



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 367-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 8:11:00 AM
10

October 9, 2007

REDACTED COPY

James R. Fletcher, M.D.

Re:
Docket Number: 07-530

Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met on October 3, 2007, and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action is warranted and the matter has been closed. Despite the decision to close the above complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,

Jennifer A. Brown

Jennifer Brown
Consumer Protection Manager

JAB/jec



Commonwealth of Massachusetts
Board of Registration in Medicine

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Boston, Massachusetts 02118
(617) 654-9800

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MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 51 238
10/09/07 32
9

October 9, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-530

Dear

The Complaint Committee of the Board carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions regarding this matter, I can be reached at the address or number listed above.

Thank you again for your concern.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/jec





Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
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TIMOTHY P. MURRAY
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Enforcement Division Fax: (617) 451-9568
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MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

August 21, 2007

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

Rc:

Docket Number: 07-530

7006 0810 0000 7658 8374

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide a written response, signed by you, to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

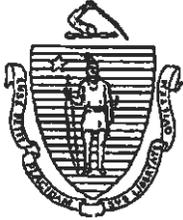
Thank you for your attention to this request.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm
Enclosure

04/24/08 9:11:59 AM 11



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
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Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 11:29:03

August 21, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-530

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
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TIMOTHY P. MURRAY
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Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

September 18, 2007

Re: James R Fletcher, M.D.
Docket Number: 07-530

Dear

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Jennifer A. Brown
Consumer Protection Manager

JAB/cjm
Enclosure



MHM
CORRECTIONAL
SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464

Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118

August 23, 2007

RE: "
Docket Number 07-530

Dear Ms. Brown,

As I review the record concerning Inmate _____ mental health treatment under my supervision, I find the following:

1. He was first seen on July 12, 2007. He complained of decreased sleep after starting Wellbutrin® which was prescribed by my immediate predecessor. He also said he wanted to discontinue the use of Benadryl® as well. His diagnosis at that time was Schizophrenia and antisocial personality traits. As Wellbutrin® may cause insomnia, I agreed to discontinue both medicines, subject to follow up in a month or sooner. At no time did the cost of any of his medications factor into any decision.
2. He was seen again on August 7th, 2007. At that point he was complaining of increased auditory hallucinations and akathisia (inner restlessness caused by neuroleptics, typically). His Risperdal® was increased to 3 mgs twice a day and Cogentin® was added for the restlessness. An AIMS examination was performed.
3. There was no documentation of any disagreement by Inmate _____ as to the course of treatment proposed or initiated.

Effective July 1, 2007 the provision of mental health treatment to the Commonwealth's Department of Correction facilities moved from the University of Massachusetts Medical

RECEIVED
AUG 27 2007
Board of Registration
in Medicine

04/24/09 51 : 242
10 : 11 : 32
13

School to a private corporation, Mental Heath Management (MHM) of Vienna, Virginia. Prior to the contract changing hands there were many rumors filtering through the inmate community as to what changes might occur if UMass were to be replaced. I suspect Inmate [redacted] complaint written before he was seen for the second time in that first month reflected some of that anxiety.

I hope this reply addresses your concerns,

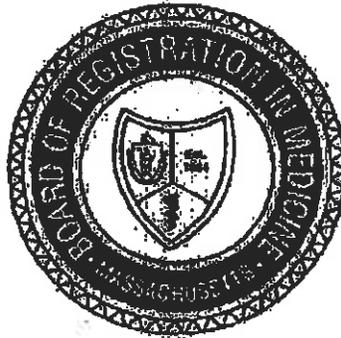
Sincerely,



James Fletcher, MD

04/24/09 91 248
10:11:07 AM

14-



RECEIVED
 APR 23 2007
 Board of Registration
 in Medicine

04/24/09 81
 10:14:24
 33

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input checked="" type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City		State	Zip Code
Business/Daytime Phone		Home Phone	

Complaint against M.D. XXX, D.O. _____, Acupuncturist _____
 (For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 239 Causeway St., Boston, MA 02114.)
 This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.		
James R. Fletcher, M.D.		
Address		
Souza-Baranowski Correctional Center, P.O. Box 8000		
City	State	Zip Code
Shirley	MA	01464-8000
Business Phone I do not know		
Name and Location of Health Care Facility (if known)		
Souza-Baranowski Correctional Center		

Nature of Complaint

- | | |
|---|--|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input checked="" type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input checked="" type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> OTHER _____ | |

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____
Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient: _____ Date: 8-5-07
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: 8-5-07
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

Bridgewater State Hospital,
UMASS, and
Massachusetts Dept. of Correction

If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No

How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other Prisoner

Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No

Is the fee or copayment in dispute?
 Yes, No

Has the physician been contacted about this complaint?
 Yes, No

Dates of Treatment: Late July of 2007

04/24/09 81 246
1641:07 32

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

This Doctor is the new Psychiatrist for the private coporation that won the contract to provide mental health care to Massachusetts prisoners.

Dr. Fletcher met with me for a session that lasted less then 15 minutes (this was our first session, and only session so far). At that time, Dr. Fletcher took me off my anti-depression medication.

He did this not for my best interest, but to save money, as it was a brand-name drug.

Since being taken off, my mental state has gotten worse.

I have always been respectful toward mental health staff. During this session, Dr. Fletcher treated me like I was less then a dog. Like I was a stupid dog at that.

Attach copies of related documents to this form.

