



MEDICAL APPLICATION CHECKLIST

NAME Choi, Youl DOB 1/22/46

☒ Fee Rec'd ☒ Photo ☒ Affidavit

☒ Personal Data: Yes Response To # _____

☒ Chronology: Missing _____ TO _____ TO _____ TO _____

TRAINING

☐ U.S. ☐ Canada ☐ Offshore ☐ Fifth Pathway ☒ Foreign

☒ ECFMG Cert (Indefinite)

☒ AMA Profile ☒ MDB Clearance

REQUESTING LICENSURE BY

☐ Flex Exam ☐ June _____ ☐ December _____

☒ Flex Waiver: Scores 85.1 OR Wtd Ave. _____

☐ Nat'l. Board Waiver: Scores _____

☐ State Const. Exam From _____ Scores _____

☐ Reciprocity From _____ ☐ LMCC Cert. (After 1969).

EDUCATION

Medical School Chonnam Univ. Med. School (Korea)

M.D. Degree Date 1970 ☒ Transcript ☒ Translation.

POST GRADUATE TRAINING

☒ One year prior to 1985 ☐ Two years after 1985

☒ Yonsei Univ. 7-74 to 6-75

☒ Harper-Grace Hosp. 7-75 to 6-79

☐ _____

☐ _____

☐ _____

☒ Verif. ☒ Eval.

☒ Verif. ☒ Eval.

☐ Verif. ☐ Eval.

☐ Verif. ☐ Eval.

☐ Verif. ☐ Eval.

☐ Fifth Pathway Verif. and Eval.:

STATE(S)/PROVINCES/COUNTRIES OF LICENSURE

☒ Mi ☐ _____ ☐ _____ ☐ _____ ☐ _____

HOSPITAL PRIVILEGES (EXPERIENCE)

☒ Harper-Grace ☐ _____

☐ _____ ☐ _____

☐ _____ ☐ _____

OFF-SHORE CLERKSHIPS

☐ In U.S. (Enter institutions above under PGT) ☐ Syllabus ☐ Contract

☐ State Board verif. in states(s) of _____

☐ In Offshore Med. School ☐ Verif. of subject areas

☐ Eval. from Med School Dean ☐ Verif. from local jurisdiction.

ACTION

Refer to PPMD. Date _____ Ret'd. Date _____

Approved ☐ By _____ Date _____

Disapproved ☐ By _____ Date _____



FOR VALIDATION ONLY 02G-070-252-0009

APPLICATION FOR LICENSE TO

PRACTICE MEDICINE

8045 000 070 062388

150.00

MAKE REMITTANCE PAYABLE TO: STATE TREASURER

FOR OFFICE USE ONLY

 CERTIFICATE NO. 26807 ISSUE DATE 9/22/89 EXPIRATION DATE 1/22/90

APPLICATION FOR LICENSURE IS MADE BY: (check one)

- ☐ NATIONAL BOARD WAIVER
☐ ENDORSEMENT OF STATE EXAMINATION
☒ FLEX EXAMINATION WAIVER
☐ LMCC (must have been obtained after 1969)
☐ FLEX EXAMINATION

State _____ DATE OF EXAMINATION REQUESTED (month and year) _____

FOR OFFICE USE ONLY

PROG (1)	TRANS (3)	PROF CODE (4)	PIC/CIC (5)	EXPIRATION DATE (9)	EXPT (10)	STAT (11)	TYPE (12)
LA	14	252-09				1	2

KEY DATE (13)	CLASS (14)	ASSN (15)	BILLED AMOUNT (16)	SIGN	SPLIT	QRTD
1-22-46			165.00			

PLEASE TYPE OR PRINT CLEARLY

 APPLICANT'S NAME (20) CHOI YOUL
LAST FIRST MIDDLE
ADDRESS (21) 4305 RAMSGATE
 CITY (24) BLOOMFIELD HILLS STATE (25) MI ZIP (26) 48013 COUNTY (27) OAKLAND
TELEPHONE NUMBER (39) (313)272-6920SOCIAL SECURITY NUMBER (40) 1 - DOH Licensee Social...WHERE YOU CAN BE REACHED DURING
NORMAL BUSINESS HOURS.REQUESTED FOR IDENTIFICATION PURPOSES ONLY. ENTERING SSN
IS VOLUNTARY AND IS NOT REQUIRED FOR LICENSING APPROVAL.SEX (F or M) M BIRTHDATE Jan. 22 1946
MO. DAY YR.BIRTHPLACE KWANGJU CHONNAM KOREA
CITY STATE COUNTYMEDICAL SPECIALITY OBSTETRICS & GYNECOLOGY
 MEDICAL SCHOOL CHONNAM UNIV. MED.SCHOOL in KOREA YEAR GRADUATED 1970
NAME/COUNTRY

FOR OFFICE USE ONLY

 EXAM DATE (42) _____
 VOTER DIST. (46) K
 GRAD. YR./SCH. (48) 4310

 HAVE YOU PREVIOUSLY APPLIED FOR A WASHINGTON STATE MEDICAL LICENSE OR
 LIMITED LICENSE? ☐ YES ☒ NO


LIST OTHER NAME(S) THAT APPEAR ON DOCUMENTS OR CREDENTIALS _____

 FOLLOW CAREFULLY ALL INSTRUCTIONS IN GENERAL INSTRUCTIONS—ALL APPLICANTS. IT IS THE
 RESPONSIBILITY OF THE APPLICANT TO SUBMIT OR REQUEST TO HAVE SUBMITTED, ALL
 REQUIRED SUPPORTING DOCUMENTS.

IDENTIFICATION

HEIGHT 5'6"	WEIGHT 130 lbs
COLOR OF EYES Dark Brown	COLOR OF HAIR Dark

ATTACH CURRENT PHOTOGRAPH HERE



4. Close up front view — not profile

5. Instant photographs not acceptable

PERSONAL DATA

	YES	NO
1. HAVE YOU EVER HAD A LICENSE TO PRACTICE MEDICINE SUSPENDED, REVOKED, RESTRICTED OR DENIED IN ANY STATE, FEDERAL OR FOREIGN JURISDICTION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAVE YOU EVER HAD HOSPITAL PRIVILEGES, OR MEDICAL SOCIETY MEMBERSHIP REVOKED, SUSPENDED OR RESTRICTED ON GROUNDS OF UNPROFESSIONAL CONDUCT, INCOMPETENCE, NEGLIGENCE, OR UNSAFE PRACTICES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. HAVE YOU EVER BEEN CONVICTED OF ANY GROSS MISDEMEANOR OR FELONY RELATING TO THE PRACTICE OF MEDICINE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAVE YOU EVER BEEN THE RECIPIENT OF ANY DISCIPLINARY ACTION, INCLUDING REPRIMAND OR HAVE YOU EVER ENTERED A STIPULATED AGREEMENT OR AGREED TO DISCONTINUE AN ACT ALLEGED AS A VIOLATION OF LAW OR AN UNSAFE PRACTICE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF RESPONSE TO 1, 2, 3, OR 4 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF ORDERS, STIPULATIONS, AGREEMENTS, CHARGES, JUDGEMENTS, SENTENCE, FINDINGS AND NATURE OF DECISIONS. IF ON PAROLE OR PROBATION, INCLUDE A LETTER FROM THE SUPERVISING OFFICER INDICATING PROGRESS.		
5. HAVE YOU EVER BEEN FOUND GUILTY OF THE VIOLATION OF ANY DRUG LAW, OR PRESCRIBING CONTROLLED SUBSTANCES FOR YOURSELF?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. HAVE YOU EVER BEEN INVOLVED IN THE POSSESSION, USE, PRESCRIPTION FOR USE, OR DIVERSION OF CONTROLLED SUBSTANCES OR LEGEND DRUGS IN ANY OTHER THAN FOR LEGITIMATE OR THERAPEUTIC PURPOSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. HAVE YOU EVER VOLUNTARILY SUBMITTED OR BEEN REQUIRED TO SUBMIT FOR TREATMENT FOR ALCOHOL DEPENDENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF RESPONSE TO 5, 6 OR 7 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF CHARGES, SENTENCE, ORDER, STIPULATION AND/OR DISPOSITION. ALSO INCLUDE LETTERS FROM THE TREATING PROFESSIONAL AND/OR INSTITUTION STATING DETAILS OF CONDITION OR ADDICTION, TREATMENT AND PROGNOSIS.		
8. HAVE YOU EVER RECEIVED TREATMENT FOR A MENTAL ILLNESS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAVE YOU EVER BEEN RELEASED FROM OR RESTRICTED IN A MEDICAL PROGRAM BECAUSE OF A MENTAL CONDITION OR ILLNESS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF RESPONSE TO 8 OR 9 IS AFFIRMATIVE, ATTACH CERTIFIED COPIES OF DIAGNOSIS, TREATMENT, OR PROGNOSIS ALONG WITH LETTERS FROM ANY TREATING PHYSICIAN AND/OR PROFESSIONAL STATING DETAILS OF CONDITION AND PROGNOSIS.		
10. HAVE YOU EVER VOLUNTARILY GIVEN UP PRIVILEGES, A LICENSE TO PRACTICE, OR AGREED TO RESTRICT YOUR PRACTICE IN LIEU OF OR TO AVOID FORMAL ACTION? (IF YES, PROVIDE A NOTARIZED STATEMENT OF EXPLANATION)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. HAVE YOU BEEN NAMED IN ANY MALPRACTICE SUITS ALLEGING YOUR INCOMPETENCE OR NEGLIGENCE IN THE PRACTICE OF MEDICINE? IF YES, INCLUDE THE NATURE OF THE CASE, DATE, AND SUMMARIZE CARE GIVEN. ENCLOSE A COPY OF THE ORIGINAL COMPLAINT AND SETTLEMENT OR FINAL DISPOSITION. IF PENDING, INDICATE THE STATUS:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**FAILURE TO GIVE COMPLETE AND TRUE INFORMATION CONSTITUTES CAUSE FOR DENIAL
OF YOUR APPLICATION FOR LICENSURE**

EDUCATION AND EXPERIENCE

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training. (ATTACH ADDITIONAL 8½x11 SHEET IF NECESSARY)

SCHOOLS ATTENDED—LOCATION IF OTHER THAN U.S., QUOTE NAMES OF SCHOOLS IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH.	NUMBER OF YEARS ATTENDED	ATTENDANCE				DIPLOMA OR DEGREE OBTAINED QUOTE TITLES IN ORIGINAL LANGUAGE AND TRANSLATE TO ENGLISH
		ENTRANCE		LEAVING		
		CLASS/ GRADE	DATE MO./YR.	CLS/GRD CMPLT.	DATE MO./YR.	
Medical Education (List all Medical Schools Attended)						
CHONNAM UNIV. MED.SCHOOL	4 yrs	1st	4/66	4th	3/70	M.D.
Post-Graduate Training (List all programs attended)						
BOOTH MEM.MED.CENTER NEW YORK, NEW YORK	1 yr	Intern	7/74	Intern	6/75	Straight Surgical Intern
The HARPER-GRACE HOSPITAL DET. MI.	4 yrs	1st yr Resident	7/75	4th yr	6/79	RESIDENCY IN OB-GYN.

IN CHRONOLOGICAL ORDER LIST ALL PROFESSIONAL EXPERIENCE RECEIVED SINCE GRADUATION FROM MEDICAL SCHOOL TO THE PRESENT. (EXCLUDE ACTIVITIES LISTED UNDER OTHER SECTIONS.) (ATTACH ADDITIONAL 8½x11 SHEET IF NECESSARY)

INDICATE NATURE OF EXPERIENCE OR PRACTICE	INCLUSIVE DATES OF EXPERIENCE	
	BEGINNING MO./YR.	ENDING MO./YR.
PRIVATE PRACTICE 10957 FARMINGTON RD. LIVONIA MI,	7/79	8/83
PRIVATE PRACTICE 16401 GRAND RIVER, DET, MI .	9/83	till now

FIFTH PATHWAY

(ATTACH ADDITIONAL 8½x11 SHEET IF NECESSARY)

NAME AND LOCATION OF MEDICAL SCHOOL	NAME AND LOCATION OF HOSPITAL	INCLUSIVE DATES ATTENDED

PLEASE LIST HOSPITALS WHERE PRIVILEGES HAVE BEEN GRANTED WITHIN THE PAST FIVE (5) YEARS.

(FOR LOCUM TENENS, ENTER ONLY THOSE OF A 30 DAY OR LONGER DURATION. SEE INSTRUCTIONS REGARDING REPORTS AND VERIFICATION.) (ATTACH ADDITIONAL 8½x11 SHEET IF NECESSARY.)			
THE HARPER - GRACE HOSPITAL DET. MI.			

NOTE: IF ADDITIONAL 8½x11 SHEET(S) ATTACHED, PLEASE LABEL AS TO SUBJECT, i.e., FIFTH PATHWAY.

LICENSES IN OTHER STATES / COUNTRIES

List all licenses to practice medicine obtained in other states or provinces of Canada. (Include whether active or inactive).

STATE, COUNTRY OR PROVINCE	DATE LICENSE ISSUED	NUMBER	BASIS OF LICENSURE		STATUS OF LICENSE ACTIVE/INACTIVE	ANY LIMITATIONS ON LICENSE
			EXAMINATION (DATE PASSED)	ENDORSEMENT		
MICHIGAN	9/15/78	36950	FLEX exam.		ACTIVE	NONE

AFFIDAVIT

I, YOUL CHOI, MD., being first duly sworn, depose and say that
PRINT OR TYPE FULL NAME OF APPLICANT

I am the person described and identified; that I am of good moral character; that I have not engaged in any of the acts prohibited by the statutes of the State of Washington; that I am the person named in the documents presented in support of this application; that I am the lawful holder of a medical diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentations.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of Washington. I understand the Board may request a physical or mental evaluation to determine my fitness for practice.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice in the State of Washington

Applicant's Signature *Youl Choi*

(SEAL)

Subscribed and sworn to before me this 2nd

day of June, 19 88

Gloria J. Lewis

Notary Public for the state of Michigan

Residing at Wayne

GLORIA J. LEWIS
 Notary Public, Wayne County, MI
 My Commission Expires Jan. 6, 1991

*** REQUEST FOR PAYMENT ***

FOR : PHYSICIAN & SURGEON

MAKE CHECK, BANKDRAFT OR MONEY ORDER PAYABLE TO: STATE TREASURER
RETURN THIS NOTICE WITH REMITTANCE TO: STATE OF WASHINGTON
DIV. OF PROFESSIONAL LICENSING
P.O. BOX 9649
OLYMPIA, WASHINGTON 98504

CHOI, YOUL
4305 RAMSGATE
BLOOMFIELD HILLS MI 48013

FEE DUE IS \$15.00
EXP DATE: 11/7/88

THE ADMINISTRATOR

ADP-153 06-30-88 252-09 CH-OI-*Y-*54982 SPLIT 0 1 LZ-B1 LF 14

✓ 0069 000 070 080288 1500

PAY TO THE ORDER OF
OLYMPIA BRANCH
RAINIER NATIONAL BANK
FOR DEPOSIT ONLY
WASHINGTON STATE TREASURER
DEPARTMENT OF LICENSING 240
004138920



MEDICAL APPLICATION CHECKLIST

NAME Choi, Youl DOB 1/22/46

☒ Fee Rec'd ☒ Photo ☒ Affidavit

☒ Personal Data: Yes Response To # _____

☒ Chronology: Missing _____ TO _____ TO _____ TO _____

TRAINING

☐ U.S. ☐ Canada ☐ Offshore ☐ Fifth Pathway ☒ Foreign

☒ ECFMG Cert (Indefinite)

☒ AMA Profile ☒ MDB Clearance

REQUESTING LICENSURE BY

☒ Flex Waiver: Scores 85.1 OR Wtd Ave. _____

☐ Nat'l. Board Waiver: Scores _____

☐ State Const. Exam From _____ Scores _____

☐ Reciprocity From _____ ☐ LMCC Cert. (After 1969).

