

Charlotte Ann Rhee, M.D., F.A.C.S., P.C.

Plastic and Reconstructive Surgery • Cosmetic Surgery • Surgery of the Breast

257 East Jericho Turnpike, Huntington Station, NY 11746 Tel 631-424-6707 Fax 631-424-6709

Patient Information Form

Today's Date _____ Referred by _____

First Name _____ Last Name _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Preferred Method of contact _____ Social Security Number _____

Employment Status _____ Occupation _____

Company or School _____ Phone _____

Address _____ City _____ State _____

Emergency Contact Information:

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Relationship _____

Who is your primary care physician? _____ Phone # _____

What Pharmacy do you use? _____ Phone # _____

Primary Insured Party information:

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birth Date ____/____/____ Policy Holder SS# _____

Patient Relationship to Insured party _____ Employer/School _____

Insurance Company: _____ Policy Number _____

Reason for Visit: _____

Patients initials: _____

Date of birth: / /

Patient Medical History:

- No Pertinent Past Medical History
- Abnormal Bleeding / Bruising
- Abnormal Clotting
- Anemia
- Asthma
- Bleeding Disorder
- Breast

- Cancer
- Chest Pain/tightness
- Diabetes
- Dizziness
- Gerd
- Heart Disease
- Heart Murmur

- Hepatitis
- High Blood Pressure
- Kidney Stones
- Skin Disease
- Stroke
- Thyroid Disorder
- Other: _____

Other Past Medical History _____

Surgical History

Patient Past Surgeries / Hospitalizations

Surgery / Hospitalization	Date	Anesthesia Complications	Notes
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Additional Surgical Information: _____

Family History:

- Cancer Diabetes Heart Disease High Blood Pressure
- None Other: _____

Do you have any medical allergies? (ie: medication, latex, tape) ___ Yes ___ No

Allergy	Reaction	Notes
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Current Medications; Including Vitamins (if none, please print none)

Drug / Vitamin	Dosage	Prescribed by
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Additional Medication Information: _____

Social History:

- Do you Drink Alcohol? Yes No
- Do you smoke? Yes No
- Does your skin appear fragile, burns easily? Yes No
- Do you form thick or raised scarring from a cut or burn? Yes No

Female Questions

When was your last mammogram? At what facility? N/A _____

All information provided above is accurate and complete to the best of my knowledge.

Patient Initials

Parent or Guardian Initials

Date

Charlotte Ann Rhee, M.D.

257 East Jericho Turnpike
Huntington Station, New York 11746
631 424-6707
Fax 631 424-6709

**PATIENT ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION**

The following person(s) may receive disclosure of protected health information about me:

Date

Signature of patient (or representative)

Name (printed)

Name of representative (if applicable)

Relationship (if applicable)

Date: _____

I, the undersigned acknowledge that I have received the following disclosures from the practice:

- Facility Information
- Patient Bill of Rights
- Complaints Resolution Policy
- Billing Information
- Facility Ownership Disclosure
- Information on Pain Assessment
- Physician Qualification

Name: _____

Signature: _____

Charlotte Ann Rhee, M.D., F.A.C.S.

Dr. Rhee is a Board Certified in Plastic and Reconstructive Surgeon and is a Diplomate of the American Board of Plastic Surgery. She is an Assistant Professor of Plastic Surgery at the Albert Einstein College of Medicine and Montefiore Medical Center and a Fellow Member of the American College of Surgeons (F.A.C.S.). Her office is located in Huntington. She holds medical licenses in both the state of New York and New Jersey.

Dr. Rhee graduated at the top of her class from George Washington High School in Charleston, West Virginia and was a National Merit Scholar; commended. She simultaneously received a diploma from the University of Charleston Conservatory of Music and Fine Arts, where, from the age of twelve, she played violin in the University's Symphony Orchestra.

Dr. Rhee received her undergraduate education at the University of Pennsylvania in Philadelphia, graduating with a B.A. in the History and Sociology of Science, while continuing her musical pursuits as a violinist in the University of Pennsylvania Symphony Orchestra. In 1987, she entered Marshall University School of Medicine in West Virginia, where she received her M.D. degree.

Following her medical education, Dr. Rhee received her training in General Surgery at Providence Hospital in Southfield, Michigan. There she worked closely with Dr. Ian T. Jackson, the internationally known craniofacial surgeon, and she was the author of many research papers, which were published, in both national and international journals. In recognition of her achievements, Dr. Rhee was awarded the prestigious John R. Pfeifer, M.D. Research Award for Outstanding Surgical Research.

