COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. Board of Registration in Medicine

Adjudicatory Case No. 2024-019

In the Matter of

STEPHEN J. GALIZIO, M.D.

CONSENT ORDER

Pursuant to G.L. c. 30A, § 10, Stephen J. Galizio, M.D. (Respondent) and the Board of Registration in Medicine (Board) (hereinafter referred to jointly as the "Parties") agree that the Board may issue this Consent Order to resolve the above-captioned adjudicatory proceeding. The Parties further agree that this Consent Order will have all the force and effect of a Final Decision within the meaning of 801 CMR 1.01(11)(d). The Respondent admits to the findings of fact specified below and agrees that the Board may make the conclusions of law and impose the sanction set forth below in resolution of investigative Docket No. 17-084.

Findings of Fact

1. The Respondent graduated from the Temple University School of Medicine in 1992. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 206857 since 2000. The Respondent was previously board-certified in internal medicine, but now maintains a subspeciality certification in cardiovascular disease. He owns his own practice in North Andover and is affiliated with Lawrence Hospital.

2. The Respondent was previously licensed to practice medicine in Rhode Island.

Patient 1

3. In 2012, the Respondent began treating Patient 1, then a G.L. c. 4, § 7(26)(c) male. Patient 1 is the Respondent's G.L. c. 4, § 7(26)(c)

4. Between 2012 and 2016, the Respondent failed to adequately document: (1) telephone triage assessment protocols; (2) his assessment, evaluation, and treatment plan for Patient 1; and (3) the informed consent he provided to Patient 1 concerning the risks and benefits of G.L. c. 4, § 7(26)(c) prescriptions.

Patient 2

5. In 2015, the Respondent began treating Patient 2, then a t G.L. c. 4, § 7(26)(c) female. There is no documentation that the Respondent ever physically evaluated Patient 2 despite placing multiple orders and prescriptions.

6. Between 2015 and 2021, the Respondent failed to adequately document both telephone triage assessment protocols, and his assessment, evaluation, and treatment plan for Patient 2 following telephone triage.

Patient 3

7. In 2007, the Respondent began treating Patient 3, G.L. c. 4, § 7(26)(c) female who G.L. c. 4, § 7(26)(c) in Respondent's G.L. c. 4, § 7(26)(c

8. The Respondent physically examined Patient 3 for an in-office visit only once, on G.L. c. 4, § 7(26)(c) 2009.

9. Between 2007 and 2020, the Respondent failed to adequately document his assessment and care of Patient 3 including his monitoring of Patient 3's G.L. c. 4, § 7(26)(c) prescribing.

Patient 4

10. In 2012, the Respondent began treating Patient 4, then a G.L. c. 4, § 7(26)(c) female. Patient 4 was the Respondent's G.L. c. 4, § 7(26)(c). The Respondent saw Patient 4 for an in-office visit only once, on G.L. c. 4, § 7(26)(c) 2013.

11. Between 2012 and 2015, the Respondent failed to adequately document both telephone triage assessment protocols and his assessment, evaluation, and treatment plan for Patient 4 following telephone triage including Patient 4's G.L. c. 4, § 7(26)(c) prescriptions.

Patient 5

12. In 2010, the Respondent began treating Patient 5, then an G.L. c. 4, § 7(26)(c) male. The Respondent saw Patient 5 for an in-person office visit only once, on G.L. c. 4, § 7(26)(c) 2013.

13. Between 2010 and 2014, the Respondent failed to adequately document both telephone triage assessment protocols and his assessment, evaluation, and treatment plan for Patient 5 following telephone triage.

14. Respondent's inadequate documentation as described in paragraphs 3 through 13 above, did not meet the medical record keeping standard of care.

Conclusions of Law

A. The Respondent failed to maintain a medical record for each patient that is complete, timely, legible, and adequate to enable a licensee or any other health care provider to provide proper diagnosis and treatment in violation of 243 CMR 1.03(5)(a)(11), to wit: 243 CMR 2.07(13)(a).

Sanction and Order

The Respondent's license is hereby REPRIMANDED. The Respondent is further ORDERED to successfully complete five continuing medical education credits on medical

record documentation and provide proof of successful completion within 90 days of the ratification of this Consent Order. This sanction is imposed for each violation of law listed in the Conclusion section and not a combination of any or all of them.

Execution of this Consent Order

Complaint Counsel and the Respondent agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel and the Respondent are expressly conditioned on the Board accepting this Consent Order. If the Board rejects this Consent Order in whole or in part, then the entire document shall be null and void; thereafter, neither of the parties nor anyone else may rely on these stipulations in this proceeding.

As to any matter in this Consent Order left to the discretion of the Board, neither the Respondent, nor anyone acting on his behalf, has received any promises or representations regarding the same.

The Respondent waives any right of appeal that he may have resulting from the Board's acceptance of this Consent Order.

The Respondent shall provide a complete copy of this Consent Order with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which the Respondent practices medicine; any in- or out-of-state health maintenance organization with whom the Respondent has privileges or any other kind of association; any state agency, in- or out-of-state, with which the Respondent has a provider contract; any in- or out-of-state medical employer, whether or not the Respondent practices medicine there; the state licensing boards of all states in which the Respondent has any kind of license to practice medicine; the Drug Enforcement

Administration Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which the Respondent becomes associated within one year following this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

Stephen J. Galizio, M.D.
Licensee

2/7/24
Date

Paul Cirel, Esq.
Counsel for Licensee

2/7/24
Date

Rachel N. Shute, Esq.
Complaint Counsel

2/21/2024
Date

So ORDERED by the Board of Registration in Medicine this 11th day of April, 2024.

Board Chair