

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
99 CHAUNCY STREET, 11TH FLOOR, BOSTON, MA 02111

REGISTRATION

in Accordance with Massachusetts General Laws Chapter 94C



NUMBER

ISSUED

TYPE

MI1000986A

06/01/2015

CONTROLLED SUBSTANCES PRACTITIONER

SCHEDULES

II,III,IV,V,VI

ISSUED TO IRELAND, LUU DOAN MD

redacted

COMMISSIONER OF PUBLIC HEALTH

FILE CO

NEW REGISTRANT

676041





Commonwealth of Massachusetts, Department of Public Health, Drug Control Program
 99 Chauncy Street, Boston, MA 02111
 Telephone 617 983-6700 Fax 617 753-8233
 Application for Massachusetts Controlled Substances Registration for Physicians, Dentists, and Podiatrists
 In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Please be sure to:

- Complete the first and second page of the application form.
- Sign and date the second page of the application form.
- Enclose check or money order for \$150.00 made payable to "Commonwealth of Massachusetts".
- Enclose a photocopy of your current Board of Registration license (wallet-size). Originals will not be returned.
- Mail, not fax, the aforementioned items to the address above.

Incomplete applications will be returned and will cause a delay in receiving your MCSR.
 For further information visit our Web site at <http://www.mass.gov/dph/dcp>.

Application Type: (Select one) New Additional Location Recall

In the boxes below enter the requested information:

1) **Degree:** (Select one)

MD DMD DDS DO DPM

2) Massachusetts Board of Registration License No.: 262434

3) DEA Controlled Substance Registration No. (If possessed). Out-of-state DEA registration numbers require a letter of explanation: FL 3783354 (California, see attached letter)

4) List additional DEA numbers and DEA "X" numbers used on prescriptions that might be dispensed in MA pharmacies.

5) **Name:**

First: LUU Middle: Doan Last: Ireland

Suffix: (e.g. Jr., Sr., II, III)

6) **Business Address:** Applications that include a P.O. Box number without a street address cannot be processed. Out-of-state addresses require a letter of explanation.

Facility Name and Department (if applicable): redacted

Street: redacted

City: redacted State: redacted ZIP: redacted

7) **Mailing Address:** Check here if same as above

LUU Doan Ireland 57-7054/2113 0223
 redacted

5/27 2015

PAY TO the order of Commonwealth of Massachusetts \$ 150.00
 One hundred fifty Dollars

Memo: MCSR appl.

redacted

5) Compose a four digit PIN for MA Online PMP (No letters or other non-numeric characters): redacted



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Street: redacted
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7) **Mailing Address:** Check here if same as above

Street:
City: State: ZIP:

8) **Business Telephone No.:** redacted

9) **Social Security No.** (Required by M.G.L. c. 30A, s. 13A): redacted

10) **Drug Schedules** requested: Select all that apply: II III IV V VI
Schedule VI includes all prescription drugs not in Schedules II - V. Only Schedules that are checked can be authorized.

11) **Individual e-mail Address:** redacted

12) **Specialty** (Enter up to 3 codes from the Specialty Code List):
OBCN

13) **Virtual Gateway Username** (If possessed, see instructions):

14) **Birth Month and Day** [MMDD] (Do not include year): redacted

15) Compose a four digit **PIN** for MA Online PMP (No letters or other non-numeric characters): redacted

MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

JUN 01 2015

RECEIVED

16) Have you **ever** been **convicted** of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? Yes * No

17) Has any previous professional license or **registration** held by you under any name or corporate name or legal entity been **surrendered, revoked, suspended** or denied or is such action pending? Yes * No

* If you answered "Yes" to Question No. 16) or No. 17), a letter must be attached setting forth circumstances of such action(s).