The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____

Date: 8-5-07

Mail this form to:

Consumer Protection Manager
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA 02118



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

04/24/09 S1
07/28/08 S1
247
49

REDACTED COPY

July 10, 2008

James R. Fletcher, M.D.

Re:

Docket Number: 07-545

Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met on July 9, 2008, and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action is warranted and the matter has been closed. Despite the decision to close the above complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/ph



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

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Licensing Division Fax: (617) 426-9358

04/24/09 81
07/28/08 81
248
40

July 10, 2008

Re: James R. Fletcher, M.D.
Docket Number: 07-545

Dear:

The Complaint Committee of the Board carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions regarding this matter, I can be reached at the address or number listed above.

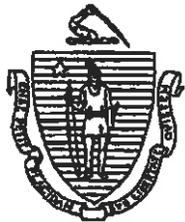
Thank you again for your concern.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/ph

04/24/08 01 249 42
07/28/08 S1



Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

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TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

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Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

August 30, 2007

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

7006 0810 0000 7658 8312

Re:

Docket Number: 07-545

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide a written response, signed by you, to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

Thank you for your attention to this request.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm
Enclosure





Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
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MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 S1 250
07/28/08 S1 10

August 30, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-545

Dear

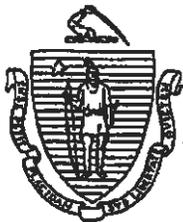
Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm



Commonwealth of Massachusetts
Board of Registration in Medicine

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MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESS
EXECUTIVE DIRECTOR

04/24/09 51
07/28/08 51
251

September 19, 2007

Re: James R Fletcher, M.D.
Docket Number: 07-545

Dear

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Jennifer A. Brown
Consumer Protection Manager

JAB/cjm
Enclosure

RECEIVED

SEP 7 2007



MHA Board of Registration
CORRECTIONAL
SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464

Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118

September 4, 2007

RE:

Docket Number 07-545

Dear Ms. Brown,

As I review the record concerning Inmate | mental health treatment under my supervision, I find the following:

1. He was first seen on July 19, 2007. His Klonopin® (clonazepam) was renewed at the previously prescribed dose prior to his being seen. It was noted at that time that he was also prescribed three different antidepressants (Remeron®, Paxil® and Effexor®) and an antipsychotic/mood stabilizer, Seroquel®. I explained to him that there were restrictions in place, effective July 1, 2007, addressing polypharmacy and the use of benzodiazepines (clonazepam). I asked his help in determining how to achieve policy compliance. He initially refused in a highly dramatic and argumentative manner. He threatened litigation, grievance filings and complaints to the medical society. I explained that I was required to attempt compliance and, though I could do so without his help, I preferred his cooperation. He ultimately agreed and his clonazepam was reduced by 1/5. Future reductions would be made, as indicated, every three months or so.
2. I agreed to continue the other medicines, subject to follow up in a month or sooner. I indicated that the redundant prescriptions of antidepressants would be the topic of future discussions. At no time did the cost of any of his medications factor into any decision. Neither was he threatened with disciplinary action, nor was the term *contraband* used to describe his prescribed medication.

04-24/08/Sib S1 252 44

RECEIVED

SFP 7 2007

Board of Registration
in Medicine

3. Contrary to the directions of the former Director, Douglas Smith, in his reply to the grievance submitted July 19, 2007, he has not submitted a 'sick-slip' to this writer to clarify his assertion that he was threatened.

Effective July 1, 2007 the provision of mental health treatment to the Commonwealth's Department of Correction facilities moved from the University of Massachusetts Medical School to a private corporation, Mental Health Management (MHM) of Vienna, Virginia. Prior to the contract changing hands there were many rumors filtering through the inmate community as to what changes might occur if UMass were to be replaced. I suspect Inmate complaint written before he was seen for the second time in that first month reflected some of that anxiety.

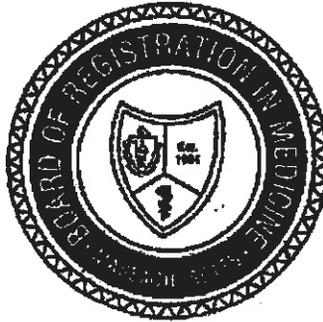
I hope this reply addresses your concerns,

Sincerely,



James Fletcher, MD

04/24/09 S1 253
07/28/08 S1 45



RECEIVED
AUG 20 2007
Board of Registration
in Medicine

04/24/09 S1 254
07/28/08 S1 9

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input checked="" type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. Burk, D.O. _____, Acupuncturist _____.

(For complaints against Chiropractors, Psychologists, Optometrists or Podiatrists, please contact the Division of Professional Licensure at (617) 727-7406, or 239 Causeway Street, Boston, MA 02114. For complaints against Dentists, Nurses or Physician Assistants, please contact the Division of Health Professions Licensure at (800) 414-0168 or 239 Causeway Street, Boston, MA 02114.)

This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.

DR. JAMES FLETCHER (Psychiatrist)

Address
~~S.B.C.E. P.O. Box 8000~~ MENTAL HEALTH Mngt.
20 Administration Rd.

City
BRIDGEWATER, MASS.

State
MASS.

