IN THE MATTER OF	BEFORE THE
JORGE PEREZ-ALARD, M.D.	MARYLAND STATE
Respondent	BOARD OF PHYSICIANS
License Number: D41927	Case Number: 2226-0068

CONSENT ORDER

In or around October 2025, the Maryland State Board of Physicians (the "Board") opened an investigation of **JORGE PEREZ-ALARD, M.D.** (the "Respondent"), License Number D41927. Based on its investigation, the Board determined it has grounds to charge the Respondent with violating the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2021 Repl. Vol. & 2025 Supp.).

The pertinent provisions of the Act provide:

> **Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.**
>
> (a) Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
>
> . . .
>
> (3) Is guilty of:
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> . . .
>
> (ii) Unprofessional conduct in the practice of medicine[.]

One form of unprofessional conduct in the practice of medicine is providing treatment to family members. In published opinions, the American Medical Association

("AMA") has identified that treating immediate family members with controlled substances is not appropriate except in emergencies or for short-term, minor problems.

AMA Code of Medical Ethics 1.2.1 - Treating Self or Family (2016)

Treating oneself or a member of one's own family poses several challenges for physicians, including concerns about professional objectivity, patient autonomy, and informed consent.

When the patient is an immediate family member, the physician's personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

(a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

(b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

(c) Document treatment or care provided and convey relevant information to the patient's primary care physician.

(d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

(e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.

(f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

AMA Journal of Ethics, May 2012, Vol. 14, No. 5:396-97

Opinion 8.19 - Self-Treatment or Treatment of Immediate Family Members

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician. Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care. It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In

emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

1. At all times relevant to the charges, the Respondent was and is licensed to practice medicine in Maryland. The Respondent was originally licensed to practice medicine in Maryland on June 24, 1991, under License Number D41927. The Respondent's license expires on September 30, 2027, subject to renewal.

2. The Respondent is board-certified in internal medicine.

3. At all times relevant to the charges, the Respondent was on the medical staff of a hospital (the "Hospital")[1] in the Baltimore metropolitan area.

4. On or about October 1, 2025, the Board received a Mandated 10-Day Report[2] (the "Report") from the Hospital. The Report stated, among other things, that the Hospital recently became aware that the Respondent had treated and prescribed controlled dangerous substances to a family member (the "Family Member") for years.

5. After reviewing the Report, the Board conducted an investigation which included subpoenaing the Family Member's medical records and prescribing records (the

[1] For privacy and confidentiality reasons, the names of health care facilities, individuals, and medications referenced herein, will not be disclosed in this document.
[2] *See* Md. Code Ann., Health Occ. §§ 14-413, 14-414 (describing Mandated 10-Day Reports generally).

"Records"), requesting that the Respondent provide a written response to the Report and conducting an under-oath interview of the Respondent.

6. The Records showed that the Respondent prescribed the Family Member a Schedule IV CDS in 2013 and 2022 and regularly treated the Family Member and prescribed a Schedule II CDS on twenty-two (22) occasions between 2022 and 2025.

7. In the Respondent's written response to the Report and in an under-oath interview with the Board conducted on or around May 7, 2026, the Respondent admitted to treating and prescribing to the Family Member as documented in the Records.

CONCLUSION OF LAW

Based on the Findings of Fact, Disciplinary Panel B of the Board concludes as a matter of law that the Respondent is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii).

ORDER

It is, thus, by Disciplinary Panel B of the Board, hereby:

ORDERED that the Respondent is **REPRIMANDED;** and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

09/01/2026
Date

Signature on File

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Jorge Perez-Alard, M.D., acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Order and in any proceedings that would otherwise result from charges. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain requests for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the pending charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of this disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature on File

8/18/24
Date

Jorge Perez-Alard, M.D.
Respondent

NOTARY

STATE OF Maryland

CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 18th day of August, 2026, before me, a Notary Public of the State and County aforesaid, personally appeared Jorge Perez-Alard, M.D., and gave oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Notary Public

My Commission Expires: 1-20-30