

COMMONWEALTH OF MASSACHUSETTS

Middlesex, SS.

Board of Registration in Medicine
Adjudicatory Case No. 2024-019

In the Matter of)
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)

STEPHEN J. GALIZIO, M.D.)
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STATEMENT OF ALLEGATIONS

The Board of Registration in Medicine (Board) has determined good cause exists to believe the following acts occurred and constitute a violation for which a licensee may be sanctioned by the Board. The Board therefore alleges Stephen J. Galizio, M.D. (Respondent) has practiced medicine in violation of law, regulations, or good and accepted medical practice as set forth herein. The investigative docket number associated with this order to show cause is Docket No. 17-084.

Biographical Information

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 subspecialty 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.

Factual Allegations

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 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, then a 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.

Legal Basis for Proposed Relief

A. Pursuant to G.L. c. 112, §5, eighth par. (h) and 243 CMR 1.03(5)(a)11, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has violated of a rule or regulation of the Board. Specifically:

1. 243 CMR 2.07(13)(a), which requires a physician to:
 - a. maintain a medical record for each patient, which is adequate to enable the licensee to provide proper diagnosis and treatment;
 - b. maintain a patient's medical record in a manner which permits the former patient or a successor physician access to them.

The Board has jurisdiction over this matter pursuant to G.L. c. 112, §§ 5, 61 and 62. This adjudicatory proceeding will be conducted in accordance with the provisions of G.L. c. 30A and 801 CMR 1.01.

Nature of Relief Sought

The Board is authorized and empowered to order appropriate disciplinary action, which may include revocation or suspension of the Respondent's license to practice medicine. The Board may also order, in addition to or instead of revocation or suspension, one or more of the following: admonishment, censure, reprimand, fine, the performance of uncompensated public service, a course of education or training or other restrictions upon the Respondent's practice of medicine.

Order

Wherefore the Respondent is hereby **ORDERED** to show cause why the Board should not discipline him for the conduct described herein.

By the Board of Registration in Medicine,

A handwritten signature in black ink, appearing to be 'J. H. [unclear]', written over a horizontal line.

Board Chair

Date: 4/11/2024