

IN THE MATTER OF \* BEFORE THE MARYLAND  
 GUILLERMO J. GIANGRECO, M.D. \* STATE BOARD OF  
 Respondent \* PHYSICIANS  
 License Number: D62714 \* Case Number: 2223-0004

\* \* \* \* \*

**CONSENT ORDER**

**PROCEDURAL BACKGROUND**

The Maryland Board of Physicians (the “Maryland Board”) received information that Guillermo J. Giangreco, M.D., (the “Respondent”) License Number D62714, was disciplined by the Virginia Board of Medicine (the “Virginia Board”). In an Order dated May 24, 2022, the Virginia Board ordered that the Respondent comply with certain terms and conditions.

Based on the above referenced Virginia Board sanction, the Maryland Board has grounds to charge the Respondent with violating the following provisions of the Maryland Medical Practice Act (the “Act”), under H. O. § 14-404(a):

- (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:
  - (21) Is disciplined by a licensing or disciplinary authority or convicted or disciplined by a court of any state or country or disciplined by any branch of the United States uniformed services or the Veteran’s Administration for an act that would be grounds for disciplinary action under this section,

Disciplinary Panel B (“Panel B”) has determined that the acts for which the Respondent was disciplined in Virginia would be grounds for disciplinary action under

H.O. § 14-404(a). The grounds for disciplinary action under H.O. § 14-404(a) are as follows:

- (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;
- (40) Fails to keep adequate medical records as determined by appropriate peer review[.]

Based on the action taken by the Virginia Board, the Respondent agrees to enter into this Consent Order with Panel B, consisting of Procedural Background, Findings of Fact, Conclusions of Law, Order and Consent.

#### **FINDINGS OF FACT**

Panel B makes the following findings of fact:

1. At all times relevant hereto, the Respondent was a physician licensed to practice medicine in the State of Maryland. The Respondent was initially licensed in Maryland on or about February 17, 2005.
2. The Virginia Board found that with respect to two patients the Respondent's records of treatment were inaccurate, incomplete, or repetitive.
3. Additionally, with respect to one patient, the Virginia Board found that the Respondent did not appropriately monitor the use of medications with significant potential for misuse, abuse or diversion the Respondent prescribed to the patient to include ordering/reviewing results of urine drug screens, conducting random pill counts, or reviewing the patient's data from the Virginia Prescription Drug Monitoring Program.
4. By Order dated May 24, 2022, the Virginia Board disciplined the Respondent by ordering the Respondent to comply with certain terms and conditions.

A copy of the Virginia Order is attached hereto.

**CONCLUSIONS OF LAW**

Based on the foregoing Findings of Fact, Panel B concludes as a matter of law that the Respondent is subject to discipline under Health Occ. § 14-404(a)(21) for the disciplinary action taken by the Virginia Board against the Respondent for an act or acts that would be grounds for disciplinary action under Health Occ. §14-404(a)(22) and (40).

**ORDER**

It is, thus, by Panel B, hereby:

**ORDERED** that the Respondent shall comply with the terms and conditions of the May 24, 2022 Order he entered into with the Virginia Board; and it is further

**ORDERED** that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

**ORDERED** that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

**ORDERED** that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as

to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

**ORDERED** that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend Respondent's license with appropriate terms and conditions, or revoke the Respondent's license. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

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

08/02/2022  
Date

***Signature On File***

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Christine A. Farrelly  
Executive Director  
Maryland Board of Physicians

**CONSENT**

I, Guillermo J. Giangreco, MD, acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Order. 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 any request 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.* 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 the 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. 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.