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M.D. Degree Date 1970 ☒ Transcript ☒ Translation.

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☒ One year prior to 1985 ☐ Two years after 1985

☒ Booth mem. 7-74 to 6-75

☒ Harpur-Trace hosp. 7-75 to 6-79

☐ _____

☐ _____

☐ _____

☐ Fifth Pathway Verif. and Eval.:

☒ Verif. ☒ Eval.

☒ Verif. ☒ Eval.

☐ Verif. ☐ Eval.

☐ Verif. ☐ Eval.

☐ Verif. ☐ Eval.

STATE(S)/PROVINCES/COUNTRIES OF LICENSURE

☒ Mi ☐ _____ ☐ _____ ☐ _____ ☐ _____

HOSPITAL PRIVILEGES (EXPERIENCE)

☒ Harpur-Trace ☐ _____

☐ _____ ☐ _____

☐ _____ ☐ _____

OFF-SHORE CLERKSHIPS

☐ In U.S. (Enter institutions above under PGT) ☐ Syllabus ☐ Contract

☐ State Board verif. in states(s) of _____

☐ In Offshore Med. School ☐ Verif. of subject areas

☐ Eval. from Med School Dean ☐ Verif. from local jurisdiction.

ACTION

Refer to PPMD. Date _____ Ref'd. Date _____

Approved ☒ By Theresa D. Clement MD Date 9/22/89

Disapproved ☐ By _____ Date _____

The Federation of State Medical Boards

of the United States

INCORPORATED

2630 WEST FREEWAY, SUITE #138

FORT WORTH, TEXAS 76102-7199

(817) 335-1141

To: Washington Department of Licensure.

Subject: FLEX/SPEX Scores

YOUL CHOI
4305 RAMSGATE
BLOOMFIELD HILLS, MI
48013

RECEIVED
SEP 13 1989
DIVISION OF LICENSING

It is certified that the named physician took the Federation Licensing and/or Special Purpose Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

FIN: 460122502

Date of Certification: 09/06/89

EXAMINATION DATE: 06/76
FOR INSTITUTION: 123

BASIC SCIENCE

Anatomy:	84.00
Physiology:	83.00
Biochemistry:	84.00
Pathology:	87.00
Microbiology:	85.00
Pharmacology:	91.00
Behavioral Science:	.00

BASIC SCIENCE AVE.: 85.70

CLINICAL SCIENCE

Medicine:	86.00
Surgery:	90.00
Obstetrics:	95.00
Public Health:	78.00
Pediatrics:	89.00
Psychiatry:	83.00

CLINICAL SCIENCE AVG.: 86.80

CLINICAL COMPETENCE AVG.: 83.80

FLEX WEIGHTED AVG.: 85.10

* * * * *

Furthermore:

A search of the Federation's Board Action Data Bank reveals no reported disciplinary information on the above named physician.

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A. ☐ PHONE: 215 386-5900 ☐ CABLE: EDCOUNCIL, PHILADELPHIA



DATE: August 17 1989

RECEIVED

AUG 24 1989

LICENSING DIVISION

TO: WASH PROFESSIONAL LICENSING SERVICES

FROM: EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG)

RE: VERIFICATION OF ECFMG CERTIFICATION

NAME: YOUL CHOI DOB 1/22/46

ECFMG CERTIFICATE NO. 129-216-8

DATE ISSUED: 9/19/74

VALID THROUGH: Indefinite

CORRESPONDENCE DEPARTMENT

BY:

LORRAINE LAWN

FORM 152
REV. JAN. '86



BOOTH MEMORIAL MEDICAL CENTER

A voluntary, non-profit 467-bed Medical Center

Main Street & Booth Memorial Ave. Flushing, New York 11355 • (718) 670-1231

August 9, 1989

State of Washington
Department of Licensing
P.O. Box 9012
Olympia, Washington 98504-8001

Dear Sir or Madam:

This letter is to certify that Dr. Youl Choi was a PGY-1 surgical resident in General Surgery at Booth Memorial Medical Center from July 1, 1974 to June 30, 1975.

If you require any further information, please do not hesitate to contact me.

Sincerely yours,

Jameson L. Chassin, M.D.
Director of Surgery

JLC/jm



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Mary Faulk, *Director*

July 31, 1989

Youl Choi, M.D.
4305 Ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi:

This is to acknowledge receipt of your application to practice medicine in the State of Washington. According to our records the following items are lacking in your application file:

ECFMG Certificate (Indefinite)
Post-Graduate Training - Booth Memorial Medical Center
FLEX Scores

Upon receipt of the above mentioned items, your application will be considered completed and will be forward to a Board member for review.

If you have any additional questions, feel free to contact this office.

Sincerely,

Manet Wade
Professional Licensing Services
P.O. Box 9012
Olympia, WA 98504-8001
(206) 753-2205



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragón, Director

February 28, 1989

Youl Choi MD
4305th Ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi,

Your application to obtain a license to practice medicine in the State of Washington has been received and has been determined to lack the following:

ECFMG CERTIFICATE
FLEX EXAM SCORES
PSOT GRADUATE TRAINING FROM BOOTH MEM.

Upon receipt of the above documentation, your application will be reviewed for licensure in this state.

If you have any questions, feel free to contact this office.

HEALTH CARE LICENSING
Medical Section
P.O. Box 9649
Olympia, WA 98504

(206) 753-2999



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragon, Director

January 12, 1989

Youl Choi MD
4305 Ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi,

Your application to obtain a license to practice medicine in the State of Washington has been received and has been determined to lack the following:

FLEX SCORES
ECFMG CERTIFICATE (INDEFINITE)
POST GRADUATE TRAINING FROM BOOTH MEMORIAL

Upon receipt of the above documentation, your application will be reviewed for licensure in this state.

If you have any questions, feel free to contact this office.

HEALTH CARE LICENSING
Medical Section
P.O. Box 9649
Olympia, WA 98504

(206) 753-2999



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragón, Director

November 15, 1988

Youl Choi MD
4305 ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi,

Your application to obtain a license to practice medicine in the State of Washington has been received and has been determined to lack the following:

FLEX SCORES
ECFMG CERTIFICATE - INDEFINITE
POST GRADUATE TRAINING FROM BOOTH MEMORIAL 7-74 to 6-75

Upon receipt of the above documentation, your application will be reviewed for licensure in this state.

If you have any questions, feel free to contact this office.

HEALTH CARE LICENSING
Medical Section
P. O. Box 9649
Olympia, WA 98504

(206) 753-2999



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

October 17, 1988

Youl Choi MD
4305 Ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi,

Your application to obtain a license to practice medicine in the State of Washington has been received and has been determined to lack the following:

FLEX SCORES
ECFMG CERTIFICATE - INDEFINITE
POST-GRADUATE TRAINING VERIFICATION FROM BOOTH MEMORIAL

Upon receipt of the above documentation, your application will be reviewed for licensure in this state.

If you have any questions, feel free to contact this office.

HEALTH CARE LICENSING
Medical Section
P.O. Box 9649
Olympia, WA 98504

(206) 753-2999



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

August 30, 1988

Youl Choi, M.D.
4305 Ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi:

As of this date, the following documentation is needed to complete your application to obtain a license to practice medicine in the State of Washington:

- FLEX scores
- ECFMG certificate - indefinite
- Post-graduate training verification from Booth Memorial

Upon receipt of the above mentioned documents, your application will be reviewed for licensure in this state.

If you have any questions, feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Manet Wade".

Manet Wade

HEALTH CARE LICENSING
Medical Section
P.O. Box 9649
Olympia, WA 98504

(206) 753-2999



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragón, *Director*

July 7, 1988

Youl Choi
4305 Ramsgate
Bloomfield Hills, MI 48013

Dear Dr. Choi:

Your application to obtain a license to practice medicine in the State of Washington has been received and has been determined to lack the following:

~~\$15.00 (Application fee is \$165.00)~~

STANDARD ECFMG CERTIFICATE

POST-GRADUATE TRAINING FROM BOOTH MEMORIAL 7-74 to 6-75

STATE VERIFICATION FROM MICHIGAN

FLEX SCORES

Upon receipt of the above documentation, your application will be reviewed for licensure in this state.

If you have any questions, feel free to contact this office.

HEALTH CARE LICENSING

Medical Section

P. O. Box 9649

Olympia, WA 98504

(206) 753-2999



JAMES J. BLANCHARD, Governor

DEPARTMENT OF LICENSING AND REGULATION

RAYMOND W. HOOD, SR., Director

P.O. Box 30018

Lansing, Michigan 48909

Telephone: (517) 373-1870

July 12, 1988

State of Washington
Dept. of Licensing
Highways-Licenses Building
Olympia, WA 98504

TO WHOM IT MAY CONCERN:

I hereby certify that a standard search of the available records of the Michigan Department of Licensing and Regulation, Bureau of Health Services indicates the following:

YOUL CHOI, M.D.

WAS ISSUED LICENSE NO.	036950
ON:	September 15, 1976
TO PRACTICE AS A:	Medical Doctor
DATE OF BIRTH:	January 22, 1946
LICENSURE STATUS IS:	Current until 1-31-89
ISSUED ON THE BASIS OF:	Flex
REGULATORY INFORMATION:	None

The above format is the standard format prepared for all the professions regulated by this Bureau. If other information is needed, please contact this office at (517) 373-7902.

Sincerely,

Susan Henderson, Clerk
MICHIGAN BOARD OF MEDICINE

(SEAL)



PRINTED ON
RECYCLED PAPER

RECEIVED
JUL 24 1988
LICENSING DIVISION



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

TO: Medical Licensing Board

RE: Verification of License

I am applying for a license to practice medicine in the State of Washington and before my application can be reviewed, verification of my license status in your state is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. Thank you for your attention to this matter.

YOUL CHOI, M.D.

1/22/46

NAME OF APPLICANT (PRINT OR TYPE)

(BIRTHDATE)

SIGNATURE OF APPLICANT

TO: Department of Licensing
Division of Professional Licensing
Health Care Licensing – Physicians and Surgeons
P.O. Box 9649
Olympia, WA 98504

This is to verify that YOUL CHOI, MD. was issued license
(APPLICANT NAME)

number 36950 on 9/15/76 on the basis of National Boards
(DATE OF ISSUE)

 ; state constructed exam (please provide subjects
and grades); FLEX exam X; Other (specify) ; or by
reciprocity from the state of .

Have any complaints been lodged against the license? Yes No .

Is there currently any investigation in process regarding the license?

Yes No .

Has any disciplinary activity taken place regarding this license? Yes No .

If yes, please provide any information and documentation which may be released, i.e., charges and final disposition.

S

E

A

L

SIGNATURE

TITLE

STATE BOARD

DATE



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, Washington 98504 • (206) 753-6918

Theresa Anna Aragon, Director

June 24, 1988

Youl Choi
4305 Ramsgate
Bloomfield Hills MI 48013

DOCUMENTATION NECESSARY TO COMPLETE YOUR APPLICATION:

- (☒) \$15 fee in check or money order payable to WA State Treasurer.
- () Transcripts indicating coursework and degree awarded sent directly from your medical school.
- (☒) Direct verification of Standard ECFMG certificate.
- (☒) Direct verification from all internships, residencies & fellowships. INCLUDE EVALUATIONS & BEGINNING & ENDING DATES. Birth Mem. 7-74 to 6-75
- () Direct verification of all hospital privileges within past 5 years. INCLUDE BEGINNING & ENDING DATES. _____
- (☒) Direct verification of state licenses. mi
- () National Board (☒ FLEX () State Examination: Include Basic Science scores. ALL MUST BE VERIFIED DIRECTLY FROM ISSUING AGENCIES.
- () Chronology: Account for all months from date of MD degree to the present date. Specifically _____. Upon receipt of the completed chronology, additional documentation may be required.
- () Affidavit incomplete (resubmit).
- () Personal data: _____
- (☒) Other: DOB

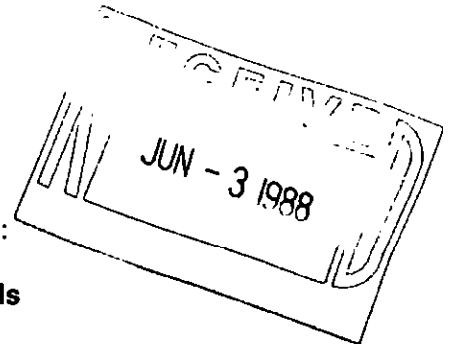
Upon receipt of the above, your application will be reviewed for licensure.

Division of Professional Licensing
Medical Licensing Section
P.O. Box 8649
Olympia, WA 98504
(206) 753-2999

TO THE APPLICANT

Complete the identifying information below and submit to:

**Federation of State Medical Boards
2630 West Freeway, Suite 138
Fort Worth, Texas 76102**



**Attention: Teresa Hubbard
Coordinator of Disciplinary Data Bank**

**Department of Licensing
Health Care Licensing
1300 South Quince
Olympia, WA 98504**

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

JUN 15 1988

Bryant L. Galusha, M.D.
BRYANT L. GALUSHA, M.D.
EXECUTIVE VICE-PRESIDENT

Date: 5/30/88

Dear Ms. Hubbard:

I am applying for licensure to practice medicine in the State of Washington. Please indicate on the lower portion of this letter if there is any previous or pending disciplinary action against my license(s) in any state(s) and send this information directly to Washington State Medical Board. Thank you for your assistance.

NAME: YOUL CHOI, MD.

SSN #: 1 - DOH Licensee Soci...

MEDICAL SCHOOL OF GRADUATION: CHONNAM UNIV. MED. SCHOOL in KOREA

YEAR OF GRADUATION: 1970

BIRTHDATE: 1/22/46

RESPONSE:



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

RECEIVED
JUN 13 1988
LICENSING DIVISION

TO: Hospital Administration
RE: Verification and Evaluation of Privileges

I am applying for a license to practice medicine in the State of Washington and before my application can be reviewed, a verification of my employment with evaluations, is required. I am therefore authorizing the release of and would appreciate you providing the appropriate information **directly** to the address shown below at your earliest convenience. Thank you.

YOUL CHOI, M.D.

