

2. Patient A first met with the Respondent on July 20, 2015 for an examination and plastic surgery consultation.

3. Patient A and the Respondent subsequently agreed that the latter would perform a breast augmentation and abdominoplasty on Patient A on August 11, 2015 at Saint Elizabeth's Medical Center and Patient A underwent that procedure as scheduled.

4. Following her surgery as described in ¶ 3, above, Patient A experienced certain complications, including but not limited to stitches coming out and the development of a hematoma.

5. Subsequently, Patient A attended follow-up appointments with the Respondent on August 17, 2015, August 25, 2015, August 31, 2015, September 14, 2015, September 18, 2015, and September 21, 2015. A nurse or office assistant was present for each of these appointments.

6. In or around September 2015, the Respondent and Patient A hugged while she was at the Respondent's office for an appointment. The hug was initiated by Respondent as she was pleased with a positive development in her recovery, and was witnessed by a nurse, whom she also hugged.

7. In September of 2015, Patient A asked if she could have coffee with the Respondent outside of the office setting.

8. Shortly thereafter, Patient A emailed Respondent and directly stated to Respondent that she had an interest in pursuing a personal relationship with him.

9. At the following appointment, the Respondent had a discussion with Patient A in which he indicated that a personal or romantic relationship with Patient A was not appropriate.

10. In November of 2015, Patient A again emailed Respondent and directly stated to Respondent that she had an interest in pursuing a personal relationship with him.

11. The Respondent had a second discussion with Patient A in which he discussed her personal feelings and again explained why a romantic relationship was not possible or appropriate.

12. From November of 2015 until in or around February 2016, Patient A conveyed to the Respondent via email that she had romantic feelings for the Respondent. Some emails sent by Patient A contained pictures that she took of herself. Such pictures were not sexual in nature.

13. For his part, the Respondent generally did not directly address Patient A's advances but responded to them with emails of his own in which he discussed both medical and nonmedical matters and complimented the pictures that Patient A sent him of herself.

14. Respondent never sent any emails to Patient A that were of a sexual or romantic nature.

15. Respondent acknowledges that notwithstanding same, he owed to Patient A a duty to be direct and clear that the emails that she was sending to him were not appropriate in the physician-patient context.

16. Respondent acknowledges that he failed in this duty when he did not clearly and directly tell Patient A to cease sending emails of a romantic nature.

17. Respondent has taken, and passed, the multiday CPEP course (the ProBE Program regarding boundaries).

Conclusion of Law

A. The Respondent has committed an offense/offenses against a provision of the laws of the Commonwealth relating to the practice of medicine, or a rule or regulation adopted thereunder, to wit:

- i. American Medical Association’s Code of Ethics, Opinion 9.124 on Professionalism in the Use of Social Media “(c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.
- B. The Respondent has committed misconduct in the practice of medicine in violation of 243 CMR 1.03(5)(a)(18); and
- C. The Respondent has engaged in conduct that undermines the public confidence in the integrity of the medical profession. *See Levy v. Bd. of Registration in Med.*, 378 Mass. 519 (1979) and *Raymond v. Bd. of Registration in Med.*, 387 Mass. 708 (1982).

Sanction and Order

The Respondent’s license is hereby reprimanded. 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

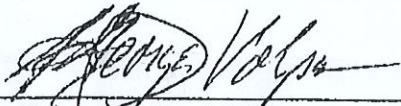
Complaint Counsel, the Respondent, and the Respondent’s counsel agree that the approval of this Consent Order is left to the discretion of the Board. The signature of Complaint Counsel, the Respondent, and the Respondent’s counsel are expressly conditioned on the Board accepting this Consent Order. If 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 in the year following the date of imposition of this reprimand. The Respondent is further directed to certify to the Board within ten (10) days that the Respondent has complied with this directive.

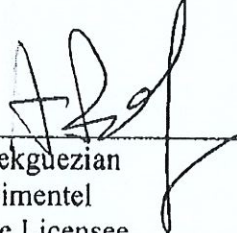
The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.



A. George Volpe, M.D.
Licensee

10.28.21

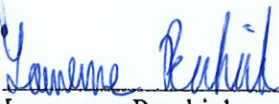
Date



A. Bernard Guekguezian
Megan Grew Pimentel
Attorney for the Licensee

10/29/21

Date




Lawrence Perchick
Complaint Counsel

11/15/21

Date

So ORDERED by the Board of Registration in Medicine this 16th day of December, 2021.



Julian N. Robinson, M.D.
Board Chair