7/30/2022  
Date

***Signature On File***

Guillermo J. Giangreco, MD  
Respondent

**NOTARY**

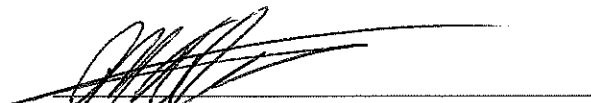
STATE OF Virginia

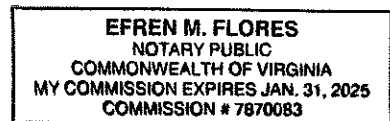
CITY/COUNTY OF Alexandria

I HEREBY CERTIFY that on this 30<sup>th</sup> day of July, 2022,

before me, a Notary Public of the State and City/County aforesaid, personally Guillermo J. Giangreco, MD, and made oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

  
Notary Public



My Commission expires: Jan 31<sup>st</sup> 2025

**BEFORE THE VIRGINIA BOARD OF MEDICINE**

**IN RE:           GUILLERMO JOSE GIANGRECO, M.D.**  
**License Number:   0101-247753**  
**Case Number:       185810, 190091**

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**ORDER**

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**JURISDICTION AND PROCEDURAL HISTORY**

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee of the Virginia Board of Medicine (“Board”) held an informal conference on April 28, 2022, in Henrico County, Virginia, to inquire into evidence that Guillermo Jose Giangreco, M.D., may be in violation of certain laws and regulations governing the practice of medicine in the Commonwealth of Virginia.

Guillermo Jose Giangreco, M.D., appeared at this proceeding and was represented by A. William Charters, Esquire.

Upon consideration of the evidence, the Committee adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. Guillermo Jose Giangreco, M.D., was issued License Number 0101-247753 to practice medicine on June 14, 2010, which is scheduled to expire on May 31, 2022.

2. Dr. Giangreco violated Virginia Code § 54.1-2915(A)(3) and (18) and 18 VAC 85-20-26(C) of the Regulations Governing the Practice of Medicine, in that the records of his treatment of Patient A, a 28-year-old female, who he was treating between mid-2016 and early 2018 for diagnoses of hypersomnia and/or narcolepsy, are inaccurate, incomplete, or repetitive. Specifically:

a. Progress notes include large amounts of duplicative text, and in some instances such text is no longer accurate or contradicts information added about that day’s appointment.

b. Without documenting such in the patient's chart, Dr. Giangreco prescribed controlled substances to Patient A as follows:

- Remeron (mirtazapine): prescribed on or about 10/23/17 and continued at the patient's 1/24/18 appointment;
- Methylphenidate: 5/10/17 (3 prescriptions on same date), 7/26/17, and 8/23/17; and
- Gabapentin: 7/26/17 (including 3 refills).

c. Dr. Giangreco corresponded by email with Patient A in late 2017 and early 2018; these messages included discussions on the treatment-related topics listed below, yet copies of the emails or summaries were not included in the patient's chart:

- Detailed discussion of new episodes of cataplexy experienced by Patient A (10/13/17, 10/14/17, and 10/20/17);
- Multiple emails discussing the patient's prescription for Xyrem, including enrollment in a program from the manufacturer and discussions about dosing (12/1/17, 12/12/17, 12/14/17, 1/10/18, 1/24/18, and 1/25/18); and
- Information provided by Patient A regarding "all the things [she] was having symptoms of" since age 8, which included 20 different physical and emotional/cognitive complaints.

3. Dr. Giangreco violated Virginia Code § 54.1-2915(A)(3) in his care and treatment of Patient B, a 23-year-old female who he treated from early 2015 through approximately mid-2018 for diagnoses of hypersomnia and/or narcolepsy. Specifically:

a. Over an approximate three-year period Dr. Giangreco prescribed to Patient B medications with significant potential for misuse, abuse, or diversion (such as oxycodone (C-II), dextroamphetamine (C-II), methylphenidate (C-II), Vyvanse (lisdexamfetamine, C-II), Xyrem, Nuvigil (armodafinil, C-IV), modafinil (C-IV), clonazepam (C-IV), and gabapentin) without appropriately monitoring the use of such medications by ordering/reviewing results of urine drug screens, conducting random pill counts, or reviewing the patient's data from the Virginia Prescription Monitoring Program.