1/22/46

(Applicant Name — Please type or print)

(Birthdate)

Youl Choi
Signature of Applicant

TO: Department of Licensing
Division of Professional Licensing
Health Care Licensing — Physicians
P.O. Box 9649
Olympia, WA 98504

- The above applicant now has/had admitting or specialty privileges at this hospital from 10-24-79
Beginning Date
TO present
Ending Date
- Have those privileges ever been restricted, suspended or revoked by the medical staff or administration?
YES _____ NO X . If yes, please explain. _____
- Has the applicant ever been asked to resign? YES _____ NO X . If yes, please explain: _____
- Is there any information in your files which would indicate the applicant's inability to safely practice medicine?
YES _____ NO X . If yes, please provide explain _____
- We would appreciate any information you feel would assist in the evaluation process.

Thank you.

NAME Nancy Berger, CMSC
TITLE Secretary of the Medical Staff
HOSPITAL Harper Hospital
(Please type or print)

ADDRESS 3990 John R
Detroit, MI 48201



STATE OF WASHINGTON
DEPARTMENT OF LICENSING

Highways-Licenses Building • Olympia, WA 98504 • (206) 753-6918

TO: Medical Post-Graduate Training Program Director
RE: Verification/Evaluation of Training

RECEIVED
JUN 8 1988
HEARING DIVISION

I am applying for a license to practice medicine in the State of Washington and before my application can be reviewed, a verification and evaluation of the post-graduate training performed in your institution is required. I am authorizing the release of and would appreciate you providing the information and returning it, at your earliest convenience, **directly** to the address shown below. Thank you for your attention to this matter.

YOUL CHOI, M.D.

1/22/46

Applicant (Please print or type)

(Birthdate)

Youl Choi

Signature of Applicant

TO: Department of Licensing
Division of Professional Licensing
Health Care Licensing
P.O. Box 9649
Olympia, WA 98504

- The above individual is or was engaged in post-graduate training in our program from 7-1-75 Beginning Date
TO 6-30-79 Ending Date, In the field of Obstetrics and Gynecology.
- Briefly evaluate his/her performance, competence and conduct. (Please attach copies of any performance evaluations conducted.)
A review of the files show that Dr. Choi was an excellent resident with high ethical and moral standards.
- Was the participant ever restricted, suspended, terminated or requested to voluntarily resign his/her participation in the program? YES _____ NO X . If yes, please explain: _____
- Is there anything in the participant's file which would indicate he/she would be unable to safely practice medicine? YES _____ NO X . If yes, please provide documentation.
- We would appreciate any other documentation which you feel would assist us in the evaluation process.

Thank you.

NAME George M. Kazzi, M.D.
TITLE Chief, Department of Ob/Gyn
HOSPITAL Grace Hospital
(Please type or print)
ADDRESS 18700 Meyers Road
Detroit, Michigan 48235
DATE 6-2-88

CHON-NAM UNIVERSITY MEDICAL SCHOOL

1-8 HAKDONG, KWANGJU

CHON-NAM, KOREA

The Certificate of Graduation

This is to certify that the following person completed the whole course of medical education at Chon-Nam University Medical School as specified hereunder:

Name in Full: Youl Choi

Date of Birth: January 22, 1946

Degree Received: M. D.

Permanent Address: Chonnam, Korea

Date of Admission: March 1, 1966

Date of Graduation: February 27, 1970

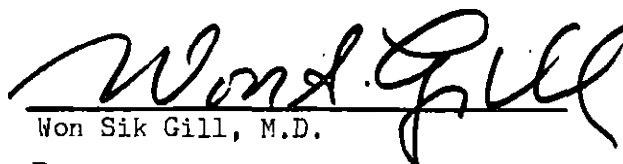
National Examination for Medical License: passed on

No.

Medical License: issued on

No.

Official Seal



Won Sik Gill, M.D.

Dean

Chon-Nam University Medical School

File No: 624

Date: September 12, 1974

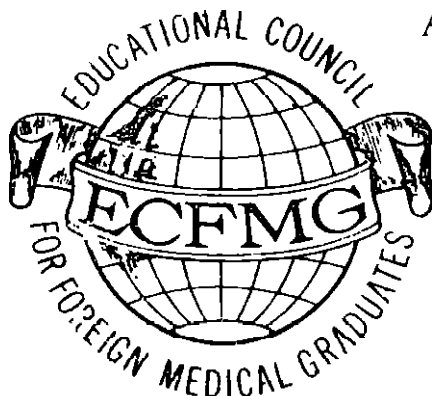
Educational Council for Foreign Medical Graduates

SPONSORED BY
AMERICAN HOSPITAL ASSOCIATION
AMERICAN MEDICAL ASSOCIATION
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
ASSOCIATION FOR HOSPITAL MEDICAL EDUCATION
FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES
CERTIFIES THAT

YOUL CHOI

HAS SATISFIED ALL THE REQUIREMENTS OF THE COUNCIL
HAS SUCCESSFULLY PASSED ITS EXAMINATION
AND HAS BEEN AWARDED CERTIFICATE NO. **129 216 8**

FEBRUARY 11, 1970



John G. Freeman
PRESIDENT

G. Halsey Hunt
EXECUTIVE DIRECTOR

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF DATA RELEASE SERVICES

DATE: 06-06-88
TIME: 7:47 PM

NAME: CHOI, YOUL, M.D.
ADDRESS: 10957 FARMINGTON
LIVONIA MI 48150
BIRTHPLACE: KOREA/
BIRTHDATE: 01/22/46
MEMBER OF AMA: NOT MEMBER
MEDICAL SCHOOL
CHONNAM UNIV MED SCH, KWANGJU, SOUTH KOREA
YEAR OF GRADUATION: 1970
LICENSES (INITIAL YEAR GRANTED BY STATE):
MI 1976
NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE
SPECIALTY BOARD CERTIFICATION: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
PHYSICIAN'S PROFESSIONAL ACTIVITIES: OFFICE BASED PRACTICE
SELF DESIGNATED SPECIALTIES
PRIMARY: OBSTETRICS AND GYNECOLOGY
SECONDARY: UNSPECIFIED
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE

PRIOR MEDICAL TRAINING: RESIDENT
HOSPITAL: HARPER-GRACE HOSPS-GHD DETROIT MI 48235
DATES OF TRAINING: 07/75-06/77 -- (CONFIRMED)
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

HOSPITAL: WAYNE STATE UNIV AFFIL HOSP DETROIT MI 48201
DATES OF TRAINING: 07/75-06/79 -- (CONFIRMED)
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: INTERN
HOSPITAL: BOOTH MEM MED CTR FLUSHING NY 11355
DATES OF TRAINING: 07/74-06/75 -- (CONFIRMED)
SPECIALTY: UNSPECIFIED
SPECIALTY: UNSPECIFIED

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1988 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. ****AMA FILES CHECKED

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

Redaction Summary (2 redactions)

1 Privilege / Exemption reason used:

1 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)

8

Page 2, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 22, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance

CHOI, YOUL

Docket #: 99-09-A-1038 MD

Date

Activity

Status:

closed STIPS

09/29/1999 OPEN DOCKET

10/21/1999 INITIATING DOCUMENT: STATEMENT OF ALLEGATIONS SERVED.

11/09/1999 CLOSURE: CLOSED - STIPULATION TO INFORMAL DISPOSITION, ON COMPLIANCE

Adjudicative Clerk Office

Case Sheet

Docket Number: 99-09-A-1038 MD

Respondent: CHOI, YOUL

Business:

Address: 1 - DOH Licensee Health Professional Home Address and/...

1 - DOH Licensee Health Professional Ho...

Phone:

Work phone:

Respondent Attorney:

Address:

Phone:

Fax:

Attorney General:

Address:

Phone:

Fax:

Profession: MD - PHYSICIAN AND SURGEON

Program manager: MARYELLA JANSEN

Mailstop: 7866

Phone: (360) 236-4792

Fax: (360) 586-4573

Prehearing Judge:

Hearing Judge:

Tuesday, November 02, 1999

Page 1 of 1

telnet (WA-RS6000-1)

AAAAAA SSSSSS IIIIIIIIIII
AAAAAAA SSS SSS IIIIIIIIIII
AAAAAAA SSS SSS III
AAAA AAAA SSS III
MEDICAL BOARD ASSESSMENT SYSTEMS, INC. 09-29-99
plm0303 REAL SYSTEM V2.5.18 11:33:01 AM
INDIVIDUAL NAME (JR,SR,III) REFERENCE # MD00026807
LAST CHOI SOC SEC NUM 2 - DOH Licensee Social Sec...
FIRST YOUL
MIDDLE

RESIDENCE INFORMATION

1 - DOH Licensee Health Professional Home Address and/or Phone - ...

PHONE: () - COUNTY: 27
() - LGL ST:

NOTES

+--ADDITIONAL INFORMATION-----+
SEX M = MARRIED Y =
OTHER NAME
CORP. OFFICER =
TRUST ACCOUNT
BIRTH PLACE
DATE 01-22-1946
SCHOOL CODE 430
CE UNITS 0.00 REQD BY 01-22-2002
+-----+

+-----+
CURRENT STATUS: A D EXPIRATION DATE: 01-22-2000 FIRST ISSUE DATE: 09-22-1989
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 12-23-1998
COMPLAINTS O/C: 1/ 0 AUTHORITY:
+-----+

1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 7OTHR DAT 8EXTD NOT

To: "Mena, Pam L."
From: Bahn, Michael L.
Subject: Docket Number
Date: 09/29/1999 Time: 11:03AM

Pam,

Would you, please, assign me a docket number for the following case for which I am doing a STID. Completed paperwork forthcoming.

Youl Choi, MD
Program File No. 99-04-0010MD
RCM: Irwin
SA: Bahn

Thanks,

Mike Bahn

99-04-1038MD



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47879 • Olympia, Washington 98504-7879

November 9, 1999

Youl Choi, MD

1 - DOH Licensee Health Professional Home Address and...

Dear Dr. Choi:

Enclosed please find the Stipulation to Informal Disposition (Stipulation) dated November 4, 1999.

Questions regarding compliance with the Stipulation should be directed to Dirk Gillespie, Compliance Officer for the Washington State Medical Quality Assurance Commission, P. O. Box 47866, Olympia, WA 98504-7866 or (360) 236-4794.

Sincerely,

Pam L. Mena
Adjudicative Clerk Office
P. O. Box 47879
Olympia, WA 98504-7879
(360) 236-4674

Enclosure

cc: Dirk Gillespie, Compliance Officer
Maryella Jansen, Program Manager
Michael L. Bahn, Staff Attorney

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
Medicine and Surgery of:	)	Docket No. 99-09-A-1038MD
)	
YOUL CHOI, MD)	
License No. MD00026807	)	STIPULATION TO INFORMAL
Respondent	)	DISPOSITION
)	
)	

Section 1: STIPULATIONS

The Medical Quality Assurance Commission, (Commission), and Youl Choi, MD, (Respondent), are parties to this matter and stipulate as follows:

1.1 The Respondent acknowledges and understands the following allegations brought forth by the Disciplinary Program Manager:

1.1.1 The Respondent is subject to the jurisdiction of the Commission and the application of the Uniform Disciplinary Act, RCW 18.130, in this matter by the fact of his current license.

1.1.2. Patient 1 was a patient of the Respondent during the material time period of this matter.

1.1.3 Patient 1's family history indicated close relatives having heart problems.

1.1.4 During her pregnancy, Patient 1 had complications of chest pain and tachycardia and diagnosed as having high stress and anxiety.

1.1.5 On or about September 29, 1997, Patient 1 presented for delivery of her third child.

1.1.6 During labor, Patient 1 continued to have tachycardia along with a fever of 100.4. Fetal monitoring indicated a rate up to 180 then later down to the 150's.

1.1.7 Labor continued to the following morning when Patient 1 experienced severe chest pains and fetal heart monitoring showed decelerations and gross irregularities.

This went on for about a two hour period and lead up to an emergency Cesarean section.

1.1.8 Upon surgery it was found that the uterus had ruptured on the right half at the junction between upper and lower segments. A hysterectomy was performed.

1.1.9 Patient 1's child was placed in the intensive care and intubated, however never assumed proper breathing. The child died once extubated.

1.1.10 Warning signs were observable during labor. Among those were the failure of the presenting part to engage during the several hours of labor that was enhanced by rupture of the membranes and pitocin augmentation; the patient's temperature elevation; her chest pain; and tachycardia. In addition, there were indications on the FHT strip of variable and late decelerations occurring some hours before the uterine rupture.

1.2 The Respondent acknowledges and understands that the alleged unprofessional conduct set forth in the Statement of Allegations and Summary of Evidence, if proven at a hearing, would constitute grounds for disciplinary action by the Commission pursuant to RCW 18.130.180, and may result in the imposition of sanctions pursuant to RCW 18.130.160.

1.3 The Commission and the Respondent mutually desire to achieve an informal resolution of the matter, pursuant to RCW 18.130.172(1) and (2), by means of this *Stipulation to Informal Disposition*.

1.4 The Respondent acknowledges and understands that certain of the sanctions expressed in RCW 18.130.160 may be imposed as part of this *Stipulation to Informal Disposition*, pursuant to RCW 18.130.172(2).

1.5 This *Stipulation to Informal Disposition* is not formal disciplinary action by the Commission or the Department of Health, (Department), and shall not be construed as an admission by the Respondent, nor shall it be considered a finding of either unprofessional conduct or an inability to practice with reasonable skill and safety. However, it is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act.

1.6 This *Stipulation to Informal Disposition* sets forth, by stipulation between the Commission and the Respondent, certain events and conditions for which the parties desire to achieve an informal resolution. It is not intended, nor should it be construed, as an action to revoke, suspend, or otherwise formally restrict the Respondent's license.

1.7 The Commission and the Respondent stipulate to be bound by, and successfully complete, the terms and conditions of this Stipulation to Informal Disposition.

1.8 The Commission's and the Department's records of this informal resolution to this matter are releasable to the public upon request pursuant to the Public Records Act, RCW 42.17. The Statement of Allegations and Summary of Evidence, along with the Stipulation to Informal Disposition, shall remain as public records in the Respondent's file with the Department, and are subject to state archiving laws.

1.9 The informal resolution of this matter, pursuant to RCW 18.130.172, is without force and effect, and is not binding on the parties until this Stipulation to Informal Disposition is accepted and signed by the Panel Chairperson for the Commission.

Section 2: DISPOSITION AGREEMENT

Based upon the foregoing, the Commission and the Respondent enter into the following agreement:

2.1 The Commission and the Respondent agree to be bound by, and successfully complete, the terms and conditions of this Stipulation to Informal Disposition.

2.2 The Respondent agrees to enroll in and successfully complete within one year of the date of the Commission's acceptance of this agreement, a Category I CME course that fully and capably addresses the topic of arrested labor. The course in which this particular topic is presented is to be a minimum of seven (7) credits or the equivalent of a one-day CME course.

2.3 The course is to be selected by the Respondent but is to be approved by the Commission, or its designee, prior to the Respondent's enrollment.

2.3 The Respondent agrees that he shall submit to the Commission, or its designee written verification of his accomplishment of this course work and produce for the Commission a written report, (a minimum of 1,000 words), of the above CME course work. The report is to include discussion as to how this CME has affected the Respondent's practice and health care delivery.

