

LICENSE NO. J8773

IN THE MATTER OF
THE LICENSE OF
SERGIO SILVA, M.D.

BEFORE THE

TEXAS MEDICAL BOARD

AGREED ORDER

On the 13th day of October, 2023, came to be heard before the Texas Medical Board (Board), duly in session, the matter of the license of Sergio Silva, M.D. (Respondent)

On May 3, 2023, Respondent appeared by videoconference with counsel, Dan Lype, at an Informal Show Compliance Proceeding and Settlement Conference in response to a letter of invitation from the staff of the Board. The Board's representatives were Robert Gracia, a member of the Board, and Andrew J. "Jimmy" Widmer, M.D., a member of a District Review Committee (Panel). Bradley Wurster represented Board Staff and prepared this Order.

BOARD CHARGES

Board Staff charged that Respondent failed to participate in the Texas Physicians Health Program (TXPHP) and has been non-compliant with the terms and conditions of his five-year Monitoring and Assistance Agreement with TXPHP.

BOARD HISTORY

Respondent has previously been the subject of disciplinary action by the Board as follows:

- a. On September 8, 2006, a Disciplinary Panel of the Board entered into an order temporarily suspending the Medical License of Respondent after determining that his continued practice would constitute a continuing threat to the public welfare. The action was based on the following findings of fact: Respondent prescribed Prozac and Strattera in a nontherapeutic manner to a seven-year-old patient and failed to diagnose and treat medication-induced toxicity; Respondent accused the patient's mother of sabotaging the patient's treatment and filed a complaint against the mother with child protective services; Respondent prescribed controlled substances to another patient without documented medical necessity and, after the

patient overdosed, attempted to manage the patient's condition without securing emergency care. When the patient was hospitalized, Respondent's aggressive behavior resulted in his losing his privileges at that hospital.

- b. On August 24, 2007, the Board entered into an Agreed Order (2007 Order) suspending Respondent's license until at least May 11, 2008, and until Respondent can provide evidence that he is able to safely practice medicine. The action was based on Respondent's nontherapeutic prescribing of medications to a seven-year old patient who subsequently suffered from medication induced toxicity and Respondent's impairment due to his use of cocaine.
- c. On August 21, 2009, the Board entered an order denying termination of suspension with regard to Respondent's 2007 Order which placed him on indefinite suspension due to non-therapeutic prescribing, failure to treat a medication-induced toxicity, endangerment of a patient, prescribing without medical necessity, failing to communicate with patients, missing patient appointments, disciplinary action by peers, and aggressive behavior. The suspension was to continue until Respondent could present clear and convincing evidence to show the Board, he was competent and safe to resume practice. Because Respondent did not produce documentation of a residential treatment program, or Texas Medical Association alcohol and drug screen test results, the Board found that Respondent did not meet the 2007 Order requiring burden of proof and therefore denied the termination of suspension.
- d. On August 27, 2010, the Board entered a termination of suspension granted and entry of Agreed Order (2010 Order) with regard to Respondent's 2007 Order of Suspension, issued due to substance abuse, that suspended his medical license until such time as he could provide clear and convincing evidence that he could resume safe practice. The 2007 Order resulted from substance abuse, and it followed an earlier temporary suspension. The 2007 Order also required that Respondent obtain a ninety-six-hour psychiatric evaluation and that he could not petition for the suspension to be terminated until at least May 2008. The Board found that Respondent has almost three years of sobriety and has fully complied with the 2007 Order terms. Accordingly, the Board terminated his 2007 Order suspension and entered a new 10 -year order that requires: abstinence from prohibited substances;