Of note, during an office visit on 2/8/17, the patient's father informed Dr. Giangreco of a family history of substance abuse.

b. After diagnosing Patient B with narcolepsy on or about 6/10/15, Dr. Giangreco prescribed clonazepam to her on at least ten occasions, although this medication, a sedative with the side effect of causing increased drowsiness or sleepiness, should be avoided in a patient with a history of narcolepsy, as it can potentially cause increased somnolence and increase the risk of accidents in such patients.

4. At the informal conference, Dr. Giangreco acknowledged the potential side effects of clonazepam, but stated he prescribed it to Patient B for short-term use for anxiety or panic attacks, and to his knowledge, the patient did not experience any negative side effects.

5. Dr. Giangreco violated Virginia Code § 54.1-2915(A)(3) and (18) and 18 VAC 85-20-26(C) of the Regulations, in that his treatment records for Patient B are inaccurate, incomplete, and/or repetitive. For example:

a. Without documenting such in the patient's chart, Dr. Giangreco prescribed controlled substances on or about the dates listed below:

- Oxycodone: 5/16/18;
- Dextroamphetamine: 1/4/17, 4/26/17, 7/21/17, 10/6/17, 1/2/18, 2/14/18, 4/7/18, and 7/12/18;
- Modafinil: 12/29/17;
- Gabapentin: 8/10/17 (including at least 2 refills), 12/1/17 (including at least 2 refills), and 7/27/18; and
- Clonazepam: 9/19/16, 3/30/17, 6/21/17, 8/10/17, 9/22/17, 11/10/17, 1/2/18 (including at least 2 refills), 4/7/18, 5/16/18, 6/8/18, and 7/12/18.

b. Information documented in the patient's chart about medications is often inaccurate. For example:



- The progress note dated 5/11/16 lists “current medications” as Zoloft, Xyrem, and Wellbutrin; however, the prior week Dr. Giangreco also prescribed Concerta (methylphenidate) and Remeron (mirtazapine) to Patient B.
- On a form signed by Dr. Giangreco on 11/6/17 that was sent to the manufacturer of Xyrem, quetiapine is listed as a current medication, although there is no other documentation in the chart indicating Patient B was prescribed this medication. Additionally, no antidepressant is listed as a current medication, although at office visits before and after the date on the form (8/9/17 and 12/13/17, respectively), the patient was noted to be taking Zoloft and Wellbutrin.
- The statement “She is no longer taking her Gabapentin, Klonopin, or Dextroamphetamine,” is repeated on progress notes between 8/9/17 and 6/13/18, although Dr. Giangreco prescribed these medications to Patient B on multiple occasions during this period.

c. At the informal conference, Dr. Giangreco explained many of the above documentation errors were the result of the EMR automatic carry-over feature.

d. Dr. Giangreco added/changed Patient B’s medications and/or doses without documenting an explanation or rationale in her chart. For example:

- On 4/7/18, Dr. Giangreco doubled Patient B’s daily dose of dextroamphetamine from 30mg/day to 60mg/day without documenting the prescription or a rationale in her chart.
- Without documenting the prescriptions or a rationale in the chart, on 4/7/18 and 7/12/18 Dr. Giangreco prescribed clonazepam at doses up to 8mg/day and 6mg/day, respectively. These doses are above the maximum recommended daily dose of 4mg/day for treatment of panic disorder.
- No medical indication or diagnosis was documented for the 5/16/18 prescription for #30 oxycodone/APAP 5mg/325mg. Patient B had not had an office visit since 12/13/17.

6. In late 2017 and early 2018, Dr. Giangreco exchanged numerous emails with Patient A in which they discussed not only her medical condition and reported symptoms, but also personal matters and communicated in an informal manner about other things, including her career in writing, and he requested that Patient A give him feedback on a potential novel he was authoring and assist with editing it. Dr. Giangreco explained to the Committee that he offered to pay Patient A to review his writing, as he would pay anyone who worked for him as an editor. He admitted that he did not add copies of the

emails to Patient A's chart, although matters of clinical significance were discussed in some of the emails.