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////

ORIGINAL

2.4 The Respondent agrees, pursuant to RCW 18.130.172(2), to reimburse the Department for some of the cost, incurred in the investigation and processing of this matter, in the amount of \$1,000.00. This amount shall be remitted within ninety (90) days of the date of the Respondent's receipt of this document. The check or money order is to be made payable to the Department of Health, and sent to the Department at:

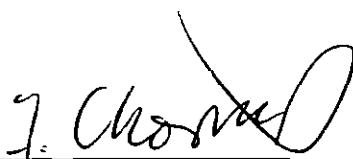
D.O.H., Accounting Department, P. O. Box 1099, Olympia, Washington 98504-1099.

2.5 The Respondent agrees that the Commission's oversight of him by this Stipulation to Informal Disposition, shall terminate, upon his full and successful completion of the terms, after one year from the date of the Commission's acceptance of this informal resolution.

2.6 The Commission agrees that the Respondent will not have to appear nor submit any request for release once he is notified by the Commission that he has completed the terms and that the oversight by this Stipulation to Informal Disposition has terminated.

Section 3: RESPONDENT'S ACCEPTANCE

I have received a copy of the Statement of Allegations and Summary of Evidence, and a copy of this Stipulation to Informal Disposition. I understand and have accepted the terms of this agreement. My legal counsel of record, if any, has explained the significance and consequences of this Stipulation to Informal Disposition. I understand that presentation of this Stipulation to Informal Disposition may be made without my appearance before the Commission. I, therefore, waive notice of the presentation of this matter and my appearance before the Commission.



Youl Choi, MD
Respondent

Date: 10-28, 1999.

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////

////

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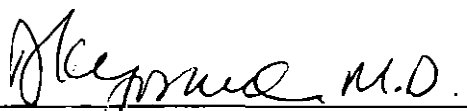
ORIGINAL

Section 4: COMMISSION'S ACCEPTANCE


The Commission accepts and adopts the foregoing as the informal resolution of this matter by means of this Stipulation to Informal Disposition. All parties shall be bound by the terms and conditions set forth in the Disposition Agreement. The Commission's oversight of the Respondent's license and practice pursuant to this Stipulation to Informal Disposition shall automatically terminate after one year of the date of acceptance, and upon the full and successful completion of the Respondent's obligations.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

DATED this 4th day of November, 1999.

By:  M.D.
Panel Chairperson for the Commission

Prepared and presented by:


Michael L. Bahn, WSBA #16009
Staff Attorney
H.P.Q.A.D. -- Section 5
Department of Health

FOR AGENCY'S INTERNAL USE ONLY

Program File No. 99-04-0010MD

ORIGINAL

In the Matter of the License to Practice as a Physician and Surgeon of:) Docket No. 99-09-A-1038MD
)
) DECLARATION OF SERVICE
YOUL CHOI, M.D.,) BY MAIL
License No.: MD00026807)
)
)

1 - DOH Licensee Health Professional Home Address an...

Pam L Mena
Pam L. Mena, Adjudicative Clerk Office

CHOI, YOUL M1999-57569MD PAGE 11

[Please complete the appropriate section(s)]

Charging Panel:

☐ Legislatively Mandated Suspensions
(self-executing order)

☒ SOA and Signed Stipulated Order

☐ Original signed Stipulated/Agreed Order

☐ Final Order on Default

NOTE: The proposed criteria listed below are intended to provide a means for the Program to provide input on scheduling at the time of charging. They are not intended as a final decision on scheduling, and may be subject to change based upon receipt of an answer from the Respondent. For more complete instructions, please see NOTES on the back of this form.

Multiple, complex, technical issue
Multiple parties, complex issues
(e.g. Most Certificate of Need cases; Complex practice issues)

◆ Translator/Interpreter Needed: ☐ Yes ☐ No

◆ Need special hearing dates: ☐ Yes ☐ No

◆ Hearing date: _____

◆ Other: _____

CHOI, YOUL M1999-57569MD PAGE 12



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

October 21, 1999

Youl Choi, MD

1 - DOH Licensee Health Professional Home Address ...

Re: Statement of Allegations and Stipulation to Informal Disposition
Youl Choi, MD, Program No. 99-04-0010MD
Docket No. 99-09-A-1038MD

Dear Dr. Choi:

You have been under investigation by the Washington State Medical Quality Assurance Commission as a result of allegations of unprofessional conduct.

The Medical Quality Assurance Commission has ordered that a Stipulation to Informal Disposition be offered to you rather than filing a formal Statement of Charges, at this time.

I have enclosed the original and one copy of the Stipulation to Informal Disposition. The terms of the Stipulation to Informal Disposition are those proposed by the Reviewing Commission Member. Note that signing the Stipulation does not constitute an admission of any violation of law. A Stipulation to Informal Disposition does not constitute disciplinary action.

I have also enclosed a document entitled "Statement of Allegations." The law requires that this be served along with a Stipulation to Informal Disposition. It merely recites the allegations against you.

If you choose to enter into the Stipulation to Informal Disposition, please sign the original in the spaces indicated and return it to me. Keep the copy for your records. I will forward a conformed copy to you when the original is signed.

If you choose not to accept the Stipulation to Informal Disposition, please inform me in writing within 10 days. The matter will then be re-presented to the Commission to determine whether to issue a Statement of Charges in this case.



You Choi, MD
October 21, 1999
Page - 2

You are, of course, free to consult with and engage an attorney to represent you in these matters . If you have any further questions, please contact me at (360)236-4813.

Sincerely,



Michael L. Bahn *By: TJB*
Staff Attorney, Dept. of Health

MLB/cjb
Enclosures

cc: Hampton Irwin, MD, Reviewing Commission Member

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
as a Physician and Surgeon of:)	Docket No. 99-09-A-0010MD
YOUL CHOI, MD)	
License No. MD26807)	DECLARATION OF SERVICE
Respondent.)	
_____)	

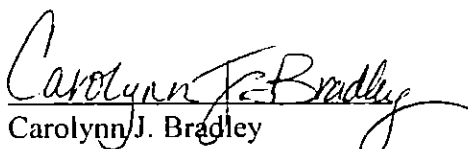
I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On October 21, 1999, I served a true and correct copy of the Statement of Allegations and Summary of Evidence, and the original and one copy of the Stipulation to Informal Disposition, signed by or for Maryella Jansen, Program Manager, on October 14, 1999, by placing same in the U.S. mail postage prepaid, on the following parties to this case:

Youl Choi, MD

1 - DOH Licensee Health Professional Home Address...

DATED: October 21, 1999, at Olympia, Washington.


Carolynn J. Bradley
Paralegal

Original filed with:

Adjudicative Clerk's Office
1107 Eastside Street
PO Box 47879
Olympia WA 98504-7879

DECLARATION OF SERVICE

ORIGINAL

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
Medicine and Surgery of:	)	Docket No. 99-09-A-1038MD
)	
YOUL CHOI, MD)	
License No. MD00026807)	
	)	STATEMENT OF ALLEGATIONS AND
Respondent	)	SUMMARY OF EVIDENCE
)	
)	
)	

The Disciplinary Program Manager for the Medical Quality Assurance Commission, (Commission), by designation of the Commission, presents the following allegations and evidence summary. The patient referred to in the following is identified in the attached Confidential Schedule as Patient 1.

Section 1: ALLEGED FACTS

- 1.1 The Respondent is subject to the jurisdiction of the Commission and the application of the Uniform Disciplinary Act, RCW 18.130, in this matter by the fact of having been licensed at all times material to the allegations in this matter.
- 1.2 Patient 1 was a patient of the Respondent during the material time period of this matter.
- 1.3 Patient 1's family history indicated close relatives having heart problems.
- 1.4 During her pregnancy, Patient 1 had complications of chest pain and tachycardia and diagnosed as having high stress and anxiety.
- 1.5 On or about September 29, 1997, Patient 1 presented for delivery of her third child.
- 1.6 During labor, Patient 1 continued to have tachycardia along with a fever of 100.4. Fetal monitoring indicated a rate up to 180 then later down to the 150's.
- 1.7 Labor continued to the following morning when Patient 1 experienced severe chest pains and fetal heart monitoring showed decelerations and gross irregularities. This went on for about a two hour period and lead up to an emergency Cesarean section.

- 1.8 Upon surgery it was found that the uterus had ruptured on the right half at the junction between upper and lower segments. A hysterectomy was performed.
- 1.9 Patient 1's child was placed in the intensive care and intubated, however never assumed proper breathing. The child died once extubated.
- 1.10 Warning signs were observable during labor. Among those were the failure of the presenting part to engage during the several hours of labor that was enhanced by rupture of the membranes and Pitocin augmentation; the patient's temperature elevation; her chest pain; and tachycardia. In addition, there were indications on the FHT strip of variable and late decelerations occurring some hours before the uterine rupture.

Section 2: SUMMARY OF EVIDENCE

- 2.1 The medical malpractice payment report from Physicians Insurance Exchange submitted to the Commission.
- 2.2 The Respondent's reply letter and explanation of the situation.
- 2.3 Patient 1's medical records from the hospital and the Respondent.

Section 3: ALLEGED VIOLATIONS

- 3.1 The alleged facts as summarized above, if fully brought forth and proven at a hearing, would constitute unprofessional conduct pursuant to the Uniform Disciplinary Act, RCW 18.130.180(4). Such conduct is defined as:

"Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed."

Section 4: NOTICE TO RESPONDENT

- 4.1 The Commission has determined that an informal resolution, pursuant to RCW 18.130.172(1) and (2) is appropriate for this matter. Resolution can be accomplished with the attached Stipulation to Informal Disposition. It contains the terms the Commission believes are necessary to resolve this matter in light of the Respondent's alleged conduct set forth in this Statement of Allegations and Summary of Evidence.

4.2 If the Respondent agrees that the disposition set forth by the attached Stipulation to Informal Disposition is appropriate to address the conduct alleged in this Statement of Allegations and to resolve this matter, the Respondent should sign the signature line indicating acceptance, and forward only the page with his original signature back to Michael L. Bahn, Staff Attorney, at the Department of Health, (Department), within ten (10) business days of receipt of this document.

4.3 If the Respondent agrees with the intent to informally resolve this matter, but does not agree to all the terms as set forth, he should contact the Department's Staff Attorney within this period to discuss his concerns.

4.4 If the Respondent does not contact the Department's Staff Attorney within this period, the Commission will presume that the Respondent declines to enter into this agreement and informally resolve this matter.

4.5 If the Respondent declines to informally resolve this matter, the Commission may have the Disciplinary Program Manager proceed to formal disciplinary action against the Respondent by issuing a Statement of Charges, pursuant to RCW 18.130.172(3).

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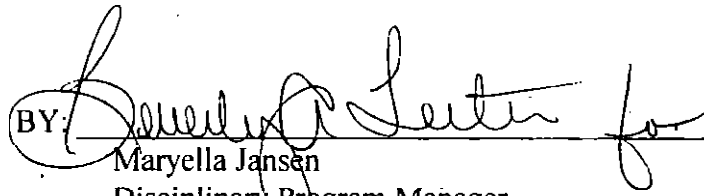
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ORIGINAL


4.6 Should the Commission proceed to formal disciplinary action, it reserves the right to amend or add to the allegations in the event additional evidence is received supporting such amendments or additions.

DATED this 14th day of October, 1999

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

BY: 
Maryella Jansen
Disciplinary Program Manager

Prepared and presented by:


Michael L. Bahn, WSBA #16009
Staff Attorney
H.P.Q.A.D. -- Section 5
(360) 236-4813

FOR AGENCY'S INTERNAL USE ONLY

Program File No. 99-04-0010MD

ORIGINAL

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

CONFIDENTIAL SCHEDULE

**Re: Statement of Allegations-Summary of Evidence; Stipulation to Informal
Disposition:**

**A. C. O. Docket No. 99-09-A-1038MD
Program Tracking No. 99-04-0010MD
Respondent: Youl Choi, MD**

The name of the individual in this Confidential Schedule is NOT to be released for a public disclosure request without the patient's consent. This Confidential Schedule contains the name of the patient whose treatment by the Respondent is the subject of the allegations. This Confidential Schedule is intended for use only by the parties to clarify the factual circumstances presented in the Statement of Allegations-Summary of Evidence and Stipulation to Informal Disposition.

Patient 1:

3 - Healthcare Info...

End Confidential Schedule

ORIGINAL

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
Medicine and Surgery of:	)	Docket No. 99-09-A-1038MD
)	
YOUL CHOI, MD)	
License No. MD00026807	)	STIPULATION TO INFORMAL
Respondent	)	DISPOSITION
)	
)	

Section 1: STIPULATIONS

The Medical Quality Assurance Commission, (Commission), and Youl Choi, MD, (Respondent), are parties to this matter and stipulate as follows:

1.1 The Respondent acknowledges and understands the following allegations brought forth by the Disciplinary Program Manager:

1.1.1 The Respondent is subject to the jurisdiction of the Commission and the application of the Uniform Disciplinary Act, RCW 18.130, in this matter by the fact of his current license.

1.1.2 Patient 1 was a patient of the Respondent during the material time period of this matter.

1.1.3 Patient 1's family history indicated close relatives having heart problems.

1.1.4 During her pregnancy, Patient 1 had complications of chest pain and tachycardia and diagnosed as having high stress and anxiety.

1.1.5 On or about September 29, 1997, Patient 1 presented for delivery of her third child.

1.1.6 During labor, Patient 1 continued to have tachycardia along with a fever of 100.4. Fetal monitoring indicated a rate up to 180 then later down to the 150's.

1.1.7 Labor continued to the following morning when Patient 1 experienced sever chest pains and fetal heart monitoring showed decelerations and gross irregularities.

This went on for about a two hour period and lead up to an emergency Cesarean section.

1.1.8 Upon surgery it was found that the uterus had ruptured on the right half at the junction between upper and lower segments. A hysterectomy was performed.

1.1.9 Patient 1's child was placed in the intensive care and intubated, however never assumed proper breathing. The child died once extubated.

1.1.10 Warning signs were observable during labor. Among those were the failure of the presenting part to engage during the several hours of labor that was enhanced by rupture of the membranes and pitocin augmentation; the patient's temperature elevation; her chest pain; and tachycardia. In addition, there were indications on the FHT strip of variable and late decelerations occurring some hours before the uterine rupture.

1.2 The Respondent acknowledges and understands that the alleged unprofessional conduct set forth in the Statement of Allegations and Summary of Evidence, if proven at a hearing, would constitute grounds for disciplinary action by the Commission pursuant to RCW 18.130.180, and may result in the imposition of sanctions pursuant to RCW 18.130.160.

1.3 The Commission and the Respondent mutually desire to achieve an informal resolution of the matter, pursuant to RCW 18.130.172(1) and (2), by means of this Stipulation to Informal Disposition.

1.4 The Respondent acknowledges and understands that certain of the sanctions expressed in RCW 18.130.160 may be imposed as part of this Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2).

1.5 This Stipulation to Informal Disposition is not formal disciplinary action by the Commission or the Department of Health, (Department), and shall not be construed as an admission by the Respondent, nor shall it be considered a finding of either unprofessional conduct or an inability to practice with reasonable skill and safety.

1.6 This Stipulation to Informal Disposition sets forth, by stipulation between the Commission and the Respondent, certain events and conditions for which the parties desire to achieve an informal resolution. It is not intended, nor should it be construed, as an action to revoke, suspend, or otherwise formally restrict the Respondent's license.