- alcohol and drug screening; continuation in alcoholic anonymous (AA); ongoing psychiatric oversight; a practice restricted to adult patients in a group or institutional setting; and restrictions on his prescribing and delegation authority.
- e. On April 13, 2012, the Board entered an Order Granting Modification of Respondent's 2010 Order. The modification allows Respondent to supervise and delegate prescriptive authority to mid-level providers. The Board's decision was based on Respondent's compliance with his 2010 Order .
 - f. On February 7, 2014, the Board entered an Order Granting Modification of Respondent's August 2010 Order, as modified by the 2012 Order. The modification reduced the number of psychiatric visits from every six weeks to every eight weeks, as recommended by his treating psychiatrist. The Board also modified the order to require Respondent to attend 12 AA or NA meetings per month, and no less than two meetings per week. All other provisions of the 2010 Order, as modified by the 2012 Order, remain in full force and effect. The Board found Respondent's request to lift the requirement to attend no less than three AA or Narcotics Anonymous (NA) meetings per week was premature but that Respondent demonstrated the current requirements as written create hardship for him.
 - g. On June 12, 2015, the Board entered an Order Granting Modification, modifying Respondent's August 2010 Order, as modified by the 2012 Order and 2014 Order. The modification lifts the medication sample restriction, allows Respondent to treat adolescents between the ages of 12 to 17 years, allows him to reapply for Schedule II controlled substances certificates and lifts the AA attendance requirement. The Board found Respondent has exhibited a good compliance history, practices in a monitored group practice environment, and has received consistently positive reports from his treating psychiatrist indicating he is compliant and stable with treatment. The 2010 Order, as previously modified, will remain in place and Respondent will continue with drug testing and psychiatric treatment which will provide sufficient protection to the public. All other terms of the order remain in full effect.
 - e. On December 2, 2016, the Board entered an Order Granting Termination, terminating Respondent's 2010 Order, as modified by the 2015 Order r. The Board

found Respondent is in compliance with all terms and conditions of the 2010 Order as modified by the 2015 Order.

Upon the recommendation of the Board's representatives and with the consent of Respondent, the Board makes the following Findings and Conclusions of Law and enters this Agreed Order.

FINDINGS

The Board finds the following:

1. General Findings:

- a. Respondent received all notice required by law. All jurisdictional requirements have been satisfied. Respondent waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Title 3, Subtitle B, TEX. OCC. CODE ANN. §§151.001 *et seq.* (Vernon Supp. 2021) (Act) or the rules of the Board.
- b. Respondent currently holds Texas Medical License No. J8773. Respondent was originally issued this license to practice medicine in Texas on December 8, 1995. Respondent is not licensed to practice in any other state.
- c. Respondent is primarily engaged in the practice of Psychiatry. Respondent is board certified by the American Board of Psychiatry, a member of the American Board of
of Medical Specialties.

2. Specific Panel Findings:

- a. Respondent admitted that he missed two meetings.
- b. Respondent took responsibility for sending inflammatory emails and messages to TXPHP that escalated this situation.
- c. Respondent recognizes that his attitude and behavior were the problem.
- d. Respondent is working through identified problematic issues with his counselor.
- e. The Panel finds that monitoring is necessary and because of Respondent's inability to work well with TX PHP staff Respondent does not need to go back to PHP and can be monitored through the Board.

CONCLUSIONS OF LAW

Based on the above Findings, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.
2. Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.
3. Section 164.051(a)(4) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's inability to practice medicine with reasonable skill and safety to patients because of (B) drunkenness.
4. Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to practice medicine in an acceptable professional manner consistent with public health and welfare, as further defined by Board Rule 190.8(2)(R)(xii), substance abuse or substance diversion.
5. Section 164.052(a)(4) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent using alcohol or drugs in an intemperate manner that could endanger a patient's life.
6. Section 167.009(b) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's failure to participate in the TXPHP program after the Board has referred a licensee to TXPHP through entry of a Board Order.
7. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule.
8. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.

ORDER

Based on the above Findings and Conclusions of Law, the Board ORDERS that Respondent shall be subject to the following terms and conditions:

1. **Psychiatric Care and Treatment.** Within 30 days after the date of the entry of this Order, Respondent shall submit to the Compliance Division of the Board letters from up to

three physicians who are board certified in psychiatry and who agree to serve as Respondent's approved treating psychiatrist.