After completing her General Surgery training, Dr. Rhee received her formal training in Plastic and Reconstructive Surgery at the Montefiore Medical Center and the Albert Einstein College of Medicine. As chief-resident, she ran the cosmetic and reconstructive surgery clinic in the Bronx, Municipal Hospital Center. During her fellowship, Dr. Rhee presented multiple research papers, published articles in the journals of Plastic and reconstructive Surgery and authored varied chapters in the prestigious textbook "Grabb's Encyclopedia of Flaps."

Most recently she co-authored a publication on breast reduction using the LeJour technique. She most proudly has become a member of Interplast; a team of plastic surgeons who volunteer their time and skills and travel to third world countries; performing reconstructive surgery on children born with facial birth defects. In her "free time", Dr. Rhee enjoys traveling, browsing in bookstores as well as creating artistic crafts. Many of her pieces of art are displayed on the walls of her office.

Charlotte Ann Rhee, M.D.
Welcome Letter

Dear Patients:

Our Physician and Staff at Dr. Rhee's office would like to take this opportunity to welcome you to our office. As your providers of health care, we look forward to serving you. We hope that, together, we can build the kind of relationship that will ensure that you receive quality of care and good service.

In order to maximize your benefits, it is very important that you familiarize yourself with the systems, policies and benefits outlined in this letter or ask our courteous staff if you have any further questions. Failure to follow the system and unfamiliarity with your benefits coverage may result in delays in receiving necessary health care and in unnecessary costs to you.

The following is important information you should know.

HOURS OF OPERATION

Office hours are:

9:00 AM to 5:00 PM, Monday through Thursday; 9:00 AM to 3:00 PM, Friday

Urgent care/after office hours: call office number at (631)424-6707 Office service center

On call 24 hours, will take message and call the physician.

SCHEDULING APPOINTMENTS

Our appointment desk may be reached at (631)424-6707 from 9:00 AM to 5:00 PM Monday through Thursday and 9:00 AM and 3:00 PM on Friday. Be sure to identify yourself.

If you need to cancel an appointment, please call the appointment des AS SOON AS POSSIBLE.

YOU HAVE CERTAIN RIGHTS

1. You have the right to be treated with respect, consideration and dignity.
2. You have the right to high-quality medical care delivered in a safe, timely, efficient and cost-effective manner and the right to be assured that the expected results can be reasonably anticipated.
3. You have the right to privacy to the extent possible.
4. You have the right to have your disclosures and records treated confidentially and, except when required by law, Those disclosures and records will not be released without your approval.
5. You have the right to be provided, to the degree known, complete information concerning your diagnosis, Evaluation, treatment and prognosis.
6. You have the right to copies of your medical records at a nominal cost and, if you request it, those records will be transferred to another practitioner in a timely manner.
7. You have the right to be informed of all reasonable options or alternatives for care and/or treatment of the potential advantages and disadvantages of each including the advantages or disadvantages and the alternatives to having the procedure performed in an office or other out-patient facility.
8. You have the right to participate in decisions regarding all aspects of care.
9. No procedure or treatment will be undertaken without your informed consent after the alternatives mentioned in #7 above have been discussed with you.
10. You have the right to refuse any diagnostic procedure or treatment and to be advised of the likely medical consequences of such refusal.
11. You have the right to know all of your rights as outlined above.
12. You have the right to know the conduct expected of you in the facility and the consequences of failure to comply with these expectations.

13. You have the right to know the services available at the facility.
14. You have the right to know the provisions for after-hours and emergency care.
15. You have the right to know if any of the planned procedures or treatments is part of a research study and the right to refuse to participate in that study.
16. You have the right to know whether or not your providers are insured.
17. You have the right to know how to go about expressing suggestions to the facility and the policies.
18. You have the right to know the name of your provider.
19. You have the right to know what fees are expected and what the payment policies are.
20. You have the right to know what your provider's credentials are.
21. You have the right to change providers.

YOU ALSO HAVE CERTAIN RESPONSIBILITIES

1. You have the responsibility to accurately and completely provide all clinical personnel with the health information they need including any medications you are taking.
2. You have the responsibility to follow the directions of the nurse or physician with regard to diet and/or medication.
3. You have the responsibility to abstain from using any drugs that have not been prescribed for you and that you have not revealed to your nurse or physician.
4. You have the responsibility to abstain from the use of alcohol as directed by your nurse or physician.
5. You have the responsibility to inform the nurse or physician if you do not understand any directions or you do not understand the course of treatment planned for you.
6. You have the responsibility to timely pay all medical bills which are not in dispute or to forward to us any monies you receive from any insurance company for our services.