Zip Code
02324

Business Phone _____

Name and Location of Health Care Facility (if known)

SARZA BARANOWSKI CORRECTIONAL CENTER

Nature of Complaint

<input type="checkbox"/> Substandard Medical Care	<input type="checkbox"/> Drug Dealing
<input checked="" type="checkbox"/> Professional Misconduct	<input type="checkbox"/> Criminal Conviction
<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Patient Neglect/Abandonment
<input checked="" type="checkbox"/> Rude or Discourteous Behavior	<input type="checkbox"/> Unlawful Discrimination
<input type="checkbox"/> Impaired by Alcohol or Drugs	<input type="checkbox"/> Billing for Services Not Rendered
<input type="checkbox"/> Impaired by Mental or Emotional Illness	<input type="checkbox"/> Failure to Supervise Staff
<input type="checkbox"/> Failure to Provide Medical Records	<input type="checkbox"/> False Advertising
<input type="checkbox"/> Overcharge for Medical Records	<input type="checkbox"/> Fraud
<input type="checkbox"/> OTHER _____	

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient: _____ Date: 8-5-07
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: 8-5-07
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

BOSTON Medical Center Psychiatric, Dowling Building. Treated me with same meds THAT Dr. Fletcher is discontinuing. My Problem is His THREATS TO ME.

If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No

How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other N/A

Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No

Is the fee or copayment in dispute?
 Yes, No

Has the physician been contacted about this complaint?
 Yes, No

Dates of Treatment: 7/19/07

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

DR. FLETCHER CAME TO SEE ME FOR THE FIRST TIME, WITHIN DAYS OF STARTING WORK HERE. HE DIDN'T ASK ME ANYTHING AT ALL. HE TOLD ME THAT HE WAS DISCONTINUING MY KLONOPIN. WHEN I TRIED TO EXPLAIN THAT I HAVE BEEN ON IT FOR SEVERAL YEARS, AND THAT UMASS DR. WORKED HARD TO STABILIZE ME, ON MY RETURN TO PRISON, HE IMMEDIATELY CUT ME OFF IN MID SENTENCE, CALLED ME A DRUG ADDICT, AND THREATENED ME WITH "WE CAN DO THIS THE EASY WAY OR THE HARD WAY".

I BELIEVED HE COULD PUT ME IN ISOLATION AND CUT ME OFF WITHOUT CAREFULLY DECREASING MY DOSAGE.

REGARDLESS OF THE MEDICATION DISCONTINUANCE, I CANNOT HAVE A WORKING RELATIONSHIP WITH ANY DOCTOR WHO THREATENS ME AND DOES NOT EVEN BOTHER TO CONSULT WITH ME. THE SESSION LASTED LESS THAN 1 MINUTE!

* ATTACHMENTS ENCLOSED!

Attach copies of related documents to this form.

The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____

Date: 8-5-07

Mail this form to:

Consumer Protection Manager
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA 02118

cc/file

Mass. Correctional Legal Services, Leslie Walker, Director



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 9:15:07 AM

23

November 9, 2007

REDACTED COPY

James R. Fletcher, M.D.

Re:
Docket Number: 07-554

Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met on November 7, 2007, and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action is warranted and the matter has been closed. Despite the decision to close the above complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,
Jennifer A. Brown
Jennifer Brown
Consumer Protection Manager

JAB/ph





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 91/15/07863

15

November 9, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-554

Dear

The Complaint Committee of the Board carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions regarding this matter, I can be reached at the address or number listed above.

Thank you again for your concern.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/ph





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

September 6, 2007

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

Re:

Docket Number: 07-554

7006 0810 0000 7658 7940

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide a written response, signed by you, to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

Thank you for your attention to this request.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm
Enclosure



04/24/09 11:15:07 SS

7



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 91/15/090 53

September 6, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-554

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer A. Brown
Jennifer Brown
Consumer Protection Manager

JAB/cjm



04/24/09 11:15:09

14



Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

September 28, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-554

Dear

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Jennifer A. Brown
Consumer Protection Manager

JAB/jec
Enclosure



MHM
CORRECTIONAL
SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464

Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118

September 12, 2007

RE:
Docket Number 07-554

Dear Ms. Brown,

As I review the record concerning Inmate _____ mental health treatment under my supervision, I find the following:

1. He was first seen on July 19, 2007. His attitude was demanding, insisting that I reinstate several medications without the usual and expected discussion of the symptoms. He followed each demand with a threat to litigate or formally grieve any deviation from his expressed desires.
2. In the week prior to receipt of this complaint, after seeing him modify his stance, I agreed to continue anti-anxiety medication, subject to follow up in a month or sooner. I indicated that the redundant prescriptions he had received in the past, which led to a medication interaction with his other medications, would be the topic of future discussions. At no time did the cost of any of his medications factor into any decision. He was never threatened with disciplinary action, nor were his requests dismissed out of hand.
3. _____ is a permanently placed inmate in the infirmary, just a few yards from my office. The nursing and mental health clinicians work with him extensively to help him deal with the circumstances of his medical problems, emotional problems and those of incarceration.

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SEP 14 2007

Board of Registration
In Medicine

04/24/09 911/15/07-08

31

04/24/09 S1 203
11/15/07 S3

4. It is fortunate that he resumed care a week prior to the arrival of the above referenced complaint. It is important that characterologically impaired inmates receive equal attention to the other inmates and not as a function of third party grievance filing.

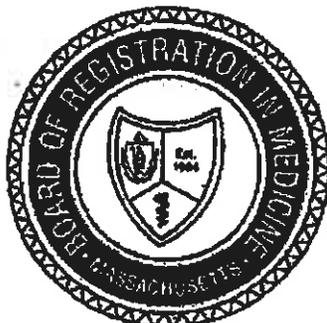
Effective July 1, 2007 the provision of mental health treatment to the Commonwealth's Department of Correction facilities moved from the University of Massachusetts Medical School to a private corporation, Mental Heath Management (MHM) of Vienna, Virginia. Prior to the contract changing hands there were many rumors filtering through the inmate community as to what changes might occur if UMass were to be replaced. I suspect Inmate [redacted] complaint written before he was seen for the second time reflected some of that anxiety.