- (a) The letters from proposed treating psychiatrist(s) shall state that they:
 - (1) have been provided a copy of this Order;
 - (2) agree to provide psychiatric treatment to Respondent; and
 - (3) agree to provide periodic reports regarding Respondent's compliance with treatment and rehabilitation to (a) the Board or (b) an independent monitoring psychiatrist.
- (b) A proposed treating psychiatrist may not be approved unless the proposed treating psychiatrist agrees to provide periodic reports either to the Board or to an independent monitoring psychiatrist.
- (c) The Executive Director may reject all of the proposed treating psychiatrists and require the submission of additional letters or approve one or more to be the approved treating psychiatrist.
- (d) Respondent shall begin the recommended care and treatment within 30 days after notification of approval of the treating psychiatrist.
- (e) Respondent shall receive care and treatment from the treating psychiatrist no less than one time each month. Respondent shall not unilaterally withdraw from treatment.
- (f) Respondent shall pay all fees charged by the treating psychiatrist.
- (g) Respondent shall follow all recommendations made by the treating psychiatrist regarding continued care and treatment.
- (h) Board staff may furnish to the treating psychiatrist any Board information that it determines, in its discretion, may be helpful or required for the treatment of Respondent.
- (i) The treating psychiatrist shall provide periodic written reports no less than quarterly, on March 15, June 15, September 15, and December 15 of each year, during Respondent's treatment, either directly to the Board or to an independent monitoring psychiatrist. Periodic reports shall include (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations;

and (e) prognosis. The Board or an independent monitoring psychiatrist may request clarification of periodic reports and may request additional reports.

- (j) The treating psychiatrist may require Respondent to participate in alcohol and/or drug screens and shall immediately report any positive results either directly to the Board or to an independent monitoring psychiatrist.
- (k) The treating psychiatrist shall immediately report, either directly to the Board or to an independent monitoring psychiatrist, any unilateral withdrawal from treatment by Respondent.
- (l) Respondent shall execute any and all releases for medical records and authorizations necessary to effectuate the provisions of this Order.

2. **Monitoring Continued Care and Treatment:** During any continued care and treatment, the Board shall monitor Respondent's compliance with treatment and rehabilitation, either directly through the treating psychiatrist or through an independent monitoring psychiatrist designated by the Executive Director as well as through a counselor seen on a weekly basis.

- (a) If the approved treating psychiatrist agrees to provide reports directly to the Compliance Division of the Board, with the consent of Respondent, the Executive Director may authorize the treating psychiatrist to serve in the dual capacity as treating psychiatrist for Respondent and monitoring psychiatrist for the Board.
- (b) If the approved treating psychiatrist does not agree to provide periodic reports to the Compliance Division of the Board, or if Respondent does not consent, or if the Executive Director requires an independent monitoring psychiatrist, the Executive Director shall designate a physician who is board certified in psychiatry to serve as the Board's independent monitoring psychiatrist. Respondent shall pay all fees charged by an independent monitoring psychiatrist.
- (c) An independent monitoring psychiatrist may require Respondent to present for a personal interview up to twice each year during treatment.
- (d) Respondent shall authorize the treating psychiatrist and the counselor to provide information necessary for monitoring by the Board, either directly to the Compliance Division of the Board or through an independent monitoring

psychiatrist, on at least a quarterly basis. The information shall be limited to the minimum information necessary to ensure adequate assessment of Respondent's compliance with treatment, rehabilitation, and compliance with the terms of this Order.

- (e) An independent monitoring psychiatrist and Respondent's counselor shall provide periodic written reports to the Compliance Division of the Board no less than semi-annually, on March 15 and September 15 of each year, during Respondent's treatment. The monitoring reports shall include: (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis.
- (f) Board staff may furnish to the monitoring psychiatrist any Board information that it determines, in its discretion, may be helpful or required for the effective monitoring of Respondent's compliance with treatment, rehabilitation, and compliance with this Order.
- (g) Respondent's failure to cooperate with the monitoring psychiatrist and the counselor shall constitute a violation of this Order.

3. **Psychologist Care and Treatment.** Within 30 days after the date of the entry of this Order, Respondent shall submit to the Compliance Division of the Board letters from up to three psychologists who are board certified in psychology and who agree to serve as Respondent's approved treating psychologist.

