

SHERIF KHATTAB, M.D., INC
AESTHETIC, PLASTIC & RECONSTRUCTIVE SURGERY

23365 HAWTHORNE BLVD., SUITE 102
TORRANCE, CA 90505

TEL: (310) 325- 2100
FAX: (310) 325 -7400

PATIENT REGISTRATION FORM

(PLEASE PRINT CLEARLY)

PATIENT'S NAME: _____ SS# _____

ADDRESS: _____ DRIVER'S LIC.# _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

DATE OF BIRTH: _____ AGE: _____ E-mail : _____

OCCUPATION: _____ EMPLOYER: _____

CITY: _____ STATE: _____ ZIP: _____ TEL: _____

PHARMACY NAME: _____ TEL: _____

PHARMACY ADDRESS: _____

IN CASE OF EMERGENCY CONTACT: _____

RELATIONSHIP TO PATIENT: _____ TEL: _____

RESPONSIBLE PARTY INFORMATION IF PATIENT IS NOT THE INSURED

NAME: _____ D.O.B: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

RELATIONSHIP: _____

PRIMARY INSURANCE:

NAME: _____

POLICY HOLDER: _____

SECONDARY INSURANCE:

NAME: _____

POLICY HOLDER: _____

REFERRED BY:

NAME: _____

FAMILY PHYSICIAN:

NAME: _____

SHERIF KHATTAB, M.D., INC

AESTHETIC, PLASTIC & RECONSTRUCTIVE SURGERY

TO ALL MY PATIENTS

Charges are determined to be usual, customary and reasonable fees for the professional services provided. If you have any health or accident insurance, Medicare, or any type of payment agreement with any insurance company or government agency, please be reminded that this does not necessarily mean that you will be reimbursed the full amount of my fees. In such instances, please understand that you will remain responsible for any unpaid balances as well as all legal fees and other costs of collection and interests at the highest rate allowed by law.

I authorize payment to be made directly to Sherif Khattab, M.D., Inc for medical or surgical benefits otherwise payable to me under the terms of my insurance. Request for payment of benefits from any health or accident insurance, Medicare, authorizes me to release any information acquired in the course of your examination or treatment (surgery). If you have any questions regarding my fees or professional services, I will be happy to discuss them with you.

Patient Initial: _____

Medical photographs are utilized in plastic surgery, as are X-rays and electrocardiograms in medicine. Such records are kept and provided as reference points for past and future treatments and for patient education.

I AGREE TO RELEASE PHOTOGRAPHS (pre-operative, intra-operative and post-operative) as needed by Sherif Khattab, M.D.

Patient Initial: _____

Our **Privacy Notice** describes how your medical information may be used and provided to others for treatment, payment and other purposes required or allowed by law.

I HAVE READ a copy of Beyond Beautiful, Sherif Khattab, M.D., Inc.'s Notice of Privacy Practices.

Patient Initial: _____

NOTICE TO PATIENTS

Our medical doctors are licensed and regulated by the Medical Board of California.

To check up on a license or to file a complaint go to www.mbc.ca.gov , email: licensecheck@mbc.ca.gov, or call (800) 633-2322.



I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Patient Name

Signature

Date

Patient Representative Name/Relationship

Signature

Date

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310-325-2100

Patient Name: _____ Date _____

Social

Age _____ Sex: M F Married: Y N Occupation _____
Responsible Adult available to assist during recovery Y N Relationship _____

Habits

Smoke Y N Amount _____ Coffee/Tea/Cola Y N Amount _____
Alcohol Y N Amount _____ Daily exercise Y N Amount _____

Medications: List dose/ number of pills per day

Prescription drugs:

Non- prescription (include vitamins & herbs):

_____	_____
_____	_____
_____	_____
_____	_____

Regular Aspirin use	Y N	Dosage and frequency	_____
NSA (Advil, Motrin, Ibuprofen)	Y N	Dosage and frequency	_____
Cortisone Injections past year	Y N	Dosage and frequency	_____
Drug Allergy	Y N		