I hope this reply addresses your concerns,

Sincerely,



James Fletcher, MD



COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input checked="" type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. , D.O. , Acupuncturist .
 (For complaints against Chiropractors, Psychologists, Optometrists or Podiatrists, please contact the Division of Professional Licensure at (617) 727-7406, or 239 Causeway Street, Boston, MA 02114. For complaints against Dentists, Nurses or Physician Assistants, please contact the Division of Health Professions Licensure at (800) 414-0168 or 239 Causeway Street, Boston, MA 02114.)

This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.

James R. Fletcher, M.D.

Address

FMC Devens, 42 Patton Rd.

City Ayer State MA Zip Code 01432

Business Phone 978-796-1580

Name and Location of Health Care Facility (if known)

Souza-Baranowski Corr. Center / Mental Health Management, Inc.

Nature of Complaint

- | | |
|--|---|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input checked="" type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
- OTHER Negligence

04/24/09 9:11/15/09ES3

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____
Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient: _____ Date: 8-26-07
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: 8-26-07
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

James R. Fletcher, M.D.
D. J. Hagar, Acting Dir. of Mental Health
Lorna Ann Fardier, psychologist

If you are not the patient, what is your relationship to the patient?

Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)

Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?

Yes, No

How long have you (or patient) been under this physician's care? seen 7-19-07

1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.

Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other _____

Are you (or patient) expected to pay a portion of this bill out of pocket?

Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?

Yes, No

Is the fee or copayment in dispute?

Yes, No

Has the physician been contacted about this complaint?

Yes, No

Dates of Treatment: saw him once about 4 weeks ago, approximately 7-19-07

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

I have a long history of depression, anxiety and ~~claustrophobia~~^{claustrophobia}. I was on two
 meds, Effexor and Klonopin for a long period. I had to stop all meds to find
 out a drug reaction causing stupor which turned out to be oxycontin. When I
 saw Dr. Fletcher, who is new here, on 7-19-07, he was told of my severe mental
 state which I sent a letter by my lawyer stating I was having bad symptoms.
 Dr. Fletcher said he would get back to me but never came back nor ordered
 my meds restarted, leaving me suffering immensely. I have been suffering
 serious psychiatric distress, eyes flickering, shaking, claustrophobic attacks that
 were witnessed by D.J. Hagar and needed to get an emergency order for a dose
 of Klonopin in the middle of the night. I have been also having suicidal thoughts
 much stronger than usual because of the mental torture. I am in clearly very
 serious psychiatric distress and his ignoring this is negligence. My medical
 doctor can't prescribe psychiatric meds and has also left the Klonopin order
 to him. Without Dr. Fletcher giving me these medications, I am left to
 severe mental anguish and thoughts of suicide. This is wrong and inexcusable.
 I have been denied and continue to be denied psychiatric care despite several
 group meetings on my situation. The first time I put in to see Dr. Fletcher
 was about June 20th and it took many calls and referrals to be seen a
 month later, only to have him do nothing.

Attach copies of related documents to this form.
The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____ Date: 8/26/07

Mail this form to:
Consumer Protection Manager
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA 02118



04/24/09 81 287
11/15/07 88

To whom it may concern,

August 26, 2007

I am enclosing my complaint as well as a copy of a grievance I filed. Please make a copy of the grievance and return mine as this is the only copy that I have. Thank you. I will try to get a copy of the letter from my attorney that was sent to the D.O.C. medical Director Terre Marshall. As soon as I receive it, I will forward a copy to you for your records. Thank you.

RECEIVED
AUG 29 2007
Board of Registration
In Medicine

Sincerely,



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

04/24/09 81
07/28/08 81 208
26

REDACTED COPY

July 10, 2008

James R. Fletcher, M.D.

Re:

Docket Number: 07-654

Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met on July 9, 2008, and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action is warranted and the matter has been closed. Despite the decision to close the above complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,

Jennifer A. Brown

Jennifer Brown
Consumer Protection Manager

JAB/ph



DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

04/24/09 \$1 269
07/28/08 \$1 17

July 10, 2008

Re: James R. Fletcher, M.D.
Docket Number: 07-654

Dear

The Complaint Committee of the Board carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions regarding this matter, I can be reached at the address or number listed above.

Thank you again for your concern.

Very truly yours,

Jennifer A. Brown

Jennifer Brown
Consumer Protection Manager

JAB/ph





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9368

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 8:1 270
07/28/08 8:1 15

October 19, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-654

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

04/24/09 51 271
07/28/08 51 16

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

November 16, 2007

Re: James R. Fletcher, M.D.
Docket Number: 07-654

Dear

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Jennifer A. Brown
Consumer Protection Manager

JAB/bmh
Enclosure





Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8463
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

October 19, 2007

04/24/09 S1
07/28/08 S1
272
19

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

7006 0810 0000 7655 0098

Re:

Docket Number: 07-654

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide a written response, signed by you, to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

Thank you for your attention to this request.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/cjm
Enclosure



MHM
CORRECTIONAL
SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464

Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118

October 23, 2007

RE:

Docket Number 07-654

Dear Ms. Brown,

As I review the record concerning Inmate _____ mental health treatment under my supervision, I find the following;

