I do not waive my right to contest any allegations that might be brought against me by the Board in the future and my signature to this Agreement does not constitute any admissions

on my part. Nothing contained in this Agreement shall be construed as an admission of wrongdoing of any kind in the practice of medicine or otherwise.

9. 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.

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

Signed by Joel A. Saperstein, M.D.  
Joel A. Saperstein, M.D.

8/10/2012 4:00 p.m.  
Date

Signed by James R. Senior  
James Senior, Esq.  
Attorney for Joel A. Saperstein, M.D.

8/10/2012  
Date

Allowed by the Massachusetts Board of Registration in Medicine this 15<sup>th</sup> day of August 2012.

Signed by Herbert H. Hodos  
Herbert H. Hodos, Esquire  
Vice-Chairman