1.7 The Commission and the Respondent stipulate to be bound by, and successfully complete, the terms and conditions of this Stipulation to Informal Disposition.

1.8 The Commission's and the Department's records of this informal resolution to this matter are releasable to the public upon request pursuant to the Public Records Act, RCW 42.17. The Statement of Allegations and Summary of Evidence, along with the Stipulation to Informal Disposition, shall remain as public records in the Respondent's file with the Department, and are subject to state archiving laws.

1.9 The informal resolution of this matter, pursuant to RCW 18.130.172, is without force and effect, and is not binding on the parties until this Stipulation to Informal Disposition is accepted and signed by the Panel Chairperson for the Commission.

Section 2: DISPOSITION AGREEMENT

Based upon the foregoing, the Commission and the Respondent enter into the following agreement:

2.1 The Commission and the Respondent agree to be bound by, and successfully complete, the terms and conditions of this Stipulation to Informal Disposition.

2.2 The Respondent agrees to enroll in and successfully complete within one year of the date of the Commission's acceptance of this agreement, a Category I CME course that fully and capably addresses the topic of arrested labor. The course in which this particular topic is presented is to be a minimum of seven (7) credits or the equivalent of a one-day CME course.

2.3 The course is to be selected by the Respondent but is to be approved by the Commission, or its designee, prior to the Respondent's enrollment.

2.3 The Respondent agrees that he shall submit to the Commission, or its designee written verification of his accomplishment of this course work and produce for the Commission a written report, (a minimum of 1,000 words), of the above CME course work. The report is to include discussion as to how this CME has affected the Respondent's practice and health care delivery.

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2.4 The Respondent agrees, pursuant to RCW 18.130.172(2), to reimburse the Department for some of the cost, incurred in the investigation and processing of this matter, in the amount of \$1,000.00. This amount shall be remitted within ninety (90) days of the date of the Respondent's receipt of this document. The check or money order is to be made payable to the Department of Health, and sent to the Department at:

D.O.H., Accounting Department, P. O. Box 1099, Olympia, Washington 98504-1099.

2.5 The Respondent agrees that the Commission's oversight of him by this Stipulation to Informal Disposition, shall terminate, upon his full and successful completion of the terms, after one year from the date of the Commission's acceptance of this informal resolution.

2.6 The Commission agrees that the Respondent will not have to appear nor submit any request for release once he is notified by the Commission that he has completed the terms and that the oversight by this Stipulation to Informal Disposition has terminated.

Section 3: RESPONDENT'S ACCEPTANCE

I have received a copy of the Statement of Allegations and Summary of Evidence, and a copy of this Stipulation to Informal Disposition. I understand and have accepted the terms of this agreement. My legal counsel of record, if any, has explained the significance and consequences of this Stipulation to Informal Disposition. I understand that presentation of this Stipulation to Informal Disposition may be made without my appearance before the Commission. I, therefore, waive notice of the presentation of this matter and my appearance before the Commission.

Date: _____, 1999.

Youl Choi, MD
Respondent

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Section 4: COMMISSION'S ACCEPTANCE

The Commission accepts and adopts the foregoing as the informal resolution of this matter by means of this Stipulation to Informal Disposition. All parties shall be bound by the terms and conditions set forth in the Disposition Agreement. The Commission's oversight of the Respondent's license and practice pursuant to this Stipulation to Informal Disposition shall automatically terminate after one year of the date of acceptance, and upon the full and successful completion of the Respondent's obligations.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

DATED this _____ day of _____, 1999.

By: _____
Panel Chairperson for the Commission

Prepared and presented by:



Michael L. Bahn, WSBA #16009
Staff Attorney
H.P.Q.A.D. -- Section 5
Department of Health

FOR AGENCY'S INTERNAL USE ONLY

Program File No. 99-04-0010MD

ORIGINAL

Redaction Summary (9 redactions)

3 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (7 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (1 instance)
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (1 instance)



Page 2, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
Page 3, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 3, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 5, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 11, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 13, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 15, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 20, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

* * * COMMUNICATION RESULT REPORT (DEC. 2, 1999 11:22AM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
764	MEMORY TX	8-511322-2535824764	OK	P. 2/2

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION**FACSIMILE COVER SHEET****To: Youl Choi, MD****Company: Lakes Medical Plaza****Telephone: (253) 588-9878****Fax: (253) 582-4764****From: Mike Bahn, Staff Attorney****Office: Dept. of Health****H.P.Q.A.D. -- Section 5****P.O.Box 47866****Olympia, WA 98504-7866****Phone: (360) 586-0476****Fax: (360) 586-0745****Date: December 2, 1999****Pages including this**

Health Professions Section 5

Transmittal Sheet From Legal Unit



TO: PROGRAM		RCM: IRWIN	MC: MEYE
CASE NUMBER: 99-09-0010MD		DATE LEGAL FORWARDED: 12-8-99	
RESPONDENT LAST NAME: CHOI	FIRST: YOUL	MIDDLE INITIAL:	
PRIORITY:	<input type="checkbox"/> 1-HIGH	<input type="checkbox"/> 2-MEDIUM	<input checked="" type="checkbox"/> 3-LOW
STAFF ATTORNEY: BAHN			
REASON FOR FORWARDING: <input type="checkbox"/> SEND TO REVIEWING COMMISSION MEMBER <input type="checkbox"/> FURTHER INVESTIGATION <input type="checkbox"/> TRANSFERRED TO AAG			
CASE COMPLETION:			
<input checked="" type="checkbox"/> STID ACCEPTED	<input type="checkbox"/> CLOSED, NO CAUSE FOR ACTION	<input type="checkbox"/> RSA ACCEPTED	<input type="checkbox"/> CLOSED, NO JURISDICTION
<input type="checkbox"/> LICENSE APPLICATION GRANTED	<input type="checkbox"/> COMMISSION ORDER ISSUED	<input type="checkbox"/> AGREED ORDER ACCEPTED	<input type="checkbox"/> CLOSED, WITH LETTER OF CONCERN
		<input type="checkbox"/> DEFAULT ORDER	



FACSIMILE COVER SHEET

To: Youl Choi, MD
Company: Lakes Medical Plaza
Telephone: (253) 588-9878
Fax: (253) 582-4764

From: Mike Bahn, Staff Attorney
Office: Dept. of Health
H.P.Q.A.D. -- Section 5
P.O.Box 47866
Olympia, WA 98504-7866
Phone: (360) 586-0476
Fax: (360) 586-0745

Date: December 2, 1999

**Pages including this
cover page:** 2

RE: Program File No. 99-04-0010MD; Docket No. 99-09-A-1038MD

Dr. Choi,

Attached is a copy of the information form that I sent to you on or about November 10, 1999. Please complete this form and return it to me as soon as possible that I can complete the informal resolution process.

Yours truly,

A handwritten signature in black ink, appearing to read "Mike Bahn", followed by a long horizontal line.

NOTICE

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify the sender by telephone immediately.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47879 • Olympia, Washington 98504-7879

November 9, 1999

Youl Choi, MD

3 - DOH Licensee Health Professional Home Address and/o...

Dear Dr. Choi:

Enclosed please find the Stipulation to Informal Disposition (Stipulation) dated November 4, 1999.

Questions regarding compliance with the Stipulation should be directed to Dirk Gillespie, Compliance Officer for the Washington State Medical Quality Assurance Commission, P. O. Box 47866, Olympia, WA 98504-7866 or (360) 236-4794.

Sincerely,

Pam L. Mena
Adjudicative Clerk Office
P. O. Box 47879
Olympia, WA 98504-7879
(360) 236-4674

Enclosure

cc: Dirk Gillespie, Compliance Officer
Maryella Jansen, Program Manager
Michael L. Bahn, Staff Attorney ✓

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
Medicine and Surgery of:	)	Docket No. 99-09-A-1038MD
)	
YOUL CHOI, MD)	
License No. MD00026807	)	STIPULATION TO INFORMAL
Respondent	)	DISPOSITION
)	
)	

Section 1: STIPULATIONS

The Medical Quality Assurance Commission, (Commission), and Youl Choi, MD, (Respondent), are parties to this matter and stipulate as follows:

1.1 The Respondent acknowledges and understands the following allegations brought forth by the Disciplinary Program Manager:

1.1.1 The Respondent is subject to the jurisdiction of the Commission and the application of the Uniform Disciplinary Act, RCW 18.130, in this matter by the fact of his current license.

1.1.2 Patient 1 was a patient of the Respondent during the material time period of this matter.

1.1.3 Patient 1's family history indicated close relatives having heart problems.

1.1.4 During her pregnancy, Patient 1 had complications of chest pain and tachycardia and diagnosed as having high stress and anxiety.

1.1.5 On or about September 29, 1997, Patient 1 presented for delivery of her third child.

1.1.6 During labor; Patient 1 continued to have tachycardia along with a fever of 100.4. Fetal monitoring indicated a rate up to 180 then later down to the 150's.

1.1.7 Labor continued to the following morning when Patient 1 experienced severe chest pains and fetal heart monitoring showed decelerations and gross irregularities.

This went on for about a two hour period and lead up to an emergency Cesarean section.

1.1.8 Upon surgery it was found that the uterus had ruptured on the right half at the junction between upper and lower segments. A hysterectomy was performed.

1.1.9 Patient 1's child was placed in the intensive care and intubated, however never assumed proper breathing. The child died once extubated.

1.1.10 Warning signs were observable during labor. Among those were the failure of the presenting part to engage during the several hours of labor that was enhanced by rupture of the membranes and pitocin augmentation; the patient's temperature elevation; her chest pain; and tachycardia. In addition, there were indications on the FHT strip of variable and late decelerations occurring some hours before the uterine rupture.

1.2 The Respondent acknowledges and understands that the alleged unprofessional conduct set forth in the Statement of Allegations and Summary of Evidence, if proven at a hearing, would constitute grounds for disciplinary action by the Commission pursuant to RCW 18.130.180, and may result in the imposition of sanctions pursuant to RCW 18.130.160.

1.3 The Commission and the Respondent mutually desire to achieve an informal resolution of the matter, pursuant to RCW 18.130.172(1) and (2), by means of this Stipulation to Informal Disposition.

1.4 The Respondent acknowledges and understands that certain of the sanctions expressed in RCW 18.130.160 may be imposed as part of this Stipulation to Informal Disposition, pursuant to RCW 18.130.172(2).

1.5 This Stipulation to Informal Disposition is not formal disciplinary action by the Commission or the Department of Health, (Department), and shall not be construed as an admission by the Respondent, nor shall it be considered a finding of either unprofessional conduct or an inability to practice with reasonable skill and safety. However, it is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act.

1.6 This Stipulation to Informal Disposition sets forth, by stipulation between the Commission and the Respondent, certain events and conditions for which the parties desire to achieve an informal resolution. It is not intended, nor should it be construed, as an action to revoke, suspend, or otherwise formally restrict the Respondent's license.

1.7 The Commission and the Respondent stipulate to be bound by, and successfully complete, the terms and conditions of this Stipulation to Informal Disposition.

1.8 The Commission's and the Department's records of this informal resolution to this matter are releasable to the public upon request pursuant to the Public Records Act, RCW 42.17. The Statement of Allegations and Summary of Evidence, along with the Stipulation to Informal Disposition, shall remain as public records in the Respondent's file with the Department, and are subject to state archiving laws.

1.9 The informal resolution of this matter, pursuant to RCW 18.130.172, is without force and effect, and is not binding on the parties until this Stipulation to Informal Disposition is accepted and signed by the Panel Chairperson for the Commission.

Section 2: DISPOSITION AGREEMENT

Based upon the foregoing, the Commission and the Respondent enter into the following agreement:

2.1 The Commission and the Respondent agree to be bound by, and successfully complete, the terms and conditions of this Stipulation to Informal Disposition.

2.2 The Respondent agrees to enroll in and successfully complete within one year of the date of the Commission's acceptance of this agreement, a Category I CME course that fully and capably addresses the topic of arrested labor. The course in which this particular topic is presented is to be a minimum of seven (7) credits or the equivalent of a one-day CME course.

2.3 The course is to be selected by the Respondent but is to be approved by the Commission, or its designee, prior to the Respondent's enrollment.

2.4 The Respondent agrees that he shall submit to the Commission, or its designee written verification of his accomplishment of this course work and produce for the Commission a written report, (a minimum of 1,000 words), of the above CME course work. The report is to include discussion as to how this CME has affected the Respondent's practice and health care delivery.

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**COPY OF
ORIGINAL**

2.4⁵ The Respondent agrees, pursuant to RCW 18.130.172(2), to reimburse the Department for some of the cost, incurred in the investigation and processing of this matter, in the amount of \$1,000.00. This amount shall be remitted within ninety (90) days of the date of the Respondent's receipt of this document. The check or money order is to be made payable to the Department of Health, and sent to the Department at:

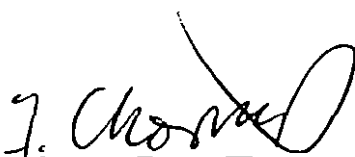
D.O.H., Accounting Department, P. O. Box 1099, Olympia, Washington 98504-1099.

2.5⁶ The Respondent agrees that the Commission's oversight of him by this Stipulation to Informal Disposition, shall terminate, upon his full and successful completion of the terms, after one year from the date of the Commission's acceptance of this informal resolution.

2.6⁷ The Commission agrees that the Respondent will not have to appear nor submit any request for release once he is notified by the Commission that he has completed the terms and that the oversight by this Stipulation to Informal Disposition has terminated.

Section 3: RESPONDENT'S ACCEPTANCE

I have received a copy of the Statement of Allegations and Summary of Evidence, and a copy of this Stipulation to Informal Disposition. I understand and have accepted the terms of this agreement. My legal counsel of record, if any, has explained the significance and consequences of this Stipulation to Informal Disposition. I understand that presentation of this Stipulation to Informal Disposition may be made without my appearance before the Commission. I, therefore, waive notice of the presentation of this matter and my appearance before the Commission.



Youl Choi, MD
Respondent

Date: 10-28, 1999.

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**COPY OF
ORIGINAL**

Section 4: COMMISSION'S ACCEPTANCE


The Commission accepts and adopts the foregoing as the informal resolution of this matter by means of this Stipulation to Informal Disposition. All parties shall be bound by the terms and conditions set forth in the Disposition Agreement. The Commission's oversight of the Respondent's license and practice pursuant to this Stipulation to Informal Disposition shall automatically terminate after one year of the date of acceptance, and upon the full and successful completion of the Respondent's obligations.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

DATED this 4th day of November, 1999.

By:  M.D.
Panel Chairperson for the Commission

Prepared and presented by:


Michael L. Bahn, WSBA #16009
Staff Attorney
H.P.Q.A.D. -- Section 5
Department of Health

FOR AGENCY'S INTERNAL USE ONLY

Program File No. 99-04-0010MD

**COPY OF
ORIGINAL**

In the Matter of the License to Practice as a Physician and Surgeon of:) Docket No. 99-09-A-1038MD
)
) DECLARATION OF SERVICE
) BY MAIL
YOUL CHOI, M.D.,)
License No.: MD00026807)
)
)

On November 9, 1999, I served a true and correct copy of the Stipulation to Informal Disposition dated November 4, 1999, by placing same in the U.S. mail by 4:30 p.m, postage prepaid, on the following parties to this case:

3 - DOH Licensee Health Professional Home Address an...