List drugs and type of reaction _____

Latex Allergy: Y N Tape Allergy Y N

Family History

Have any blood relatives ever had the following problems:

Abnormal Bleeding	Y N	Coronary Surgery	Y N
Kidney Disease	Y N	Abnormal Clotting	Y N
Diabetes	Y N	Tuberculosis	Y N
Anesthetic Problems	Y N	Heart Attack	Y N
Cancer	Y N	Hypertension	Y N
Other Serious Illness	Y N		

Please describe questions with a Yes answer: _____

Sherif Khattab, M.D., Inc
310-325-2100

Personal Past History

Have you ever had?

Abnormal bleeding	Y	N	Asthma	Y	N	Hypertension	Y	N
Abnormal clotting	Y	N	Diabetes	Y	N	Sleep Apnea	Y	N
Acid Regurgitation	Y	N	Snoring	Y	N	Fainting Spells	Y	N
Heart attack	Y	N	Anemia	Y	N	Weight change	Y	N
Hepatitis	Y	N	Angina	Y	N	Other serious illness	Y	N

Please describe questions with a Yes answer:

Have you ever received a transfusion? Y N If yes, what year? _____

Have you been tested for HIV? Y N
If yes, what year? _____ Test results: negative positive

Do you wear:
Contact lenses Y N Eye glasses Y N Hearing Aid Y N Dentures Y N

List previous surgeries including the year and type of procedure:

Indicate the type (s) of anesthesia received in the past and list any complications/reactions you experienced:

_____ Local anesthesia-complication /reactions: _____
_____ General anesthesia-complications/reactions: _____
_____ Spinal/Epidural-complications/reactions: _____

Date last seen by Primary Care Physician: _____

Primary Care Physician name: _____ Phone _____

Women Patients Only:

Number of pregnancies _____ Number of children _____ Last menstrual period _____

Did you breast feed? Y N

We Care About Your Privacy

Sherif Khattab, M.D.

23365 Hawthorne Blvd., Suite 102
Torrance, CA 90505

1. Our Pledge Regarding Medical Information

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.

2. Our Legal Duty

Law Requires Us to:

1. Keep your medical information private.
2. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
3. Follow the terms of the current notice.

We Have the Right to:

1. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law.
2. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes.

Notice of Change to Privacy Practices:

1. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request.

3. Use and Disclosure of Your Medical Information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

For Treatment:

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other people who are taking care of you. We may also share medical information about you to your other health care providers to assist them in treating you.

For Payment:

We may use and disclose your medical information for payment purposes. A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include your medical information.

For Health Care Operations:

We may use and disclose your medical information for our health care operations. This might include measuring and improving quality, evaluating the performance of employees conducting training programs, and getting the accreditation, certificates, licenses and credentials we need to serve you.

Additional Uses and Disclosures:

In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.

Facility Directory:

Unless you notify us that you object, the following medical information about you will be placed in our facility directories: your name; your location in our facility; your condition described in general terms; your religious affiliation, if any. We may disclose this information to members of the clergy or, except for your religious affiliation, to others who contact us and ask for information about you by name.

Notification:

We may use and disclose medical information to notify or help notify: a family member, your personal representative or another person responsible for your care. We will share information about your location, general condition, or death. If you are present, we will get your permission if possible before we share, or give you the opportunity to refuse permission. In case of emergency, and if you are not able to give or refuse permission, we will share only the health information that is directly necessary for your health care, according to our professional judgment. We will also use our professional judgment to make decisions in your best interest about allowing someone to pick up medicine, medical supplies, x-ray or medical information for you.

Disaster Relief:

We may share medical information with a public or private organization or person who can legally assist in disaster relief efforts.

Fundraising:

We may provide medical information to one of our affiliated fundraising foundations to contact you for fundraising purposes. We will limit our use and sharing to information that describes you in general, not personal, terms and the dates of your health care. In any fundraising materials, we will provide you a description of how you may choose not to receive future fundraising communications.