1. He was first seen on July 23, 2007. His Klonopin® (clonazepam) was renewed at the previously prescribed dose prior to his being seen. When seen it was explained to him that there were restrictions in place, effective July 1, 2007, concerning the use of benzodiazepines (clonazepam). I asked his help in determining how to achieve policy compliance. He refused in an argumentative and highly dramatic manner. He rambled and threatened litigation, grievance filings and complaints to the medical society. I explained that I was required to attempt compliance and his clonazepam needed to be reduced slowly. Future reductions would also be made, as indicated, every three months or so. He became emotionally uncontrolled, stood to block the doorway and a correctional officer was summoned. He was told to stand away from the door to allow the officer and this writer full access to enter and exit the examination room.
2. He was seen for a second time on October 5, 2007. At this time he was clearer but would not review the policy or any literature prepared to show him that the clonazepam was contraindicated for his professed disorder. He reiterated his past history and his criminal activity (which was in the service of obtaining more clonazepam) as an argument for continuing it while incarcerated. He again stood

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OCT 24 2007
Board of Registration
in Medicine

04/24/09 S1 273
07/28/08 S1 21

in the doorway, publicly shouting insults and stating his goal was to 'get (this writer) if it took 100 years'. His clonazepam was reduced by one half a milligram.

Effective July 1, 2007 the provision of mental health treatment to the Commonwealth's Department of Correction facilities moved from the University of Massachusetts Medical School to a private corporation, Mental Health Management (MHM) of Vienna, Virginia. Prior to the contract changing hands there were many restrictions placed on medication use and a greater emphasis on evidence based prescribing practices. All inmates are afforded an opportunity to review the material from which the decisions are made.

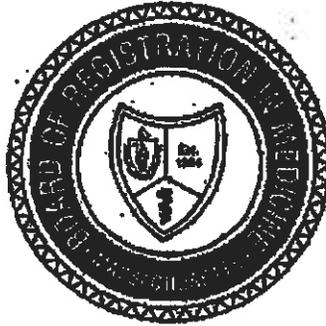
is no exception yet it appears that he wishes to be immune from the aforementioned policies.

I hope this reply addresses your concerns,

Sincerely,



James Fletcher, MD



RECEIVED

SEP 6 2007
Board of Registration
In Medicine

04/24/09 51 275
07/28/08 51 3

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input checked="" type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City		State	Zip Code
		MA	
Business/Daytime Phone		Home Phone	
N/A		N/A	

Complaint against M.D. x, D.O. _____, Acupuncturist _____.
 (For complaints against Chiropractors, Psychologists, Optometrists or Podiatrists, please contact the Division of Professional Licensure at (617) 727-7406, or 239 Causeway Street, Boston, MA 02114. For complaints against Dentists, Nurses or Physician Assistants, please contact the Division of Health Professions Licensure at (800) 414-0168 or 239 Causeway Street, Boston, MA 02114.)

This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.

James Fletcher M.D.

Address

SBCC P.O. Box 8000

City State Zip Code

Shirley, MA 01464

Business Phone

Unknown

Name and Location of Health Care Facility (if known)

MHM Services Inc.

Nature of Complaint

- | | |
|---|--|
| <input type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input checked="" type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input checked="" type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> OTHER _____ | |

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____
Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

Signature of Patient: _____ Date: 9/2/07
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: 9/2/07
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

UMass Correctional Health, 333 South St. Shrewsbury, MA 01545
Worcester State Hospital

Saint Vincent Hospital (Worcester)

If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No

How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other Prisoner

Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No

Is the fee or copayment in dispute?
 Yes, No

Has the physician been contacted about this complaint?
 Yes, No

Dates of Treatment: July 23, 2007

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

~~-----~~ This complaint is centered around the behavior of Dr. James Fletcher, during my first session with him, which took place on 7/23/07.

I have already filed a grievance with Dr. Fletcher's employer, detailing my entire complaint. I am enclosing a copy of this grievance for your convenience. However, the MHM grievance focused on the issue of my medication and only mentioned Dr. Fletcher's behavior briefly.

During our session Dr. Fletcher repeatedly made cruel and humiliating remarks about my most sensitive issues. At one point he actually ordered me to "Go stand in the "corner" as one might discipline a child.

This behavior has made it impossible for me to develop the trust necessary to work with Dr. Fletcher in the future. Since Dr. Fletcher is the only psychiatric prescriber at SBCC, this poses a serious problem.

Attach copies of related documents to this form.
 The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____ Date: 9/9/07

Mail this form to:

Consumer Protection Manager
 Board of Registration in Medicine
 560 Harrison Avenue, G-4
 Boston, MA 02118



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9588
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 31 278

08-11-09 31

May 12, 2008

REDACTED COPY

James R. Fletcher, M.D.

Re:

Docket Number: 08-009

Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met on May 7, 2008, and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action is warranted and the matter has been closed. Despite the decision to close the above complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/jec



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 5:1
08-11-09 02
279

May 12, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-009

Dear

The Complaint Committee of the Board carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

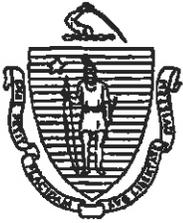
Should you have any questions regarding this matter, I can be reached at the address or number listed above.

Thank you again for your concern.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/jec



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

01/24/09 31
280

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8468
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSEL
EXECUTIVE DIRECTOR

January 11, 2008

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

Re:

Docket Number: 08-009

7006 0810 0000 7655 0463

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide a written response, signed by you, to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

Thank you for your attention to this request.