- (a) The letters from proposed treating psychologists shall state that they:
 - (1) have been provided a copy of this Order;
 - (2) agree to provide psychologist treatment to Respondent; and
 - (3) agree to provide periodic reports regarding Respondent's compliance with treatment and rehabilitation to (a) the Board or (b) an independent monitoring psychologist.
- (b) A proposed treating psychologist may not be approved unless the proposed treating psychologist agrees to provide periodic reports either to the Board or to an independent monitoring psychologist.

- (c) The Executive Director may reject all of the proposed treating psychologist and require the submission of additional letters or approve one or more to be the approved treating psychologist.
- (d) Respondent shall begin the recommended care and treatment within 30 days after notification of approval of the treating psychologist.
- (e) Respondent shall receive care and treatment from the treating psychologist no less than bi-weekly, two times each month. Respondent shall not unilaterally withdraw from treatment.
- (f) Respondent shall pay all fees charged by the treating psychologist.
- (g) Respondent shall follow all recommendations made by the treating psychologist regarding continued care and treatment.
- (h) Board staff may furnish to the treating psychologist any Board information that it determines, in its discretion, may be helpful or required for the treatment of Respondent.
- (i) The treating psychologist shall provide periodic written reports no less than quarterly, on March 15, June 15, September 15, and December 15 of each year, during Respondent's treatment, either directly to the Board or to an independent monitoring psychologist. Periodic reports shall include (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis. The Board or an independent monitoring psychologist may request clarification of periodic reports and may request additional reports.
- (j) The treating psychologist may require Respondent to participate in alcohol and/or drug screens and shall immediately report any positive results either directly to the Board or to an independent monitoring psychologist.
- (k) The treating psychologist shall immediately report, either directly to the Board or to an independent monitoring psychologist, any unilateral withdrawal from treatment by Respondent.
- (l) Respondent shall execute any and all releases for medical records and authorizations necessary to effectuate the provisions of this Order.

Respondent's failure to cooperate with the treating psychologist, failure to follow the treating psychologist's recommendations, or withdrawal from treatment without consent of the Executive Director of the Board shall constitute a violation of this Order.

4. **Monitoring Continued Care and Treatment:** During any continued care and treatment, the Board shall monitor Respondent's compliance with treatment and rehabilitation, either directly through the treating psychologist or through an independent monitoring psychologist designated by the Executive Director as well as through a counselor seen on a weekly basis.

- (a) If the approved treating psychologist agrees to provide reports directly to the Compliance Division of the Board, with the consent of Respondent, the Executive Director may authorize the treating psychiatrist to serve in the dual capacity as treating psychologist for Respondent and monitoring psychologist for the Board.
- (b) If the approved treating psychologist does not agree to provide periodic reports to the Compliance Division of the Board, or if Respondent does not consent, or if the Executive Director requires an independent monitoring psychiatrist, the Executive Director shall designate a physician who is board certified in psychiatry to serve as the Board's independent monitoring psychologist. Respondent shall pay all fees charged by an independent monitoring psychologist.
- (c) An independent monitoring psychologist may require Respondent to present for a personal interview up to twice each year during treatment.
- (d) Respondent shall authorize the treating psychologist and the counselor to provide information necessary for monitoring by the Board, either directly to the Compliance Division of the Board or through an independent monitoring psychologist, on at least a quarterly basis. The information shall be limited to the minimum information necessary to ensure adequate assessment of Respondent's compliance with treatment, rehabilitation, and compliance with the terms of this Order.
- (e) An independent monitoring psychologist and Respondent's counselor shall provide periodic written reports to the Compliance Division of the Board no less than

semi-annually, on March 15 and September 15 of each year, during Respondent's treatment. The monitoring reports shall include: (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis.

- (f) Board staff may furnish to the monitoring psychologist any Board information that it determines, in its discretion, may be helpful or required for the effective monitoring of Respondent's compliance with treatment, rehabilitation, and compliance with this Order.
- (g) Respondent's failure to cooperate with the monitoring psychologist and the counselor shall constitute a violation of this Order.

5. Respondent shall abstain from the consumption of prohibited substances as defined below, except as prescribed by another physician to Respondent for legitimate and documented therapeutic purposes. As used in this provision, "consumption" means any manner of ingestion, including oral, injection, topical, inhalation, or otherwise.