Pam & Men

cc: Maryella Jansen, Program Manager
Michael L. Bahn, Staff Attorney



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

Medical Quality Assurance Commission

November 10, 1999

Youl Choi, MD
Lakes Medical Plaza
11311 Bridgeport Way SW, Suite 201
Tacoma, WA 98499-3071

Re: Program File No. 99-04-0010MD; Docket No. 99-09-A-1038MD

Dear Dr. Choi:

The Stipulation to Informal Disposition, (STID), was accepted at the recent meeting of the Medical Quality Assurance Commission. A copy with all the appropriate signatures will be sent to you.

Please note a couple of "typo's" in the STID. I apologize for these errors, even though they are nominal and do not affect the capability of this document and our agreement. In paragraph "1.1.6", the word "sever" should be the word "severe". Also, in Section 2, there are two paragraphs marked "2.3". Correcting that would make the subsequent paragraphs renumbered, the last paragraph being numbered "2.7".

To complete this process, I enclose a form that you are to fill out and return to me within five business days of your receipt of this letter. Please contact me if you have any questions or concerns.

Sincerely,

Michael L. Bahn
Staff Attorney



**HEALTHCARE INTEGRITY AND PROTECTION DATA BANK
REPORTING FORM FOR INDIVIDUALS**

Federal law, Section 1128E of the Social Security Act and 45 CFR part 61, requires you to provide the following information to the disciplinary authority:

1. Name: YOUL CHOI, MD
2. Docket Number: 99-09-A-1038MD
3. Registration/Certification/License #: MD 000 26807
4. Name of business or employer at the time the alleged incident occurred:

5. Brief description of the type of business or employer in question 4 above:

6. Do you have a special practice area? ☐ No ☐ Yes If so, what is it?

7. Please list the school you attended and the year you graduated:



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

Medical Quality Assurance Commission

November 1, 1999

Youl Choi, MD
Lakes Medical Plaza
11311 Bridgeport Way SW, Suite 201
Tacoma, WA 98499-3071

Re: Program File No. 99-04-0010MD; Docket No. 99-09-A-1038MD

Dear Dr. Choi:

I am in receipt of your faxed message with the attached agenda for the CME on November 5, 1999. We have reviewed the contents of this CME class. We have determined that it would not cover the material and subject matter to the extent that we ask for in the terms of the Stipulation to Informal Disposition, (STID). We are desirous of your attending a CME class that would discuss issues and problems of dealing with arrested labor situations. The goal would be for you to review material that would assure your understanding of high-mid-low position of the fetus versus the fetus being in an arrested labor situation.

This could be accomplished by your attending a CME course of a day's length or greater in which there was a full discussion of the topic of arrested labor. We would also pose an alternative to your attending a CME. The alternative would be your meeting with Thomas Benedetti, MD at the University of Washington. See the attached pages taken from the Internet. He is a recognized expert in this area. The purpose would be to discuss the facts of this particular case and arrested labor situations in general. Your written report would cover the impact on your practice of your meeting with him. Either one of these options could be completed some time during the year that you are subject to the STID. Contact our Medical Consultant, George Heye, MD, (360) 236-4795, should you have any questions about a CME course or working with Dr. Benedetti.

I have received your signed copy of the STID. I will present the documents before the Commission this Thursday and seek the panel's acceptance. A copy with all the necessary signatures and further instructions will be sent to you. Call me if you have any questions.

Sincerely,

Michael L. Bahn
Staff Attorney



University of Washington Physicians**About Our Physicians****Maternal and Infant Care
Clinic**

University of Washington Medical
Center
1959 NE Pacific St
Seattle WA 98195-6127
206-598-4070

THOMAS BENEDETTI, MD

Obstetrics
Primary Care Provider

SPECIALTY: Obstetrics/Gynecology**ACCEPTING NEW PATIENTS:** Refer to Clinic**PATIENT CARE PHILOSOPHY/
FAVORITE ASPECTS OF PATIENT CARE:**

I most enjoy the privilege of being involved with providing health care to women at one of the most important times in their lives.

JOINED UWP: 07/01/1979**BOARD CERTIFICATIONS:**

Obstetrics-Gynecology 01/01/1980
Maternal & Fetal Medicine 01/01/1981

MEDICAL/GRADUATE SCHOOLS:

Univ. of Washington Medicine 1973

RESIDENCIES:

Los Angeles Cty-USC Med Ctr Obstetrics & Gyn 1974 - 1977

FELLOWSHIPS:

Los Angeles Cty-USC Med Ctr Maternal-Fetal Med 1977 - 1979

MEDICAL / RESEARCH INTERESTS:

Managed care, prematurity prevention, shoulder dystocia, fetal macrosomia, preeclampsia


PROFESSIONAL AFFILIATIONS / MEMBERSHIPS / HONORS:

Soc Perinatal Obstetrics, Am Coll of Obstetrics and Gynecology, Wa St Ob Gyn Society

PERSONAL INTERESTS:

Bicycle racing, fishing, golf, Little League baseball

A002103

 Find a Physician

UW	AMC	Academic	Disclaimer
Home	Home	HealthLinks	

Consult "[Who to Contact](#)" for comments and questions.

Please honor our copyrights and disclaimer.

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Last Reviewed: 14 Sept 1999 Last Updated: 14 Sept 1999 jml.



FACSIMILE COVER SHEET

To: Dr. Youl Choi
Company: Lakes Medical Plaza
Telephone: (253) 588-9878
Fax: (253) 582-4764

From: Mike Bahn, Staff Attorney
Office: Dept. of Health
H.P.Q.A.D. -- Section 5
P.O.Box 47866
Olympia, WA 98504-7866
Phone: (360) 586-0476
Fax: (360) 586-0745

Date: November 1, 1999

**Pages including this
cover page:** 4

RE: Program File No. 99-04-0010MD; Docket No. 99-09-A-1038MD

Dr. Choi, attached is a copy of a letter with other attachments that I am sending to you in the mail. Call me if you have any questions.

Yours truly,

A handwritten signature in black ink, appearing to read "Mike Bahn". The signature is fluid and cursive, with a long horizontal stroke at the end.

NOTICE

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify the sender by telephone immediately.

* * * COMMUNICATION RESULT REPORT (NOV. 1.1999 5:18PM) * * *

TTI MEDICAL QA COMMISSION

FILE MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
412	MEMORY TX	8-511322-2535824764	OK	P. 4/4

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWERE-2) BUSY
E-4) NO FACSIMILE CONNECTION**FACSIMILE COVER SHEET**

To: Dr. Youl Choi
Company: Lakes Medical Plaza
Telephone: (253) 588-9878
Fax: (253) 582-4764

From: Mike Bahn, Staff Attorney
Office: Dept. of Health
H.P.Q.A.D. - Section 5
P.O.Box 47866
Olympia, WA 98504-7866
Phone: (360) 586-0476
Fax: (360) 586-0745

Date: November 1, 1999
Pages including this

Event Chair and Faculty

C. Danae Steele, MD
Perinatologist
Obstetrics Medical Group
Tacoma, Washington

Faculty

Keynote:

Vincenzo Berghella, MD, FACOG
Assistant Professor in OB/GYN
Division of Maternal-Fetal Medicine
Thomas Jefferson University Hospital
Philadelphia, PA
Co-Principal Investigator on NIH Grant:
Cervical Ultrasound Study

Raj Bansal, MD
Maternal-Fetal Medicine Specialist
Perinatal Associates, P.C.
Clinical Assistant Professor
Department of OB/GYN
School of Medicine
Oregon Health Sciences University
Portland, OR

Fillmore Buckner, MD, JD
Clinical Professor
Department of OB/GYN
School of Medicine
University of Washington
Private Practice of Law
Seattle, WA

Charles Petty, MD
Obstetrics Medical Group
Division of Perinatal Medicine
Swedish Medical Center
Seattle, WA

William J. Morris, MD
Neurosurgeon
Tacoma, WA

Planning Committee

Glen Aashelm, MD
Richard Schroeder, MD
John Van Buskirk, DO
Victoria Fletcher, RNC, MSN, ARNP
Brenda Lykins, RNC, BSN
Elizabeth Norris, RN, BSN, IBCLC
Lisa White, MPA

Directions/Accommodations

Take Interstate 5 to Exit 133/City Center.
Take Highway 705, following "City Center"
signs toward the downtown area. Take
the "A" Street exit. Follow "A" Street to
11th Street. Turn left on 11th Street. Go two
blocks uphill to Broadway. Turn left on
Broadway. Go two blocks to 1320 Broadway
and you will be in front of the hotel. Parking
pass is included with prepaid registration.
Pass must be picked up at registration table
and placed in vehicle.

The Sheraton-Tacoma Hotel will provide
rooms at a special conference rate of
\$94.00 per night. Call (253) 572-3200 to
reserve your room and remember to identify
the conference as the MultiCare 11th
Annual Current Concepts in Perinatology
Conference.

Conference Information

(253) 403-1221 or lwhite@multicare.com

AGENDA: Friday, November 5, 1999

- | | |
|------------|---|
| 7:30 a.m. | Registration and Continental Breakfast |
| 8:00 a.m. | Welcome
<i>C. Danae Steele, MD</i> |
| 8:10 a.m. | "Management of the Opioid-Addicted Pregnant Woman"
<i>Keynote: Vincenzo Berghella, MD</i> |
| 9:10 a.m. | "Spinal Dysraphism"
<i>William J. Morris, MD</i> |
| 10:00 a.m. | Break and Exhibits - Ballrooms 1 & 2 |
| 10:20 a.m. | "Update in Obstetrical and Perinatal Malpractice"
<i>Fillmore Buckner, MD, JD</i> |
| 11:20 a.m. | "Vacuum Extraction"
<i>Raj Bansal, MD</i> |
| 12:20 p.m. | Lunch and Exhibits - Ballrooms 1 & 2 |
| 1:20 p.m. | "Management of Headache during Pregnancy"
<i>Charles Petty, MD</i> |
| 2:10 p.m. | "Cervical Length Monitoring with Ultrasound"
<i>Keynote: Vincenzo Berghella, MD</i> |
| 3:10 p.m. | Break and Exhibits - Ballrooms 1 & 2 |
| 3:20 p.m. | "Vaginal Breech Deliveries"
<i>C. Danae Steele, MD</i> |
| 4:10 p.m. | Evaluations and Certificates |

YOUL CHOI, M.D., FACOG

Obstetrics / Gynecology

Lakes Medical Plaza
11311 Bridgeport Way SW, Suite 201
Tacoma, Washington 98499-3071

By Appointment
253 /588-9878

FAX 253 -582-4764

TO: Michael Behn

FROM: Y. Choi MD

PAGES: 2

COMMENTS: _____

The information contained in this facsimile message is **PRIVILEGED AND CONFIDENTIAL** information intended for the use of the addressee listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of the telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for the return of the original document to us.



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

October 21, 1999

Youl Choi, MD

3 - DOH Licensee Health Professional Home Address...

Re: Statement of Allegations and Stipulation to Informal Disposition
Youl Choi, MD, Program No. 99-04-0010MD
Docket No. 99-09-A-1038MD

Dear Dr. Choi:

You have been under investigation by the Washington State Medical Quality Assurance Commission as a result of allegations of unprofessional conduct.

The Medical Quality Assurance Commission has ordered that a Stipulation to Informal Disposition be offered to you rather than filing a formal Statement of Charges, at this time.

I have enclosed the original and one copy of the Stipulation to Informal Disposition. The terms of the Stipulation to Informal Disposition are those proposed by the Reviewing Commission Member. Note that signing the Stipulation does not constitute an admission of any violation of law. A Stipulation to Informal Disposition does not constitute disciplinary action.

I have also enclosed a document entitled "Statement of Allegations." The law requires that this be served along with a Stipulation to Informal Disposition. It merely recites the allegations against you.

If you choose to enter into the Stipulation to Informal Disposition, please sign the original in the spaces indicated and return it to me. Keep the copy for your records. I will forward a conformed copy to you when the original is signed.

If you choose not to accept the Stipulation to Informal Disposition, please inform me in writing within 10 days. The matter will then be re-presented to the Commission to determine whether to issue a Statement of Charges in this case.

10/18/99

Dr. Choi called and asked me about the STID, what it is, its impact, is it on the Internet, etc. I explained the nature of its disclosure to the public. He asked about the CME. He had a course in mind. He will fax me info on the course. (Note sent to RCM.)



You Choi, MD
October 21, 1999
Page - 2

You are, of course, free to consult with and engage an attorney to represent you in these matters . If you have any further questions, please contact me at (360)236-4813.

Sincerely,



Michael L. Bahn *By: TJB*
Staff Attorney, Dept. of Health

MLB/cjb
Enclosures

cc: Hampton Irwin, MD, Reviewing Commission Member

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION**

In the Matter of the License to Practice)	
as a Physician and Surgeon of:)	Docket No. 99-09-A-0010MD
YOUUL CHOI, MD)	
License No. MD26807)	DECLARATION OF SERVICE
Respondent.)	
_____)	

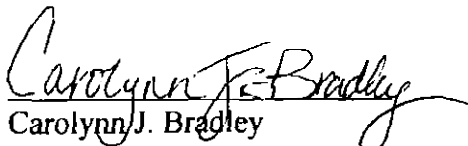
I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

On October 21, 1999, I served a true and correct copy of the Statement of Allegations and Summary of Evidence, and the original and one copy of the Stipulation to Informal Disposition, signed by or for Maryella Jansen, Program Manager, on October 14, 1999, by placing same in the U.S. mail postage prepaid, on the following parties to this case:

Youl Choi, MD

3 - DOH Licensee Health Professional Home Address...

DATED: October 21, 1999, at Olympia, Washington.


Carolynn J. Bradley
Paralegal

Original filed with:

Adjudicative Clerk's Office
1107 Eastside Street
PO Box 47879
Olympia WA 98504-7879

DECLARATION OF SERVICE

ORIGINAL

To: MLB1303 @ WA-DOH ("Bahn, Michael L.")
From: HAMPTON IRWIN
Subject: STID for Youl Choi,MD
Date: 10/14/1999 Time: 12:43PM

Dear Mike,

I was away when your message came through. Beyond that, I just put it off until now. Sorry! I will make some suggestions for changes:

2 - Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B)

I will be in town if you need anything more.
Use E-mail since I am no longer at the office to get the use of their fax machine.
Hamp



Facsimile Cover Sheet

To: Hampton W. Irwin, MD
Company: Reviewing Commission Member
Phone: 6 - Public Agency Employee/Volunte...
Fax: (509) 838-3411

From: Mike Bahn, Staff Attorney
Office: H. P. Q. A. D. -- Section 5
PO Box 47866
Olympia WA 98504-7866
Phone: (360) 236-4813
Fax: (360) 586-0745
e-mail: mlb1303@doh.wa.gov

Date: September 29, 1999
Pages including this cover page: 6

Rec'd
/m

//// CONFIDENTIAL ///

RE: Youl Choi, MD Program No. 99-04-0010MD

Dr. Irwin, here's a draft of the STID ordered by the panel at the last MQAC meeting. Look over the facts and the terms to see if you want to add or adjust. Let me know ASAP because I will be out of town all next week.