Very truly yours,

Jennifer A. Brown

Jennifer Brown
Consumer Protection Manager

JAB/ph
Enclosure





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

04/24/09 51
08:14:53 01
281

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE, J
EXECUTIVE DIRECTOR

January 11, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-009

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer A. Brown

Jennifer Brown
Consumer Protection Manager

JAB/ph



DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

January 28, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-009

Dear

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Jennifer A. Brown

Jennifer A. Brown
Consumer Protection Manager

JAB/jec
Enclosure



MHM
CORRECTIONAL
SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464

Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118

January 15, 2008

RE:

Dear Ms. Brown,

The inflammatory rhetoric of [redacted] complaint notwithstanding, he was told that Seroquel® was made 'off-formulary' November of 2007. He was also told that a 'non-formulary request' was being submitted for him to continue to receive Seroquel®.

To further complicate matters since, Inmate [redacted] was recently discovered to be hoarding (for redistribution) a cache of crushed schedule II medication (clonazepam), he has therefore made clonazepam unavailable to him according to institutional regulations.

He will still be able to receive Seroquel® under stricter supervision.

I hope this reply addresses your concerns,

Sincerely,



James Fletcher, MD

file

RECEIVED

JAN 17 2008

Board of Registration
in Medicine

04/24/09 8:1 283
02/11/08 09:51 75



RECEIVED
DEC 11 2007
Board of Registration
in Medicine

04/24/09 01 284
03/14/09 01 0

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input checked="" type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. XX, D.O. _____, Acupuncturist _____
(For complaints against Chiropractors, Psychologists, Optometrists or Podiatrists, please contact the Division of Professional Licensure at (617) 727-7406, or 239 Causeway Street, Boston, MA 02114. For complaints against Dentists, Nurses or Physician Assistants, please contact the Division of Health Professions Licensure at (800) 414-0168 or 239 Causeway Street, Boston, MA 02114.)

This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.		
James R. Fletcher		
Address		
One Harvard Road, SBCC		
City	State	Zip Code
Shirley	MA	01464-8000
Business Phone		
MEM Correctional Services, Inc.		
Name and Location of Health Care Facility (if known)		

Nature of Complaint

- | | |
|--|--|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> OTHER _____ | |

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____
Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient: _____ Date: 12-9-07
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: 12-9-07
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

MHM Corectional Services, Inc.
20 Administration Road
Bridgewater, MA 02324
SBCC, P.O. Box 8000, Shirley, MA 01464-8000

If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No

How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other Prisoner/State care

Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No

Is the fee or copayment in dispute?
 Yes, No

Has the physician been contacted about this complaint?
 Yes, No

Dates of Treatment: November of 2007

Describe your complaint here or attach. If you need more space, continue on reverse or on another sheet of paper.

Three weeks ago, Dr. Fletcher told me that he was taking me off Seroquel. I asked him why, and he told me, "I'm taking everybody off". Sessions with Dr. Fletcher last three to five minutes, and during those sessions, he is mean, abusive, and confrontational. I have been taking Seroquel for five years, and I take 700mg a day. I was cut down to 400mg a day, and told I would be taken totally off in 30 days.

Seroquel has worked good for me. Dr. Fletcher never asked how Seroquel effected me. Dr. Fletcher is taking ALL inmates at SBCC off Seroquel. Dr. Fletcher is adding Seroquel to a "black list" of drugs that are not going to be give at the prison. I feel that Dr. Fletcher should put the needs of his patients ahead of the orders of his corporate master's desires for profit.

Attach copies of related documents to this form. The information in this complaint is true, correct and complete to the best of my knowledge.

Your signature: _____ Date: 12-9-07

Mail this form to: Consumer Protection Manager
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA 02118



Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

04/24/09 51
11/13/08 83
297
10

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

REDACTED COPY

November 5, 2008

James R. Fletcher, M.D.

Re: Docket Number: 08-019

Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met today and considered the above referenced complaint. The members determined that a Letter of Concern would appropriately address the issues raised in the complaint.

The Committee is concerned that you did not tell your patient about policy changes, the reasons for medication changes, and the future plan of treatment. Effective communication is the cornerstone of any successful physician/patient relationship.

The Committee has determined that no further action is warranted and the complaint has been closed. Despite the decision to close the complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

Sincerely,

Peter G. Paige, M.D.
Complaint Committee Chair

PGP/ph





DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

04/24/09 8:1
11/13/08 8:3
288
5

November 6, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-019

Dear

The Complaint Committee of the Board of Registration in Medicine met and carefully considered the information you furnished regarding Dr. Fletcher. A copy of your complaint was sent to Dr. Fletcher, who was required to respond in writing to the Board regarding the issues that you raised.

After a thorough review of the evidence, the Committee determined that your complaint and Dr. Fletcher's response should be placed in his permanent record and that a Letter of Concern should be sent to Dr. Fletcher. A copy of that letter is enclosed. While the Committee declined to recommend the initiation of formal disciplinary action in this matter, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions I can be reached at the number or address above.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/jec
Enclosure



Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

January 14, 2008

11/13/08 SS

04/24/09 S1

289

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

7006 0810 0000 7655 0630

Re:

Docket Number: 08-019

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide a written response, signed by you, to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

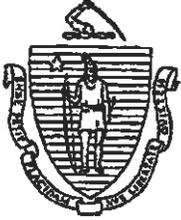
Thank you for your attention to this request.