TERMS AND CONDITIONS FOR PRESCRIBER AND DISPENSER USE OF THE MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM

By logging in to and using the Massachusetts Online Prescription Monitoring Program ("MA Online PMP"), you agree to abide by the requirements governing the Prescription Monitoring Program at 105 CMR 700.012 and any other applicable requirements, including, but not necessarily limited to:

1) You attest to the following:

- i. You are a duly licensed practitioner, pharmacist or other licensed health care professional authorized to prescribe or dispense controlled substances in the Commonwealth of Massachusetts;
- ii. You are duly registered, or in the process of registering, with the Massachusetts Department of Public Health, Drug Control Program, to prescribe controlled substances. You also agree to promptly notify the Department of any change or proposed change in licensure or registration status;
- iii. You are duly enrolled to use the MA Online PMP and that you have not provided nor will provide your login credentials (i.e., username, password, Personal Identification Number or any other security information) to anyone else. You are responsible for promptly notifying the Drug Control Program of any compromise of your login credentials or changes to your enrollment information (e.g., changes to name, business or email address, license or registration number) or prescriptive privileges; and
- iv. Your use of the MA Online PMP is for the purpose of preventing the prescribing and/or dispensing of controlled substances to the same individual from multiple sources or the unlawful diversion of controlled substances. You may not request the prescription history for anyone other than your patient or for a patient encounter.

2) You acknowledge that you understand the following:

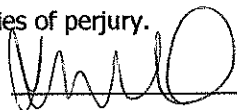
- i. The Department of Public Health does not guarantee the accuracy or completeness of the information contained in the database. There may be multiple persons with the same name in the database, so you should use other information, such as date of birth and address, to distinguish your patient from others with the same name;
- ii. You may use or disclose information obtained from the MA Online PMP, including reports generated from the database, only as permitted by applicable state and federal laws governing confidentiality and security of personal/patient information, including, if applicable, the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA);
- iii. You must promptly notify the Department of any potential violation of confidentiality or use of the data in a manner contrary to the regulations or applicable professional standards;
- iv. Usage of the MA Online PMP is recorded and monitored and that your right to use the system may be revoked at any time at the discretion of the Department.
- v. Your controlled substances registration may be suspended or terminated in accordance with 105 CMR 700.004(L)(1), and that a referral may be made for criminal prosecution or disciplinary action by your licensing board, for the following:
 1. a request, use or disclosure of data that involves a willful failure to comply with the standards in 105 CMR 700.012 for request, transmission or disclosure of data;
 2. a failure to reasonably protect data in accordance with the requirements of 105 CMR 700.012 or other applicable state or federal law; or
 3. an attempt to obtain data through fraud or deceit;
- vi. Data is being provided for the purpose of safe prescribing and dispensing, including assessing or preventing the possibility of drug abuse or diversion, but does not require you to take action that you believe to be contrary to the best interests of your patient; and
- vii. The Department may revise these Terms and Conditions from time to time. You will be notified of any change and your continued use of the MA Online PMP after such notice shall constitute your acceptance of the new Terms and Conditions.

Applicant please sign and date below

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that I have to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law. I also certify that I have read and agree to the **TERMS AND CONDITIONS FOR PRESCRIBER AND DISPENSER USE OF THE MASSACHUSETTS ONLINE PRESCRIPTION MONITORING PROGRAM**. I understand that the Terms and Conditions may be revised from time to time, that I will be notified of any change and that my continued use of the MA Online PMP after such notice shall constitute my acceptance of the new Terms and Conditions.

Signed under the pains and penalties of perjury.

Signature of applicant (no initials)



Date 5/27/15

Luu Ireland, MD, MPH
redacted

Commonwealth of Massachusetts
Department of Public Health
Drug Control Program
99 Chauncy Street
Boston, MA 02111

May 27, 2015

To Whom It May Concern:

I am starting work at the redacted as an
Obstetrician/Gynecologist in August of 2015. For this reason, I am applying for a
Massachusetts Controlled Substances License. I most recently practiced medicine in
the state of redacted and, for this reason, hold a DEA license registered to the state
of redacted. My change of address has been submitted and is pending.

For any questions and concerns, please do not hesitate to contact me at redacted
redacted or redacted.

Sincerely,



Luu Ireland, MD, MPH

COMMONWEALTH OF MASSACHUSETTS

Department of Transportation

Active License



Law, D Ireland, M.D.
redacted

Lic. # 262434
Expires: 08/02/2015