Thanks.

NOTICE

The information in this fax message is privileged and confidential. It is intended only for the use of the recipient named above. If you received this in error, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this message in error, please notify the sender by telephone immediately.

To: MLB1303 (Bahn, Michael L.)
From: Mena, Pam L.
Subject: Re: Docket Number
Date: 09/29/1999 Time: 11:08AM

Originated by: MLB1303 @ WA-DOH on 09/29/1999 11:03AM
Replied by: PLM0303 @ WA-DOH on 09/29/1999 11:08AM

Mike,

The Docket number for Dr. Youl Choi is 99-09-A-1038MD. Thanks

From:

Pam Mena
Adjudicative Clerk Office
1107 Eastside Street
P. O. Box 47879
Olympia, WA 98504-7879
Phone: (360) 236-4674
Fax: (360) 586-2171
MS: 47879

Response: Choi, Youl
Case #: 99-04-0010MD
RCM: Irwin

**Medical Quality Assurance Commission
Case Assignment Transmittal**

Date: SEP 23 - 1999

TO: _____ Legal Bahn _____, Staff Attorney

_____ Investigations

_____ Licensing Manager

_____ Medical Consultant

_____ Case Coordinator

_____ Compliance Officer

FROM: Maryella Jansen, Program Manager

[illegible]

The following action was ordered by the Commission at the SEP - 1999 meeting:

<input type="checkbox"/> Close "no cause for action"	<input type="checkbox"/> Close with letter of concern
<input type="checkbox"/> Close "no jurisdiction"	<input checked="" type="checkbox"/> Authorized Stipulation to Informal Disposition
<input type="checkbox"/> Offer non-reportable RSA	<input type="checkbox"/> Offer reportable RSA
<input type="checkbox"/> Summary Suspension	<input type="checkbox"/> Statement of Charges _____
<input type="checkbox"/> Interim order for evaluation	<input type="checkbox"/> Expert review by _____
<input type="checkbox"/> Legal review	<input type="checkbox"/> RCM Re-assignment
<input type="checkbox"/> Defer	
<input type="checkbox"/> Further investigation concerning _____	
<input type="checkbox"/> Practice review with emphasis on _____	
<input type="checkbox"/> Other	

Special Instructions: STUD All content skil

CASE REVIEW WORKSHEET FOR STIDS

Respondent name: Choi, Youl No: 99-04-0010MD
Licensed in other state(s) _____

1. Restriction or limitation of practice: _____

2. CMEs: arrested labor

3. Corrective action (e.g. writing a paper): paper

4. Triplicates: _____

5. Time Frame (one year?): _____

6. Administrative costs: \$1,000

7. Join WPHP: _____

8. Other: _____

YOUL CHOI MD

99 04 0010MD

Respondent is cert OB-GYN 53 Y/O LIC. 89

Atty: Mike Bahn

\$262,500 settlement.

No previous reports.

The complainant is a 37 y/o gr 3 p2 who suffered uterine rupture during labor resulting in loss of the fetus and her uterus.

I reviewed her records which indicate that she had a difficult delivery of a 10 lb baby in 1982. Her second baby, attended by the respondent was 7.5 lb, born without difficulty.

During the pregnancy, she had great difficulties with anxiety and malaise which at one point was thought to be hyperthyroidism. Along with tachycardia, she had episodes of chest pain. She did not have hyperthyroidism. Treatment was with benzodiazepines.

There was also a family history of severe heart problems on the male side of her family. Her father, like his relatives, died in his 50's.

Amniocentesis was done at 18 weeks which was normal. An ultra sound scan was done at 38 weeks which was also normal.

On 9/29/97, she was admitted. She was 3-4cm dilated, 100% effaced and minus 3 station with contractions 4 - 5 minutes apart.

At 10 PM she was 8-9 cm dilated with bulging membranes. I believe that she was getting pitocin during that time. The respondent ruptured the membranes obtaining clear fluid.

The presenting part remained at minus 3 station in spite of continued pitocin and a short period of pushing.

During the labor she continued to have tachycardia along with fever up to 100.4. At one point in the FHT strips, the FHT went up 180 but later settled down to the 150's.

At 2:23 AM she had severe chest pain along with FHT decels and gross irregularities. Looking over the monitor strips, I found an extended period (almost 2hrs) of decels leading up to the final moments before the crash C/S.

Findings at surgery were a ruptured uterus of the right half of the junction between upper and lower segments. The respondent performed a hysterectomy because the injury was beyond salvage. The baby was non viable and died when the ventilator was withdrawn.

COMMENT:

2 - Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B)

2 - Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B)

Hampton W. Irwin, MD

To: -MAIL @ SMTP {irwinhm@ior.com}
Cc: GHH0303
From: Bahn, Michael L.
Subject: Legal Review
Date: 09/16/1999 Time: 4:27PM

RE: Youl Choi, MD
Program File No. 99-04-0010MD

Dr. Irwin, this is the new case we have regarding the mother whose uterus ruptured during labor and the child died after delivery. It's a medical malpractice report for an event that took place in September of 1997.

1 - Attorney-Client Privileged - RCW 5.60.060(2)(a), RCW 42.56.070(1)

What's your take on this? Can we present at the September meeting?

Have a good weekend!

Mike Bahn

Health Professions Section 5

Transmittal Sheet To Legal Unit



FROM: <input checked="" type="checkbox"/> IRP <input type="checkbox"/> CASESTAFFING <input type="checkbox"/> PROGRAM		RCM: <u>Inwin</u>	MC: <u>Heyle</u>
CASE NUMBER: <u>99-04-0010MD</u>		DATE LEGAL RECEIVED: <u>8/25/99</u>	DATE ASSIGNED: <u>8/25/99</u>
RESPONDENT LAST NAME: <u>Choi</u>	FIRST: <u>YOUNG</u>	MIDDLE INITIAL:	CODE (UDA):
PRIORITY: <input type="checkbox"/> 1-HIGH <input checked="" type="checkbox"/> 2-MEDIUM <input type="checkbox"/> 3-LOW			
STAFF ATTORNEY ASSIGNED: <u>Bahn</u>			
REQUESTED ACTION: <input checked="" type="checkbox"/> LEGAL REVIEW <input type="checkbox"/> ADD TO OTHER CASES <input type="checkbox"/> EXPERT REVIEW <input type="checkbox"/> STID ORDERED			
<input type="checkbox"/> CHARGES ORDERED <input type="checkbox"/> RSA ORDERED <input type="checkbox"/> RETURNED FROM INVESTIGATIONS			

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

YOUL CHOI MD
STE 201
11311 BRIDGEPORT WAY SW
TACOMA WA 98499 USA

Phone: 253-588-9878
Birthdate: 01/22/1946
Birthplace: KOREA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Self Designated Practice Specialties (SDPS):

Primary: OBSTETRICS AND GYNECOLOGY
Secondary: UNSPECIFIED

AMA membership: MEMBER

Following Data Provided by the Primary Sources

Medical School:

CHONNAM UNIV MED SCH, KWANGJU, SO KOREA (VERIFIED)

Year of Graduation: 1970 (VERIFIED)

Current and/or Prior Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution:	WAYNE ST UNIV AFFIL HOSP	State:	MICHIGAN
Specialty :	OBSTETRICS AND GYNECOLOGY		07/1975- 06/1979 (VERIFIED)
Institution:	HARPER-GRACE HOSPS-GRACE	State:	MICHIGAN
Specialty :	OBSTETRICS AND GYNECOLOGY		07/1975- 06/1977 (VERIFIED)
Institution:	NY HOSP MED CTR OF QUEENS	State:	NEW YORK
Specialty :	FLEXIBLE OR TRANSITIONAL YEAR		07/1974- 06/1975 (VERIFIED)

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board of Medical Examiners (NBME) Certification Year: NONE REPORTED TO DATE

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
WASHINGTON	MD	09/22/1989	01/22/2001	ACTIVE	UNLIMITED	03/01/1999
MICHIGAN	MD	09/15/1976	01/31/2001	ACTIVE	UNLIMITED	06/01/1999

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. A blank expiration date indicates that the data is not provided to AMA by the licensing board. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number: 0129216

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

AS OF 7/7/99 FEDERAL DEA REGISTRATION IS VALID.

Note: Many states require their own controlled substances registration/license. Please check with your state licensing authority as the AMA does not maintain this information.

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Primary Board: AM BRD OF OBSTETRICS AND GYNECOLOGY

Effective: 01/1982 **Expires:** INITIAL CERTIFICATION

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: **Expires:**

Primary Board: AM BRD OF OBSTETRICS AND GYNECOLOGY

Effective: 12/1998 **Expires:** RECERTIFICATION

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: **Expires:**

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the Physician Masterfile data contained on this profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, residency training and board certification.

If you note any discrepancies, please mark them on a copy of the profile and return to: American Medical Association Department of Data Services, 515 N. State Street, Chicago, IL 60610.

**INITIAL REVIEW PANEL
CASE REVIEW
Case Number: 99-04-0010MD**

Date: July 27, 1999

Presented by: Lynn Larsen-LeVier, PA-C

Respondent: Youl Choi MD

Complainant: Physicians Insurance Exchange

CASE SUMMARY

The Respondent: Board Certified OB/Gyn
DOB: 1/22/46
Licensed since: 9/89

The Complainant:
Physicians Insurance Exchange

Malpractice Settlement:
\$262,500

The Complaint:
A 36-year-old female suffered a uterine rupture during labor resulting in a hysterectomy and fetal demise.

Complaint Review:
The Patient, a 37-year-old female, presented to L&D in labor on 9/29/97. This was her third pregnancy. The first pregnancy had been complicated by bleeding during the delivery, which resulted in a transfusion of two units. Additionally, the infant was greater than 10 pounds. The second pregnancy was uneventful and she delivered a 7# 5 oz female infant. Both deliveries were vaginal. The Respondent was her OB for the second delivery and the 1997 delivery. The 1996-97 pregnancy was complicated by episodes of chest pain and tachycardia. The Respondent had the Patient evaluated by a cardiologist in January of 1997, and also by an endocrinologist for possible hyperthyroidism. The cardiologist opined that the Patient was experiencing stress. Her EDC was 9/26/97. In May of 1997 she presented to L&D and told the nurses that she had been having contractions for 2 days and there was soreness across her abdomen from the umbilicus to the pubic bone. The pain was constant and she guarded the area from palpation. The FHT's were good and the Patient was sent home after a vaginal examination.

The Patient presented to L&D on 9/29/97 around 5:30 p.m., in labor. She was dilated to 4 cm and having contractions every 2-5 minutes. She was given Demerol for pain. She was started on Pitocin around 10:30 p.m. The Patient's temperature started to rise and at @10:45, it was noted to be 100.4. At 11:00 p.m., the Patient was started on 10 Liters of O2 because of a decrease in variability in the fetal heart tones. At @ 11:15, the Patient was dilated to 8-9 cm with a -3 station and the Respondent ruptured the membranes. They tried letting the Patient

begin pushing. Sometime after that, the Respondent noted that "we tried to push on a few occasions but the baby would not come down . . ." A fetal scalp monitor was applied at about midnight and the pitocin was increased to 6 ml/u. Around 2:15 a.m., the Patient's temperature was 101.8. At approximately 2:23 am, the Patient experienced chest pain and within minutes, the fetal heart tones dropped and would not come back up despite changing the Patient's position. An emergency c-section was performed and the Respondent discovered bloody fluid upon entering the peritoneal cavity. The uterus was ruptured on the right side with half of the lower segment detached. A hysterectomy had to be performed after the infant was removed at 2:58 a.m.

The child was transferred to the Mary Bridge NICU. He had to be intubated but unfortunately never attempted to breathe once on the ventilator. His EEG was flat, he had no pain reflexes, had fixed and dilated pupils, and was extubated on day one. He died after being extubated.

The fetal heart tone records are included in the file along with the pathology report. Because I do not have any recent experience reviewing fetal heart monitor strips and am not able to provide the Panel with a synopsis of those strips, I would recommend an RCM review.

Prior Cases:

None

DEPARTMENT OF HEALTH
HEALTH PROFESSIONS SECTION 5
CLOSING MEMORANDUM

June 2, 1999

TO: James Smith, HCI IV

FROM: Bonita D. James, Health Care Investigator

SUBJECT: Youl Choi, M.D.
99-04-0010MD

This case originated from a medical malpractice report from Physicians Insurance Exchange. A 36-year-old female suffered a uterine rupture during labor resulting in a hysterectomy and fetal demise.

The Respondent stated that the patient went into delivery on 09-29-97, and was seen in the labor and delivery department. After the patient dilated to 8-9 cm, the Respondent ruptured the membranes. He said that the contraction pattern was somewhat irregular and inadequate. Pitocin was ordered for augmentation per protocol. At 2:23 a.m., the patient complained of chest pain and the pitocin was turned off. At 2:29 a.m., the fetal heart tones dropped to the 90s. No improvement was noted with positional changes and oxygen. The patient was taken to the operating room for a cesarean section, and the baby was delivered at 2:58 a.m. At the time of the surgery, the patient was found to have a ruptured uterus, and the baby was severely depressed. The Respondent said that the patient had to have a cesarean hysterectomy. The infant was transferred to Tacoma General NICU, but unfortunately he expired a few days later.

The Respondent stated that spontaneous rupture of the uterus is extremely rare, and that the mortality rate of the fetus is up to 75%. He said that the most common cause is usage of pitocin on high parity women. The Respondent stated that this was only the patient's third pregnancy, and that it was quite unpredictable. See pages 11-12.

See attachment 1 for a copy of the medical records from St. Clare Hospital.

ACTIVITY REPORT

1. 04-06-99 Case reviewed by Lynn Larsen-LeVier, PA-C
2. 04-07-99 Case assigned for investigation.
3. 04-14-99 Letter of cooperation to the Respondent.
4. 04-14-99 Letter to St. Clare Hospital.
5. 04-21-99 Respondent's statement received.
6. 05-12-99 Received a fee approval form from FYI Health Serve.
7. 05-12-99 Faxed signed form back to FYI Health Serve.
8. 05-28-99 Medical records received.
10. 06-02-99 Report writing.
11. 06-02-99 File forwarded for review.

**WASHINGTON STATE MEDICAL DISCIPLINARY BOARD
REQUEST FOR INVESTIGATIVE SERVICES**

TO: Medical Investigations Unit

FROM: Cindy Hamilton, Intake Coordinator

PHONE: 586-2710

DATE: 4/7/99

CASE #: 99-04-0010MD

RESPONDENT: Choi, YOUL MD

LOCATION: TACOMA, WA

DATE ASSIGNED: 4/7/99

PRIORITY: 3 **CODE:** 04

INVESTIGATOR ASSIGNED: Bonita James

BACKGROUND COMMENTS

INITIAL ASSESSMENT REVIEW
Case Number: 99-04-0010MD

Date: April 6, 1999
Presented by: Lynn Larsen-LeVier, PA-C

Respondent: Youl Choi MD

Complainant: Physicians Insurance Exchange

CASE SUMMARY

The Respondent: Board Certified OB/Gyn
DOB: 1/22/46
Licensed since: 9/89

The Complainant:
Physicians Insurance Exchange

Malpractice Settlement:
\$262,500

The Complaint:
A 36-year-old female suffered a uterine rupture during labor resulting in a hysterectomy and fetal demise.

