

Legacy Name change  
to Wenckus  
12/14/92

State of Maine  
**Board of Registration in Medicine**  
2 Bangor Street  
State House Station #137  
Augusta, ME 04333  
(207)289-3601

In re: Terese Anne Donnelly, M.D., of  
Gray, ME 04039

CONSENT AGREEMENT REGARDING  
ISSUANCE OF MODIFIED LICENSE

This document is a Consent Agreement regarding the issuance of a conditional license to practice medicine and surgery in Maine to Terese Anne Donnelly, M.D. This Consent Agreement is entered into between Dr. Donnelly and the State of Maine Board of Registration in Medicine (the "Board"), and is entered into pursuant to the Board's authority as set forth in 32 M.R.S.A. §3271(5).

WHEREAS, Terese Anne Donnelly, M.D. has applied for a license and registration to practice medicine and surgery in Maine pursuant to 32 M.R.S.A. §3270;

WHEREAS, Dr. Donnelly has reported to the Board of Registration in Medicine a medical history of severe unipolar depression with onset on or about July, 1988 and a clinical diagnosis of "Dysthymic Disorder" established by her treating clinical psychologist;

WHEREAS, the Board of Registration in Medicine has found that Dr. Donnelly's disorder is presently medically under control and, as such, her physical and mental conditions do not cause Dr. Donnelly to perform her duties in a manner which endangers the health and safety of patients;

WHEREAS, the Board of Registration in Medicine has found Dr. Donnelly to be otherwise qualified for licensure pursuant to 32 M.R.S.A. §3271 and §3275 except for a concern about the potential for mental health impairment in the future as a result her need for continuing therapy at time of license application;

NOW THEREFORE, the Board and Dr. Donnelly agree that Dr. Donnelly shall be granted a modified license to practice medicine and surgery in the State of Maine, with that specific modification being the requirement that Dr. Donnelly shall cause her treating psychiatrist or psychologist, who shall be approved by the Board, to submit to the Board by September 1, 1991, and by June 1, 1992, (and unless amended, by June 1 of each year thereafter), a written report which comments fully on Dr. Donnelly's current physical and mental health condition. The report shall include a specific statement whether Dr. Donnelly has any current physical or mental limitations which in any manner could adversely affect Dr. Donnelly's practice of medicine or could pose a risk that Dr. Donnelly could perform her duties in a manner which endangers the health or safety of any patient.

FURTHER, Dr. Donnelly and the Board agree that Dr. Donnelly's treating psychiatrist or psychologist shall hold a copy of this Consent Agreement in Dr. Donnelly's patient record and shall immediately inform the Board by telephone and in writing if Dr. Donnelly's condition ever deteriorates to a point at which Dr. Donnelly does or could pose a risk that Dr. Donnelly could perform her duties in a manner which endangers the health or safety of any patient. The treating psychiatrist or psychologist shall submit a full written report to the Board.

FURTHER, the Board approves of Dr. Donnelly's treating psychiatrist, Ronald E. Bailyn, M.D. of South Portland, ME, and of her treating psychologist, Mary E. Plouffe, Ph.D., of South Freeport, ME. Dr. Donnelly agrees to inform the Board in writing within 10 days of termination of treatment by either Dr. Bailyn or Dr. Plouffe and will herself inform the Board or will cause the Board to be informed of name, address, and professional qualifications of any psychiatrist, psychologist, therapist, or other mental health professional with whom she commences treatment or counselling, other than Dr. Bailyn or Dr. Plouffe, in order for the Board to ascertain whether to approve the selection.

FURTHER, Dr. Donnelly and the Board agree that this conditions modifying her Maine medical practice license shall remain in effect at least until application for license reregistration for the biennium commencing July 1, 1992, at which time the licensee may apply in writing to the Board for removal of this modification, which removal shall be at the Board's sole discretion.

MISCELLANEOUS PROVISIONS:

A. NOTICE: Unless otherwise specified by a subsequently approved and adopted change in this Consent Agreement, written notice shall be deemed served when:

(1) Notice to the Board shall be served when actually received at the Board's office addressed as follows:

David R. Hedrick, Executive Director  
Maine Board of Registration in Medicine  
State House Station #137  
Augusta, ME 04333  
Phone: (207)289-3601

(2) Notice to the licensee shall be served when deposited in the U.S. Postal Service, with First Class postage paid, addressed as follows:

Terese Anne Donnelly, M.D.  
772 Gray Road  
Gray, ME 04039  
Phone: (207) 892-9847

(3) The licensee shall notify the Board in writing of any change in her office and home mailing address within 10 days of the effective date of the change.

B. COSTS: All costs incurred in performance of the terms and conditions of this Consent Agreement shall be borne by the licensee.

C. CHANGE OF CONSENT AGREEMENT: This Consent Agreement cannot be changed orally. It can only be changed by a writing signed by the parties hereto and approved by the Maine Department of Attorney General.

(1) Requests for changes made by the licensee shall be made in writing addressed to the Board.

(2) The Board may also propose changes by sending a written proposal to the licensee.

D. ADVICE OF COUNSEL: The licensee has been informed that she has the right to consult with legal counsel before entering into this Consent Agreement.

E. WAIVER OF RIGHT TO APPEAL BOARD'S DECISION: Dr. Donnelly voluntarily enters into this Consent Agreement, and she recognizes that by doing so she waives any right to appeal the Board's decision to issue her a modified license. This waiver of right to appeal does not apply to any proposed future change in the agreement or discipline of Dr. Donnelly's license.

I, TERESE ANNE DONNELLY, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT 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, WRITTEN, VERBAL, OR OTHERWISE.

Dated: August 22, 1990

Terese Anne Donnelly, M.D.  
TERESE ANNE DONNELLY, M.D.

STATE OF Maine  
County of Cumberland, ss.

Before me, this 22<sup>nd</sup> day of August, 1990, at Portland (city),  
(state) Maine, personally appeared Terese Anne  
Donnelly, M.D., known to me, who, first being duly sworn, affirmed that she has read and understands this Consent Agreement, and she signed the foregoing Consent Agreement in my presence or affirmed that the signature above is her own.

Dated: August 22, 1990

Jacqueline Jacouta  
NOTARY PUBLIC or ATTORNEY AT LAW  
My Commission Expires: Aug. 31, 1993

ADOPTED AND IMPLEMENTED BY THE STATE OF MAINE BOARD OF REGISTRATION IN MEDICINE ON THE DATE SET FORTH BELOW.

Dated: 8/29/90, 1990

Edward David  
EDWARD DAVID, M.D., J.D., Chair

APPROVED:

Dated: August 29, 1990, 1990

STATE OF MAINE  
DEPARTMENT OF ATTORNEY GENERAL

Kenneth W. Lehman  
by: KENNETH W. LEHMAN  
Assistant Attorney General