A. Prohibited substances, as used in this order, includes:

- 1. Alcohol in any form;
- 2. Dangerous drugs, as defined in Chapter 483, TEX. HEALTH & SAFETY CODE;
- 3. Controlled substances, as defined in Chapter 481, TEX. HEALTH & SAFETY CODE; and
- 4. any substance, in any form, including over-the-counter (OTC) agents and food products, that may cause a positive drug or alcohol test.

B. The following is an illustrative, but not exclusive, list of prohibited substances:

- 1. Stimulants
- 2. Appetite suppressants
- 3. Medication for ADD/ADHD
- 4. Anti-anxiety agents
- 5. Antidepressants
- 6. Antihistamines
- 7. Anticholinergics
- 8. Antispasmodics
- 9. Recreational, mind-altering drugs
- 10. Any product containing pseudoephedrine or epinephrine
- 11. Alcohol

12. Any product containing alcohol, including mouthwashes, cough medicines, after shave lotions, colognes, hand sanitizing formulas, and dietary and herbal supplements; and
 13. Food containing any of the above and/or poppy seeds.
- C. Within five days after receipt of this Order, Respondent shall:
1. Provide to the Compliance Division of the Board a list of all prohibited substances that Respondent is currently consuming, whether by prescription or otherwise;
 2. Give any treating physician a copy of this Order;
 3. Cause any treating physician to report all prescriptions and orders for any prohibited substance within five days after the treating physician receives this Order. The report shall include the medical condition being treated; the substance prescribed, dispensed or administered; the amount of such substance; and any refills authorized.
- D. During the term of this Order, Respondent shall:
1. Provide to the Compliance Division of the Board a list of all subsequent prescriptions and any subsequent orders for prohibited substances within 24 hours after receipt of the subsequent prescription or order; and
 2. Give any subsequent treating physician a copy of this Order within five days after the initiation of treatment, and Respondent shall cause the subsequent treating physician(s) to report all prescriptions and any orders for prohibited substances to the Compliance Division of the Board no later than five days after receipt of this Order by the treating physician. The report shall include the medical condition being treated; the substance prescribed, dispensed or administered; the amount of such substance; and any refills authorized.
- E. If Respondent consumes any prohibited substance in any form without a prescription or order authorized by a physician for a legitimate medical purpose, Respondent shall immediately report Respondent's consumption in writing within 24 hours to the Compliance Division of the Board.
- F. The Respondent shall participate in the Board's drug testing program. In addition, at the request of a representative of the Board, with or without prior notice, Respondent shall submit to appropriate examinations, including screenings for alcohol and drugs, to determine by laboratory

analysis whether Respondent is free of prohibited drugs and alcohol. Respondent shall pay any costs associated with these analyses.

- G. A violation of this Order under this provision shall include: (i) a positive or a positive-dilute screen for prohibited drugs or alcohol, or a metabolite of prohibited drugs or alcohol; (ii) an adulterated specimen; (iii) a substituted specimen; or (iv) a refusal or failure to submit to random screenings. Should a specimen be reported as negative-dilute, Respondent may be required to undergo additional testing and may be subject to further Board action. A violation may be based on drug and alcohol screening under the Board's program or any other drug and/or alcohol testing.
- H. Evidence of a violation of this Order under this provision and any other information related to Respondent's violation of this Order may be presented to Board representatives at a Probationer's Show Compliance Proceeding, held in accordance with 22 TEX. ADMIN. CODE, §187.44.
- I. If the Board representatives at such Probationer's Show Compliance Proceeding determine that Respondent is in violation of this Order pursuant to this provision, the Board representatives may direct the Executive Director to immediately **SUSPEND** Respondent's medical license. **THIS SUSPENSION SHALL BE EFFECTIVE IMMEDIATELY WITHOUT THE NEED FOR A FORMAL HEARING BEFORE THE BOARD, A PANEL OF THE BOARD, OR THE STATE OFFICE OF ADMINISTRATIVE HEARINGS OR OTHER ADMINISTRATIVE DUE PROCESS UNDER THE MEDICAL PRACTICE ACT OR THE ADMINISTRATIVE PROCEDURE ACT. RESPONDENT WAIVES ANY SUCH HEARING OR ANY SUCH DUE PROCESS AND ALL RIGHTS OF APPEAL IN REGARD TO THE SUSPENSION.**