Very truly yours,

Jennifer Brown
Consumer Protection Manager

JAB/jec
Enclosure





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSÉ
EXECUTIVE DIRECTOR

04/24/09 31
11/13/08 38
290

January 14, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-019

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Jennifer A. Brown

Jennifer Brown
Consumer Protection Manager

JAB/jec





Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

04/24/09 51
11/13/08 88

291

February 6, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-019

Dear

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Jennifer A. Brown
Consumer Protection Manager

JAB/bmh
Enclosure





MHM
CORRECTIONAL
SERVICES, INC.

PROVIDING ON-SITE MENTAL HEALTHCARE

James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464

Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118

January 17, 2008

RE:
Docket Number: 08-019

Dear Ms. Brown,

Seroquel® was taken off the formulary for the Department of Corrections by a decision of the State Board of Pharmacy Services' Executive Pharmacy and Therapeutics Committee effective November 1, 2007. No advance warning was given prescribers working in this system. Orders for tapering amounts only were to be honored thus allowing some time to adjust pharmacologic regimens on a case-by-case basis.

I hope this reply addresses your concerns,

Sincerely,



James Fletcher, MD

file

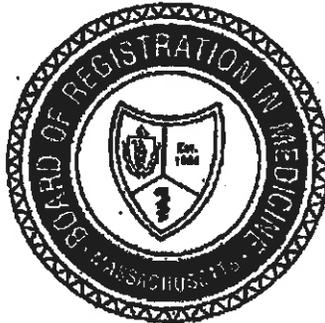
11/13/08 SS

6

2008 01 17 10:00 AM

RECEIVED

JAN 22 2008
Board of Registration
In Medicine



RECEIVED

DEC 17 2007

Board of Registration
in Medicine

04/24/09 5:1 293
11/13/08 5:9 9

COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your First Name	Your Last Name	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input checked="" type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City		State	Zip Code
Business/Daytime Phone		Home Phone	

Complaint against M.D. XXX, D.O. , Acupuncturist .
(For complaints against Chiropractors, Psychologists, Optometrists or Podiatrists, please contact the Division of Professional Licensure at (617) 727-7406, or 239 Causeway Street, Boston, MA 02114. For complaints against Dentists, Nurses or Physician Assistants, please contact the Division of Health Professions Licensure at (800) 414-0168 or 239 Causeway Street, Boston, MA 02114.)

This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (First & Last) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.

James R. Fletcher		
Address		
P.O. Box 8000		
City	State	Zip Code
Shirley	MA	01464-8000
Business Phone		
Name and Location of Health Care Facility (if known)		
MEM Correctional Services, 20 Administration Rd., Bridgewater, MA 02324		

Nature of Complaint

- | | |
|---|--|
| <input checked="" type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input checked="" type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |

OTHER _____

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

Signature of Patient: _____ Date: 12/13/07
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

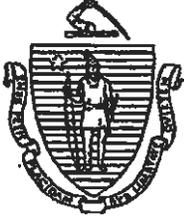
Signature of Patient: _____ Date: 12/13/07
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

MHM Correctional Services, 20 Administration Rd., Bridgewater, MA 02324

Health Services, SBCC, P.O. Box 8000, Shirley, MA 01464-8000

- If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____
- Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No
- Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No
- How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more
- What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other Prisoner/State Care
- Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No
- Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No
- Is the fee or copayment in dispute?
 Yes, No
- Has the physician been contacted about this complaint?
 Yes, No
- Dates of Treatment: November of 2007



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

04/24/09 31 296
02/13/09 83 12

REDACTED COPY

February 10, 2009

James R. Fletcher, M.D.

Re:

Docket Number: 08-356

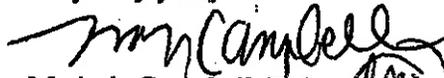
Dear Dr. Fletcher:

The Complaint Committee of the Board of Registration in Medicine met on February 4, 2009 and carefully considered the information both you and the complainant furnished in the above-referenced matter.

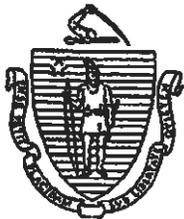
The Committee has determined that no further action was warranted and the matter has been closed. Please note that although the Complaint Committee decided to close this complaint, the Board reserves the right to reopen this case should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly your,


Marjorie Campbell, RN
Manager, Clinical Care Unit 

MC/gg



DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

04/24/09 S1
02/13/09 S3
297
2

February 10, 2009

Re: James R. Fletcher, M.D.
Docket Number: 08-356

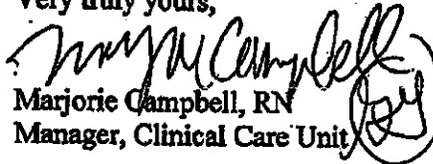
Dear

The Complaint Committee of the Board of Registration in Medicine met on February 4, 2009 and carefully considered the information you furnished regarding your complaint against the physician referenced above. Your complaint, the physician's response, and the medical records were thoroughly reviewed.

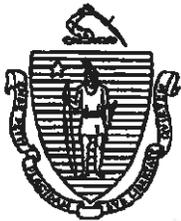
The Committee has decided to close this complaint. Additionally, the Committee wants you to know that your complaint and the physician's response have been placed in the permanent record of the physician.

The Committee members appreciate your efforts in bringing this matter to their attention. Should you have any questions regarding this matter, I can be reached at the address or number listed above.

Very truly yours,


Marjorie Campbell, RN
Manager, Clinical Care Unit

MC/gg



Commonwealth of Massachusetts
Board of Registration in Medicine

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(781) 876-8200

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August 14, 2008

04/24/09 51
02/19/09 83
2008
20

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

James R. Fletcher, M.D.

