

2. The Licensee agrees to accept a **WARNING** from the Board as discipline for her unprofessional conduct.

3. The Licensee agrees to waive her right to a hearing before the Board or any court regarding all terms and conditions of this Consent Agreement.

4. The Licensee has been represented by Mark Lavoie, Esq., with respect to the terms of this agreement.

I, KAREN L. OLSON, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: 2/5/01 *Karen L Olson*
KAREN L. OLSON, M.D.

STATE OF MAINE
Cumberland, S.S.

Personally appeared before me the above-named Karen L. Olson, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 2/5/01 *Barbara Ann Davis*
NOTARY PUBLIC

BARBARA ANN DAVIS
Notary Public - Maine
My Comm. Expires 12-27-2004

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 3-13-01


EDWARD DAVID, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 3/13/01


RUTH E. McNIFF
Assistant Attorney General

APPROVED
EFFECTIVE: