

**STATE OF OHIO
THE STATE MEDICAL BOARD
VOLUNTARY RETIREMENT FROM THE
PRACTICE OF OSTEOPATHIC
MEDICINE AND SURGERY**

I, JOSEPHINE HAY BROWN, D.O., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, JOSEPHINE HAY BROWN, D.O., do hereby voluntarily, knowingly, and intelligently retire from the practice of osteopathic medicine and surgery, effective immediately.

I, JOSEPHINE HAY BROWN, D.O., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice osteopathic medicine and surgery, No. 34-000280, to the State Medical Board of Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice osteopathic medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice osteopathic medicine and surgery No. 34-000280, or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Osteopathic Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, JOSEPHINE HAY BROWN, D.O., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(26), Ohio Revised Code, as I have suffered a relapse of my chemical dependency.

Signed this 1st day of March, 1999.

X Josephine Hay Brown, D.O.
JOSEPHINE HAY BROWN, D.O.

[Signature]
Witness

[Signature]
Witness

Sworn to and subscribed before me this day of March, 1 1999.

SEAL

[Signature]
Notary Public

MARGO E. BROEHL

Notary Public, State of Ohio

My commission has no expiration date, O.R.C. 147.03

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

[Signature]
Anand G. Garg, M.D.
Secretary

[Signature]
Raymond J. Albert
Supervising Member

3/9/99
Date

5/9/99
Date

CONSENT AGREEMENT
BETWEEN
JOSEPHINE H. BROWN, D.O.
AND
THE STATE MEDICAL BOARD OF OHIO

THIS CONSENT AGREEMENT is entered into by and between JOSEPHINE H. BROWN, D.O. and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

JOSEPHINE H. BROWN, D.O. enters into this Agreement being fully informed of her rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. THE STATE MEDICAL BOARD OF OHIO, is empowered by Section 4731.22 (B), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice.
- B. THE STATE MEDICAL BOARD OF OHIO enters into this Consent Agreement in lieu of formal proceedings based upon the violation of Section 4731.22(B) and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement.
- C. JOSEPHINE H. BROWN, D.O. is licensed to practice osteopathic medicine and surgery in the State of Ohio.
- D. JOSEPHINE H. BROWN, D.O. ADMITS that she is addicted alcohol.
- E. JOSEPHINE H. BROWN, D.O. FURTHER ADMITS that she has undergone treatment for her addiction at Merrick Hall, Cleveland in 1977 for two weeks; Hazelden in Center City, Minnesota from April 7, 1978 to May 10, 1978; and Shepherd Hill, Newark, Ohio from April 10, 1987 to May 8, 1987.

WHEREFORE, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, JOSEPHINE H. BROWN, D.O. knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO, (hereinafter BOARD) to the following probationary terms, conditions and limitations:

1. DOCTOR BROWN shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio.
2. DOCTOR BROWN shall abstain completely from the personal use or possession of drugs, except those prescribed, administered, or dispensed to her by another person so authorized by law, who has full knowledge of her history of chemical dependency.

Further, DOCTOR BROWN shall remove all controlled substances from her office and shall abstain completely from the possession of any controlled substances in her office.

3. DOCTOR BROWN shall abstain completely from the use of alcohol.
4. In the event that DOCTOR BROWN should leave Ohio for three continuous months, or reside or practice outside the State, she must notify the BOARD in writing of the dates of departure and return. Periods of time spent outside of Ohio will not apply to the reduction of this period under the Consent Agreement.

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5. DOCTOR BROWN shall submit quarterly declarations under penalty of perjury stating whether there has been compliance with all the conditions of this Consent Agreement.
6. DOCTOR BROWN shall appear in person for interview before the full BOARD or its designated representative at three (3) month intervals, or as otherwise requested by the BOARD.
7. Within 30 days of the effective date of this Consent Agreement, DOCTOR BROWN shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or Caduceus, acceptable to the BOARD no less than two (2) times per week. In the quarterly reports to the BOARD, DOCTOR BROWN shall provide documentary evidence of continuing compliance with this program. This documentation shall be entered on the appropriate form as supplied with this Consent Agreement.
8. DOCTOR BROWN shall have a monitoring physician, approved by the BOARD, who shall monitor her and provide the BOARD with reports on the doctor's progress and status. DOCTOR BROWN is to ensure that said reports are forwarded to the BOARD on a quarterly basis. In the event that the designated monitoring physician becomes unable or unwilling to serve as the monitoring physician, DOCTOR BROWN must immediately so notify the BOARD in writing, and make arrangements acceptable to the BOARD for another monitoring physician as soon as practicable.
9. DOCTOR BROWN shall submit to random urine screenings for alcohol on a monthly basis or as otherwise directed by the BOARD. DOCTOR BROWN is to ensure that all screening reports are forwarded directly to the BOARD on a monthly basis.

DOCTOR BROWN shall submit the required urine specimens to a Board Investigator. The Board Investigator shall ensure that the urine specimens are obtained on a random basis, that the giving of the specimen is witnessed by a reliable person, and that appropriate control over the specimen is maintained.

The Board retains the right to require, and DOCTOR BROWN agrees to submit, blood or urine specimens for analysis upon request and without prior notice.

10. DOCTOR BROWN shall immediately surrender her United States Drug Enforcement Administration controlled substances privileges for Schedule II. She shall be ineligible to hold, and shall not reapply for, registration with D.E.A. to prescribe, dispense, or administer controlled substances in Schedule II without prior BOARD approval;

DOCTOR BROWN shall keep a log of all controlled substances prescribed, dispensed, or administered. Such log shall be submitted in the format approved by the BOARD thirty (30) days prior to DOCTOR BROWN's personal appearance before the BOARD or its designated representative, or as otherwise directed by the BOARD.

11. DOCTOR BROWN shall provide all employers and the Chief of Staff at each hospital where she has or obtains privileges with a copy of this Consent Agreement.

The above described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties. However, this Agreement shall remain in force for a minimum of two (2) years prior to any request for termination of said Agreement.

If, in the discretion of the Secretary of THE STATE MEDICAL BOARD OF OHIO, JOSEPHINE H. BROWN, D.O. appears to have violated or breached any terms or conditions of this Agreement, THE STATE MEDICAL BOARD OF OHIO reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Agreement.

Any action initiated by the BOARD based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

JOSEPHINE H. BROWN, D.O. hereby releases THE STATE MEDICAL BOARD OF OHIO, its Members, Employees, Agents, Officers and Representatives jointly and severally from any and all liability arising from the within matter.

This CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

The terms and conditions of this Agreement shall become effective immediately upon the last date of signature below.

Josephine H. Brown, D.O.
JOSEPHINE H. BROWN, D.O.

4-9-90
DATE

Henry G. Cramblett
HENRY G. CRAMBLETT, M.D.
Secretary

4/13/90
DATE

John E. Rauch, D.O.
JOHN E. RAUCH, D.O.
Supervising Member

4/17/90
DATE

John C. Dowling
JOHN C. DOWLING, Esquire
Assistant Attorney General

4/24/90
DATE