COMPLAINT RESOLUTION

We at Dr. Rhee's office strive to provide you with excellent quality of care. We highly believe in changes to improve and welcome an opportunity to listen to your suggestions and complaints. Please contact Administrator or the Medical Director to get further information on our complaint resolution policy.

BILL & PAYMENT

Please see our scheduler for a list of insurances we accept.

INVOLVE IN YOUR HEALTHCARE

Everyone has a role in making healthcare safe. Our Physicians, Nurses and Technicians are working to make you health care safety a priority. You as a patient can play a vital role in making your care safe by becoming an active, involved and informed member of your healthcare team. So **SPEAK UP**

- S-** Speak Up if you have any questions or concerns and if you don't understand ask again
- P-** Pay Attention to the care you are receiving. Make sure you are getting the right treatment and Medication.
- E-** Educate yourself about your diagnosis and your treatment plan.
- A-** Ask a trusted family member to be your advocate
- K-** Know what medication you take and why you take them
- U-** Use a healthcare facility that provides quality care
- P-** Participate in all decisions about your treatment.

PAIN

Pain is considered to be the fifth vital sign. We as your healthcare provider would like to assist you with any pain you might possibly have. Prompt, appropriate treatment of pain facilitates a successful physical exam and enhances your ability to undergo any tests that might be necessary to make an accurate diagnosis. Please see the pain scale below to determine the quality and intensity of your pain and let us know.



0
NO
HURT



1
HURTS
LITTLE
BIT



2
HURTS
LITTLE
MORE



3
HURTS
EVEN
MORE



4
HURTS
WHOLE
LOT



5
HURTS
WORST

PHYSICIAN INFORMATION

Your Physicians are Board Certified in Plastic and Reconstructive Surgery and Anesthesiology.

Becoming a licensed, board certified physician means meeting the most rigorous training and continuing education offered in the field of medicine.

Certification of physicians is done by medical specialty boards, recognized by the American Medical Association (AMA) and the American Board of Medical Specialties (ABMS), as a way to tell consumers that the doctors with this credential have successfully completed approved training and have passed an evaluation process assessing their ability to provide quality patient care in their specialty.

Board certification is time-limited, and to maintain their certification, doctors are periodically reevaluated. They must present evidence of licensure and scope of their practice and pass an examination every 7 to 10 years, depending on the specialty.

Board certification is a good indication that your doctor has made a commitment to continuing education and is keeping up with the latest findings in his or her field.

FACILITY OWNERSHIP DISCLOSURE

Rhee Office Based Surgical Facility is owned and operated by Dr. Charlotte Ann Rhee.

Please keep this letter for future reference. Should you have any questions, feel free to call us at (631) 424-6707 We look forward to serving you.

Sincerely,

Charlotte Ann Rhee, M.D.

PATIENT'S BILL OF RIGHTS AND RESPONSIBILITIES

Rights

The observance of the following guidelines will provide more effective patient care and greater satisfaction for the patient, the physician and the individuals that make up the office organization. It is in recognition of these factors that these rights are affirmed.

The patient has the right to considerate and respectful care; cultural, psychosocial, spiritual, personal values, beliefs, and preferences will be respected and care will be given in a safe setting. Patients with vision, speech, hearing, language and cognitive impairments have the right to effective communication.

The patient has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatment as well as the person(s) responsible for their sedation and anesthesia.

The patient has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to expect that all communications and records pertaining to his/her care should be treated as confidential. Those not directly involved in his/her care must have permission of the patient to be present.

The patient has the right to obtain from the physician complete current information concerning his/her diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. The patient has the right to be involved in decisions about their care, treatment and services and the patient has the right to have their pain assessed, managed, and treated as effectively as possible.

The patient has the right, and when appropriate, the patient's family to be informed of unanticipated outcomes of care, treatment, and services that relate to sentinel or adverse reviewable events.

The patient has the right to expect that within its capacity, this ambulatory facility must provide evaluation, service and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer.

The patient has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, which is treating him/her.