7. Sometime in 2016, Dr. Giangreco hired Patient B to perform administrative tasks at his office. Dr. Giangreco provided documentation of having paid Patient B a total of \$3,700 in 2016 and \$3,900 in 2017. During an unspecified period when Patient B lacked health insurance, Dr. Giangreco also waived his normal office visit fees and charged Patient B only the amount that she previously was charged as a co-pay. Dr. Giangreco acknowledged that he and his wife asked Patient B to babysit his children on one or two occasions in an "emergency." In or about February or March 2017, Dr. Giangreco volunteered to co-sign a one-year residential lease for Patient B after she lost her primary job to facilitate her moving out of her father's home, an environment which Dr. Giangreco did not consider to be "safe."

8. Dr. Giangreco explained to the Committee that Patient B worked for him and his wife and had become a family friend. She worked for him in the office for four to six hours one to two days a week to help with insurance/medication authorizations and organizing/filing charts. Dr. Giangreco explained he and his wife helped Patient B out with her lease as an employee and friend.

9. Dr. Giangreco viewed his conduct as appropriate, although he acknowledged to the Committee that it might not be common. Although well intended and he thought potentially beneficial to the patients, after years spent considering this matter, he now acknowledges he should avoid this type of interaction with patients. Dr. Giangreco stated his intentions in his interactions with Patients A and B were good, and noted the complaints in this matter did not come from the patients.

10. Dr. Giangreco acknowledged to the Committee that he should have included the emails that contained medical information in Patient A's chart. He said he was overwhelmed due to lack of staff support and time, and so his documentation suffered. He explained his primary focus is always on providing excellent patient care.

11. Dr. Giangreco stated that the critical care medicine he currently practices does not allow him to engage personally with patients due to the nature of their illnesses, being ventilated or unconscious in the intensive care unit.

12. Dr. Giangreco stated it has been nearly five years since he has treated patients on an outpatient basis, or treated narcolepsy.

13. Dr. Giangreco stated that he recognizes the deficiencies in his record-keeping and the importance of documentation. He noted that many of the problems occurred at a time when EMR was relatively new in transition in his practice.

### ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Within twelve (12) months of entry of this Order, Dr. Giangreco shall provide written proof satisfactory to the Board of successful completion of twelve (12) hours of Board-approved continuing education in the subject of medical record-keeping. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

2. Within twelve (12) months of entry of this Order, Dr. Giangreco shall provide written proof satisfactory to the Board of successful completion of six (six) hours of Board-approved continuing education in the subjects of professional ethics and boundaries. Such course(s) shall be approved in advance of registration by the Executive Director of the Board. Requests for approval must be received within 15 business days prior to the course date. All continuing education hours shall be completed

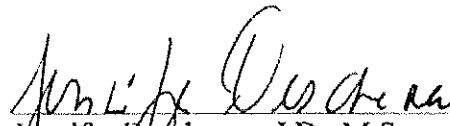
through face-to-face, interactive sessions (i.e., no home study, journal, or Internet courses). Continuing education obtained through compliance with this term shall not be used toward licensure renewal.

3. Upon receipt of evidence that Dr. Giangreco has complied with the foregoing terms of this Order, the Executive Director is authorized to close this matter, or refer it to a special conference committee for review.

4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

  
Jennifer Deschenes, J.D., M.S.  
Deputy Executive Director  
Virginia Board of Medicine

ENTERED AND MAILED: May 24, 2022

**NOTICE OF RIGHT TO APPEAL**

Pursuant to Virginia Code § 54.1-2400(10), Dr. Giangreco may, not later than 5:00 p.m., on June 27, 2022, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on June 27, 2022, unless a request for a formal administrative hearing is received as described above.