Research in Limited Circumstances:

We may use medical information for research purposes in limited circumstances where the research has been approved by a review board that has reviewed the research proposal and established protocols to ensure the privacy of medical information.

Funeral Director, Coroner, Medical Examiner:

To help them carry out their duties, we may share the med-

ical information of a person who has died with a coroner, medical examiner, funeral director, or an organ procurement organization.

Specialized Government Functions:

Subject to certain requirements, we may disclose or use health information for military personnel and veterans, for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

Court Orders and Judicial and Administrative Proceedings:

We may disclose medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your medical information with law enforcement officials. We may share limited information with a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

Public Health Activities:

As required by law, we may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability, including child abuse or neglect. We may also disclose your medical information to persons subject to jurisdiction of the Food and Drug Administration for purposes of reporting adverse events associated with product defects or problems, to enable product recalls, repairs or replacements, to track products, or to conduct activities required by the Food and Drug Administration. We may also, when we are authorized by law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk of contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence:

We may use and disclose medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may share your medical information if it is necessary to prevent a serious threat to your health or safety or the health or safety of others. We may share medical information when necessary to help law enforcement officials capture a person who has admitted to being part of a crime or has escaped from legal custody.

Workers Compensation:

We may disclose health information when authorized or necessary to comply with laws relating to workers compensation or other similar programs.

Health Oversight Activities:

We may disclose medical information to an agency providing health oversight for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations or proceedings, inspections, licensure or disciplinary actions, or other authorized activities.

Law Enforcement:

Under certain circumstances, we may disclose health information to law enforcement officials. These circumstances include reporting required by certain laws (such as the reporting of certain types of wounds), pursuant to certain subpoenas or court orders, reporting limited information concerning identification and location at the request of a law

enforcement official, reports regarding suspected victims of crimes at the request of a law enforcement official, reporting death, crimes on our premises, and crimes in emergencies.

Appointment Reminders:

We may use and disclose medical information for purposes of sending you appointment postcards or otherwise reminding you of your appointments.

Alternative and Additional Medical Services:

We may use and disclose medical information to furnish you with information about health-related benefits and services that may be of interest to you, and to describe or recommend treatment alternatives.

4. Your Individual Rights

You Have the Right to:

1. Look at or get copies of certain parts of your medical information. You may request that we provide copies in a format other than photo copies. We will use the format you request unless it is not practical for us to do so. You must make your request in writing. You may ask the receptionist for the form needed to request access. There may be charges for copying and for postage if you want the copies mailed to you. Ask the receptionist about our fee structure.
2. Receive a list of all the times we or our business associates shared your medical information for purposes other than treatment, payment, and health care operations and other specified exceptions.
3. Request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in the case of an emergency).
4. Request that we communicate with you about your medical information by different means or to different locations. Your request that we communicate your medical information to you by different means or at different locations must be made in writing to our Privacy Officer.
5. Request that we change certain parts of your medical information. We may deny your request if we did not create the information you want changed or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement that will be added to the information you wanted changed. If we accept your request to change the information, we will make reasonable efforts to tell others, including people you name, of the change and to include the changes in any future sharing of that information.
6. If you wish to receive a paper copy of this privacy notice, then you have the right to obtain a paper copy by making a request in writing to our Privacy Officer.

Questions and Complaints

If you have any questions about this notice, please ask the receptionist to speak to our Privacy Officer.

If you think that we may have violated your privacy rights, you may speak to our Privacy Officer and submit a written complaint. To take either action, please inform the receptionist that you wish to contact the Privacy Officer or request a complaint form. You may submit a written complaint to the U.S. Department of Health and Human Services; we will provide you with the address to file your complaint. We will not retaliate in any way if you choose to file a complaint.

*These privacy practices are currently in effect and will remain in effect until further notice.