The patient has the right to expect reasonable continuity of care. The patient has the right to expect that this facility will provide a mechanism whereby he/she is informed by his physician of the patient's continuing health care requirements following discharge.

The patient has the right to know the mechanisms for grievance as well as suggestions.

The patient has the right to change their choice of physician.

The patient has the right to refuse care, treatment, and services in accordance with law and regulation.

The patient has the right to dispute information in their medical record

The patient has the right to examine and receive an explanation of his/her bill and to expect ethically billing practices.

The patient has the right to exercise all rights without discrimination or reprisal, abuse or harassment.

Responsibilities

The patient has the responsibility to provide the physician with the most accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, allergies and unexpected changes in the patient's condition.

The patient is responsible for asking questions when they do not understand what they are told or what they are expected to do.

If the plan of care is agreed upon, the patient has the responsibility to follow the plan of care or express concerns with compliance. The patient and family are responsible for following the preoperative and post discharge care plan . The patient and family are responsible for the outcomes if the do not follow the care plan.

The patient is responsible to provide an adult to transport him/her home from the facility and remain with him/her for 24 hours, if required by his/her physician.

The patient is responsible to inform his/her physician about any living will medical power of attorney, or other directive that could affect his/her care.

The patient and family are responsible for following the practice's rules and regulations concerning patient care and conduct

Patients and families are responsible for being considerate of the practice's staff and property.

The patient and family are responsible for promptly meeting any financial obligation agreed to with the practice.

Charlotte A. Rhee

257 East Jericho Turnpike
Huntington Station, New York 11746
631 424-6707
Fax 631 424-6709

Federal law prohibits this practice from sending you texts or email which are unencrypted or "unsecure." However, many patients find it convenient to communicate with our office by traditional text and/or email. Those modes of communication are generally not considered "secure." Some patients appreciated the tradeoff between ease of use/convenience and security. We want to accommodate your preferences. If you would like to communicate with us by "unsecure" text or email, please confirm below by providing your authorization. We will keep your preferences in force with no current expiration date until we learn otherwise. Obviously, you can change your mind at any point down the road. Just let us know in writing so we can stay updated with your preference(s). If messages are sent through such channels, they may no longer be protected by HIPAA. Finally, whether or not you decide to use email or text messages, your choice will have no impact on our decision to treat you. We are here for you.

I authorize for the practice to communicate with me by "unsecure" email; that email address being:

_____ X _____
Email Sign Date

I authorize the practice to communicate with me by "unsecure" text; that number being

_____ X _____
Number Sign Date

CHARLOTTE A RHEE, M.D.

Your Name _____

Date _____

INITIAL LEARNING ASSESSMENT

During your visit with our organization you will be presented with information that may be new to you. To aid in providing the best care possible please answer the following questions. Then return this form to the front desk. Thank you.

How do you like to learn new things? Please check all that apply

<input type="checkbox"/>	Reading	<input type="checkbox"/>	Pictures/Diagrams
<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Hands On/Demonstration
<input type="checkbox"/>	Videotapes	<input type="checkbox"/>	Self-study
<input type="checkbox"/>	Audiotapes	<input type="checkbox"/>	Other

Factors that can affect learning:	Yes	NO	Comments
Do you speak English in your home?			If no what languages do you prefer to speak? Name of interpreter:
Can you read English?			
Can you write English?			
Do you hear well?			If no, do you utilize a hearing device? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you see well?			If no, do you utilize glasses or contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any cultural or religious practice/beliefs that may affect your care or treatment?			If Yes, explain

Other comments

PLEASE COMPLETE IF YOU ARE COMING IN FOR A
BREAST REDUCTION CONSULTATION

Name:

DOB:

Do you have neck/upper back pain? _____

If so, rate that pain from a 1-5 upon waking up in the morning. (5 is the worst) _____

If so, rate that pain from a 1-5 at the end of the day (5 is the worst) _____

Is the pain worse after exercise? _____

If so, when did the pain begin ? (check which applies)

____ childbirth

____ C-section? ____ how many?

____ Menopause

Do you have rashes under breasts?

If so, do you use ointments or creams under your breasts? _____

Are you under the care of a dermatologist for your rash? ____ Who? _____

Do you wear a sports bra to support your breasts? ____ How many? _____

Have you taken yoga or back strengthening exercises to help with the pain? _____

If so, how long and how often? _____

Have you been under the care of a chiropractor or PT? _____

If so, Who? _____

Do you take anything to relieve your pain? _____

Signature

Date