If Respondent is suspended under this provision, a Board representative shall file a formal complaint under Section 164.005 of the Medical Practice Act as soon as practicable, alleging the violations of this Order under this provision and seeking such disciplinary action as may be appropriate,

including revocation of Respondent's license. The formal complaint may also include allegations of other violations of this Order and other violations of the Medical Practice Act. The parties may resolve the issues by an agreed order, either before or after the filing of a formal complaint. **RESPONDENT DOES NOT WAIVE AND SPECIFICALLY RESERVES THE RIGHT TO A HEARING BEFORE THE STATE OFFICE OF ADMINISTRATIVE HEARINGS, WITH ALL RIGHTS PROVIDED BY THE MEDICAL PRACTICE ACT OR THE ADMINISTRATIVE PROCEDURE ACT AND THE RIGHT TO SEEK JUDICIAL REVIEW OF THE FINAL ORDER.**

6. The Respondent shall participate in the activities and programs of Alcoholics Anonymous (AA), (or any other substantially similar program that has been approved in writing by the Executive Director of the Board), on a regular basis of not less than three (3) times a week and shall maintain documentation as to the number and location of meetings attended and make such documentation available to the Board staff upon request.

7. The Respondent shall participate in the activities and programs of Caduceus meetings (or any other substantially similar program that has been approved in writing by the Executive Director of the Board), on a regular basis of no less than three (3) times a month. Respondent shall maintain documentation as to the number and location of meetings attended and provide such documentation to the Board.

8. At all times while Respondent is under the terms of this Order, Respondent shall give a copy of this Order to all hospitals, nursing homes, treatment facilities, and other health care entities in Texas where Respondent has privileges, has pending an application for privileges, applies for privileges, or otherwise practices. Within 30 days of being first contacted by the Compliance Division of the Board following entry of this Order, Respondent shall provide to the Compliance Division of the Board documentation, including proof of delivery showing that the Order was delivered to all such facilities.

9. Pursuant to Board Rule 189.15, the time period of this Order shall be extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) this Order is stayed or enjoined by Court Order; or (c) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine and such cessation in practice is NOT due to a suspension of Respondent's license. Respondent shall immediately notify the Board in writing in the event that Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days. Upon Respondent's return to active practice or return to Texas, Respondent shall notify the Board in writing. Upon return to Texas or active practice, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling. Tolling shall be in accordance with Board Rule 189.15.

10. Respondent shall comply with all the provisions of the Act and other statutes regulating Respondent's practice.

11. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

12. Respondent shall inform the Board in writing of any change to Respondent's office or mailing address within 10 days of the address change. This information shall be submitted to the Registration Department and the Compliance Department of the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 day notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent waives the 30-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days' notice, as provided in 22 Texas Administrative Code §187.44(4).

13. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

14. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

15. The above referenced conditions shall continue in full force and effect without opportunity for amendment, except for clear error in drafting, for five (5) years following the date of the entry of this Order, with the exception of Ordering Provisions 1, 2, 3, and 4, which shall continue in full force and effect, except for clear error in drafting, for one (1) year following the date of entry of this Order. If Respondent wishes to seek amendment or termination of the above conditions, Respondent may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter.

RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT WITH RESPECT TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

(SIGNATURE PAGES FOLLOW)

I, SERGIO SILVA, M.D., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: October 9, 2023.

Silva

Sergio Silva, M.D.,

Respondent

STATE OF TEXAS

COUNTY OF

Harris

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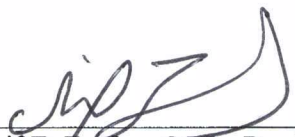
SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public, on this
9 day of October, 2023.

(Notary Seal)



Karla Olmedo
Signature of Notary Public

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this
13 day of October, 2023.



Sherif Z. Zaafran, M.D., President
Texas Medical Board