Re:

Docket Number: 08-356

7006 3450 0003 0415 7481

Dear Dr. Fletcher:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed.

Please provide both a written response, signed by you, to the issues raised in the enclosed material, along with your complete medical record on this patient including but limited to any and all correspondence, photographs, lab reports and radiology reports. As part of your response, you may include any additional materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee.

Your response must be sent to me, at the address above, within thirty days. This time frame commences on the date listed above. After your response is received, the case will be reviewed and a determination will be made about how to proceed. You will be notified of this decision.

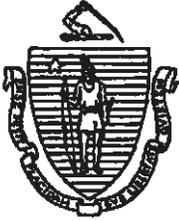
Thank you for your attention to this request.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh
Enclosure





Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

DEVAL L. PATRICK
GOVERNOR
TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (781) 876-8381
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Licensing Division Fax: (781) 876-8383

04/24/09 51 299
02/13/09 53 21

August 14, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-356

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/bmh





DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

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04/24/09 3:1
02/13/09 3:3
4

September 16, 2008

Re: James R. Fletcher, M.D.
Docket Number: 08-356

Dear ,

Enclosed please find a copy of Dr. Fletcher's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/jec
Enclosure



**MHM
CORRECTIONAL
SERVICES, INC.**

PROVIDING ON-SITE MENTAL HEALTHCARE

**James Fletcher, MD
Souza-Baranowski Correctional Center
P.O. Box 8000
Shirley, MA
01464**

**Consumer Protection Manager
Commonwealth of Massachusetts
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA
02118**

**SEP 23 2008
Board of Registration
In Medicine**

September 16, 2007

**RE:
Docket Number: 08-356**

Dear Ms. Hannon,

Pursuant to your requests, I have forwarded your request for medical records to Mr. Russell Phelps, the Health Service Administrator at Souza Baranowski Correctional Center. I do not, as a contact employee, have the authority to release any information on any inmate. Your request for policies relevant to Inmate [redacted] compliant is forwarded to the Chief Psychiatrist for MHM Services, the vendor of mental health services for the Massachusetts Department of Correction.

I hope this reply addresses your concerns,

Sincerely,

James Fletcher, MD

**CC: Russell Phelps, HSA Souza Baranowski Correctional Center, Shirley
Massachusetts
Dr. Aminadav Zakai, Chief Psychiatrist, MHM Services, Norton, Massachusetts
Ms. Kate Elliot, Mental Health Director, Souza Baranowski Correctional Center,
Shirley, Massachusetts
file**

04/24/09 81 301
02/13/09 83 14

02/13/09

4/22/08 RECEIVED

APR 25 2008

Board of Registration -
In Medicine

To: COM Board of Registration in Medicine

My name is _____ and just got transferred to S.B.C.C. From MCI Norfolk for a D-Report for horseplay and the structure of my sentence that's why my points are 16. 12 or more points you get placed at a level 6. I arrived at S.B.C.C. on 4/13/08 and saw Dr Fletcher on 4/8/08 and he stated to me that everyone that arrives here at S.B.C.C. gets taken off all controlled substances med's. which I disagree with. He's already cut my Ritalin from 40mg in the AM to 20mg and the afternoon dose stood at 20mg so I'm on 20mg and 20mg of Ritalin, and he cut my Klonopin from 1mg to .5mg and that's only P.M medication he cut in half. He left my 50 or 100mg Trazadone the same. I've been on Ritalin all my life. That's what gets me through the day. Medical has my records from Dr _____ at Mass General Hospital along with my current testing they did at MCI Concord and I was diagnosed with A.D.D and Dr _____ at MCI Concord put me on Ritalin 40mg AM and 20mg at noon and now I'm being taken off my med's on 5/8/08 completely. I'm already feeling unstable with the decrease in my med's now. What's going to happen when I'm off the on 5/8/08 I would really appreciate if you could address this ^{issue} ~~problem~~ at S.B.C.C. with Dr. Fletcher also he told me IF I get involved in programs he would treat me with a new medicine that's going on line in 6 weeks it's called "Strattera" It doesn't make any sense to me to take me off a medication I've been on for years, and that dose help me get through my daily activities, But on the other hand put me on Strattera a new medication? Thank You For Your Time. Senceirly,

my Address _____

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No. 2014-041

SEP 14 2014

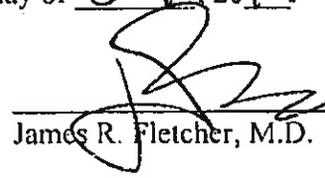
In the Matter of)
JAMES R. FLETCHER, M.D.)
Registration No. 52139)

RESIGNATION

I, James R. Fletcher, M.D., being duly sworn, depose and state:

- 1. I desire to resign my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(a).
- 2. My resignation is tendered voluntarily.
- 3. I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.
- 4. I will resign any other licenses contemporaneously with my resignation in Massachusetts, and I will make no attempt to seek licensure elsewhere.
- 5. I understand that my resignation is a disciplinary action that is reportable to any national data reporting agency, pursuant to G.L. c. 112, §2.

Signed under the penalties of perjury this 20 day of OCT, 2014


James R. Fletcher, M.D.

Then personally appeared before me the above-named James R. Fletcher, M.D. who signed the foregoing resignation in my presence and acknowledged said resignation to be his free act and deed.

Dated: 10/20/14


Notary Public
My Commission Expires:

