

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine

Docket No. 20-046

_____)
 In the Matter of)
)
)
 Peter A. Bourell, M.D.)
 Registration No. 253432)
 _____)


VOLUNTARY AGREEMENT NOT TO ENGAGE IN DIRECT PATIENT CARE

1. I agree not to engage in Direct Patient Care in the Commonwealth of Massachusetts effective immediately. I further agree to limit my non-direct patient care responsibilities to the services outlined in the February 3, 2020 letter from Cape Cod Hospital's General Counsel to my Attorney which is attached hereto and incorporated herein by reference. The parties agree that this shall constitute a non-disciplinary Imposition of Restriction by agreement as defined by 243 CMR 1.05(7).
2. I agree not to seek licensure in any other state.
3. I agree not to practice medicine in any other state.
4. This Agreement will remain in effect until disposed of or addressed at the next meeting of the Board of Registration in Medicine following final conclusion of the matters which are the subject of Barnstable District Court criminal docket no. 2025CR000063, unless otherwise extended by agreement of the parties.
5. I am entering this Agreement voluntarily.
6. I understand that this Agreement is a public document and may be subject to a press release.
7. I understand that this action is non-disciplinary but will be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank and the Federation of State Medical Boards.
8. Any violation of this Agreement shall be prima facie evidence for immediate summary suspension of my license to practice medicine.

9. I understand that by voluntarily agreeing not to practice medicine in the Commonwealth of Massachusetts pursuant to this Agreement, I do not waive my right to contest any allegations brought against me by the Board 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 or acknowledgment by me as to wrongdoing of any kind in the practice of medicine or otherwise.

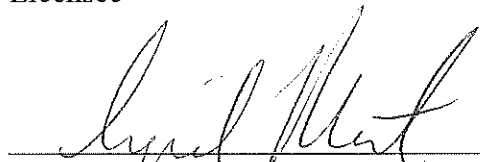
10. I agree to provide a complete copy of this Agreement, within twenty-four (24) hours of notification of the Board's acceptance of this Agreement, by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home,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

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



Peter A. Bourell, M.D.
Licensee

2/6/2020
Date



Ingrid S. Martin, Esq.
Attorney for Licensee

2/6/2020
Date

Accepted by the Board of Registration in Medicine this 6 day of February,

20 20.

Condace Lapidus Stone, MD

Board Chair or Designee

Ratified by vote of the Board of Registration in Medicine this 6 day of February,
20 20.

Condace Lapidus Sloane, MD

Board Chair or Board Member