Complaint Review:
The file contains the office records, delivery note, and neonatal consults. It does not contain the nursing notes or other progress notes from L&D.

The Patient, a 37-year-old female presented to L&D in labor on 9/29/97. This was her third pregnancy. The first pregnancy had been complicated by bleeding during the delivery which resulted in a transfusion of two units. Additionally, the infant was greater than 10 pounds. The second pregnancy was uneventful and she delivered a 7# 5 oz female infant. Both deliveries were vaginal. The Respondent was her OB for the second delivery and the 97 delivery. The 1996-97 pregnancy was complicated by episodes of chest pain and tachycardia. The Respondent had the Patient evaluated by a cardiologist in January of 1997, and also by an endocrinologist for possible hyperthyroidism.

After the Patient had been in labor and had dilated to 8-9 cm with a -3 station, the Respondent ruptured the membranes. Sometime after that, the Respondent noted that "we tried to push on a few occasions but the baby would not come down . . . " Approximately 2 hours later, the fetal heart tones dropped and would not come back up and the Patient complained of chest pain. An emergency c-section was performed and a uterine rupture noted. A hysterectomy had to be performed. The child was transferred to the Mary Bridge NICU. He had to be intubated but unfortunately never attempted to breathe once on the ventilator. His EEG was flat, he had no pain reflexes, had fixed and dilated pupils, and was extubated on day one. He died after being extubated.

Prior Cases:

none

Code:

04

Notification: Yes

Investigative Plan Suggestions:

- ALL the St. Clare hospital records for the 9/29/97 admission to include H&P, DS, all nursing and MD progress notes, anesthesia records, OR records, lab, orders, and fetal heart tone records if available.
- Respondent statement

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5**

INTAKE SHEET

Respondent Information

Case No: 99-04-0010MD Case Opened: 04/05/1999
Case ID: 11269
Name: Youl Choi, MD Lic/Cert/Reg No: MD00026807 Issued: 9/22/1989
Address: 3 - DOH Licensee Health Professional Home A... D.O.B.: 1/22/1946 Expires: 1/22/2000
Soc Sec No: 4 - DOH Licensee ...
3 - DOH Licensee Health Professional Home A...
School Attended: Chonnam U; Kwangju, So Korea Year Completed: 1970
Specialty: Obstetrics and Gynecology Board Certified: Yes

Complainant Information

Name: Physicians Insurance Exchange
Address: 1730 Minor Avenue, Suite 1800 Seattle, WA 98101-1499

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

***Steps:**

A=Assess

RM = Reviewing Member

S=Settlement

I=Investigating

LD=Legal Drafting

LP=Legal Prehearing

LR=Legal Review

LS = Legal Service

RAG=Legal Support

F=Final Action

RPT002

04/05/1999

Page 1 of 1

✓ 99-04-0010MD

crh0303

INDIVIDUAL NAME

LAST CHOI

FIRST YOUL

MIDDLE

REAL SYSTEM

(JR,SR,III)

V2.5.18

03:09:15 PM

REFERENCE # MD00026807

SOC SEC NUM

4 - DOH Licensee Social Secur...

RESIDENCE INFORMATION

3 - DOH Licensee Health Professional Home Address and/or Phone - R...

PHONE: () - COUNTY: 27
() - LGL ST:

NOTES

+--ADDITIONAL INFORMATION-----+

SEX M = MARRIED Y =

OTHER NAME
CORP. OFFICER
TRUST ACCOUNT

=

BIRTH PLACE

DATE 01-22-1946

SCHOOL CODE 430

CE UNITS 0.00 REQD BY 01-22-2002

+-----+

+-----+
CURRENT STATUS: A D EXPIRATION DATE: 01-22-2000 FIRST ISSUE DATE: 09-22-1989
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 12-23-1998
COMPLAINTS O/C: 0/ 0 AUTHORITY:
+-----+

✓ ASL/TL: 35
OT: 4

Brd Cert - ObGyn

Grad 1970

Chonnam U; Kwangju, So Korea

IRP Presenter: Larsen-Lelievre

Date: AUG 17 1999

 Compliance Officer

CHOI, YOUL 99040010MD PAGE 44

NOTICE

WAC 246-15-030, Procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is *not* disclosed.

NOTICE



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 5, 1999

Youl Choi, MD

3 - DOH Licensee Health Professional Home Address an...

Dear Dr. Choi:

The purpose of this letter is to inform you that the Medical Quality Assurance Commission has received a Medical Malpractice Payment Report as required by RCW 18.71.350. Accordingly, a case file has been opened under your name with the identification number **99-04-0010MD**. At this time we will request appropriate records from the insurance carrier. Once we have them, the case will be reviewed. At the completion of the review, the Commission will do one of two things:

- 1) They will either close the file without further inquiry in which case you will receive a letter to that effect; or
- 2) They will request to have the matter investigated further. In that event, you may again be contacted by mail and asked to submit a statement and/or records concerning the case.

If you wish to submit a statement concerning the malpractice case, you may do so at any time. You are not, however, obligated to send us anything at this time.

If the Commission receives any inquiries about the status of your license, the existence of file **99-04-0010MD** will be disclosed. However, while this file is under active review, its contents will not be disclosed. Once the review process is completed and the case is either closed or acted upon further, the contents of the file, including any statements submitted by you, will be subject to release within the guidelines established by Washington's public disclosure laws.

Please be advised that due to staff limitations and the volume of cases of all types handled by the Commission, the initial review process on your case may take from three to six months.

For your information we have also enclosed the brochure "*What Happens Next?*" which briefly describes how the Medical Commission proceeds when it receives a report concerning a physician.

If you have any questions, please feel free to call James H. Smith, Chief Investigator, at (360) 236-4798, or George Heye, MD, Medical Consultant, at (360) 236-4795.

Respectfully,

COPY

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosure

004



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 14, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Youl Choi, M.D.

3 - DOH Licensee Health Professional Home Address...

Re: Our file no: #99-04-0010MD

Dear Dr. Choi:

The Washington State Medical Quality Assurance Commission has received a copy of a medical malpractice report from Physicians Insurance Exchange. A 36-year-old female suffered a uterine rupture during labor resulting in a hysterectomy and fetal demise. Date of occurrence was 09-30-97. Patient's name is 5 - Healthcare Infor...

The Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620, a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050(2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws. **Failure to cooperate is unprofessional conduct pursuant to RCW 18.130.180(8).**

Youl Choi, M.D.
April 14, 1999
PAGE TWO

Under provisions of the above laws, please provide the following:

1) A written statement explaining the factual background of the case.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

You are free to consult with and engage an attorney at your expense to represent you in this matter prior to making your response. Your response(s) may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you please have the attorney file a Notice of Appearance at the address below.

Your reply is requested within fourteen (14) days following your receipt of this letter. Please mail your response in care of:

Bonita James, Investigator
Department of Health
Medical Quality Assurance Commission
Medical Investigations Unit
1300 S.E. Quince Street, P.O. Box 47866
Olympia, Washington 98504-7866

If you have any questions, please feel free to contact me at **(360) 236-4803** or by fax at **(360) 586-4573**.

Sincerely,



Bonita James
Health Care Investigator

Z 552 791 143

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Youl Choi, M.D.	
3 - DOH Licensee Health Professional Home Address and/o...	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Youl Choi, M.D.

3 - DOH Licensee Health Professional Home Address and/or Phone - RC...

4a. Article Number

Z 552 791 143

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

APR 15-85

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
1300 SE Quince St • P.O. Box 47866 • Olympia, WA 98504-7866

April 14, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

St. Clare Hospital
ATTN: Debbie Giles - Medical Records Department
11315 Bridgeport Way SW
Tacoma, WA 98499

Re: Our file no. #99-04-0010MD

Dear Ms. Giles:

The Washington State Medical Quality Assurance Commission is currently investigating a medical malpractice report regarding care provided to

5 - Healthcare Information Readily Identifiable to a Per...

MR# 5 - Healthcare Informa...

The Washington State Medical Quality Assurance Commission is the entity within State government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the Washington State Medical Quality Assurance Commission is empowered to investigate all allegations and complaints to determine whether such allegations are substantiated and to take disciplinary or corrective action, if warranted.

Please be advised that this is a preliminary investigation only and that no charges have been issued in connection with this investigation.

The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider/facility disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws.

Under provisions of the above laws you are requested to provide the following:

1. A complete copy of the hospital records for 5 - Healthcare Informatio... for the admission of 09-29-97, to include a copy of the fetal heart monitor strip.

St. Clare Hospital
ATTN: Debbie Giles - Medical Records Department
April 14, 1999
Page Two

Please send copies of the records within fourteen (14) days after receipt of this letter. If copying costs will exceed \$100.00 please advise before copying. Copies are to be sent to:

Bonita James, Health Care Investigator
Department of Health
Medical Quality Assurance Commission
Medical Investigations Unit
1300 SE Quince Street, P.O. Box 47866
Olympia, Washington 98504-7866

Note: Please send the billing statement to the Department of Health, ATTN: Janice Weber, 1300 SE Quince Street, P.O. Box 47866, Olympia, WA 98504-7866. Please be sure to include your federal tax identification number on your statement.

If you have any questions concerning this request please contact me at (360) 236-4803 or by fax at (360) 586-4573. Thank you for your anticipated cooperation.

Respectfully,



Bonita James
Health Care Investigator

Z 552 791 146

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sender's Name <i>St. Clare Hosp</i>	
Street Number <i>11315 Bridgeport Way SW</i>	
Post Office, State, & ZIP Code <i>TAC, WA 98499</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <i>St. Clare Hospital ATTN: Debbie Giles Medical Records Dept 11315 Bridgeport Way SW Tacoma, WA 98499</i>		4a. Article Number <i>Z 552 791 146</i>	
5. Received By: (Print Name) <i>Vicki Smith</i>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery <i>SEP 28 1995</i>	
		8. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESS completed on the reverse side? PS Form 3811, December 1994 102595-98-8-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

RECEIVED

APR 21 1999

INVESTIGATIONS

The case summary for 5 - Healthcar... vs Choi

This 37 y-o, G3, P2, LMP 12-26-96 was in for prenatal care. She had two normal vaginal deliveries which the last baby was delivered by myself uneventfully. The size of the baby was normal size around 7 pounds. However her first baby was around 10 pounds and she said it was rather difficult delivery(vaginal). Her prenatal course was uneventful except for genetic amniocentesis for advanced maternal age and perinatal consultation for thyroid condition. The ultrasonic evaluation of the baby near term showed 3467 grams.

She went into labor on Sept.29,1997 and was seen at labor & delivery Dept..She progressed normally until 10:15 P.M. when she was dilated to 8-9 cm. Then I ruptured her membrane. Her contraction pattern was somewhat irregular and inadequate. She was under epidural anesthesia then. Pitocin was ordered for augmentation per protocol. She was dilated completely around 1:40 A.M. according to the record. The pitocin was up to 6 milli-units at 12 midnight. At 2:23 A.M. she suddenly complained of chest pain and the pitocin was turned off. At 2:29 A.M. the fetal heart tones dropped to 90s. No improvement was noted with positional changes and oxygens. She was taken to OR for C-section. The baby was delivered by emergency C-section at 2:58 A.M..

At the time of surgery, she was found to have ruptured uterus and baby was severely depressed. She had to have cesarean hysterectomy. The baby was transferred to Tacoma General NICU but the baby was expired a few days later.

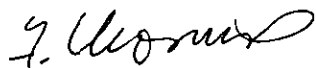
The spontaneous rupture of the uterus is extremely rare and mortality rate of fetus is up to 75 %. The most common cause is usage of pitocin on high parity women.

In this woman, this was only 3rd pregnancy for her. This is quite unpredictable. I have two nationally recognized Perinatologists, Dr. Frank Boem and Dr. Zane Brown(from University of Tennessee, University of Washington) supporting my handling this case.

The reason for settling this case by the insurance Co. was the questions of poss. hyperstimulation of uterus by pitocin even though there is not clear cut evidence.

When we order the pitocin augmentation, the nurse will follow the order per protocol and will increase or decrease the dose of pitocin. We would not know about what is going on unless we are notified even though I stayed at call room of the Hospital. When I questioned these facts, they decided to settle this case since the Hospital was also a defendant. The insurance company did not like the conflicts between defendants. If you have further questions, you can reach me at (253) 588-9878. Thanks.

Sincerely,



Youl Choi, MD



May 12, 1999

**We ~~do not~~ require prepayment unless over \$200 and you are outside WA state. Otherwise, we will send an invoice with your records upon approval.

BONITA JAMES
DEPARTMENT OF HEALTH/OLY-47866
1300 S.E. Quince Street, MS: 7866
Olympia, WA 98504-7866

Sent via facsimile: 1 360 586 4573

Dear BONITA JAMES:

FYI-HealthServe copies medical records at **ST. CLARE HOSPITAL** where a request for medical records was received on 5 - Healthcare Information Readil... We are contacting you for a **FEE LIMIT**.

The cost for copying will be approximately \$180.00. There are approximately 208 pages. The dates of service are: (IP) 9/29-10/1/97; **FETAL MONITOR STRIPS FOR 9/29/97**. Our fees are in compliance with state statute, RCW 70.02.010(12). Payment is due ten days after the invoice date. **THIS IS NOT AN INVOICE.**

PLEASE ADVISE US OF YOUR DECISION EITHER WAY. We can only hold your request for a maximum of two weeks for your response. We will then have to refile the chart.

Should you have any questions or comments, please do not hesitate to contact me directly at (206) 340-2700.

Sincerely,
/62,860

Lori Lusko
Customer Service Assistant

☒ APPROVED. This fee has been approved for the full amount as stated above. If this is a date approval, we still need the requested medical records.

☐ CANCEL. This fee/date approval has been denied. Please cancel our request for medical records.

☐ RESTRICT. I would like to modify my request with the following revisions. Please call back if the fee exceeds \$_____.

AUTHORIZATION GIVEN BY:
62,860

James H. Smith
signature

JAMES H. SMITH
print name

**** PLEASE COMPLETE ABOVE INFO & FAX BACK TO: (206) 623-3329 340-9043 OR 340-9031**

F.Y.I. HealthSERVE

YOUL CHOI, M.D. F.A.C.O.G.
11311 BRIDGESFORD WAY SW
TACOMA, WA 98499

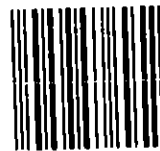
CERTIFIED

Z 436 947 996

MAIL



0000



98504

U.S. POSTAGE
PAID
TACOMA, WA
98499
APR 20, 99
AMOUNT

\$2.98

00059691-17

State of Washington
Dept of Health Medical Quality Assurance Commission
James H. Smith, Chief Investigator
1300 SE Quince St. P.O. Box 47866
Olympia, WA 98504-7866

Return Receipt Requested
Showing Address
Where Delivered

Fold at line over top of envelope to
the right of the return address

CHOI, YOUL
99-04-0010MD

5 - Healthcar... v. CHOI

RECORDS OF YOUL CHOI, M.D.



RECEIVED

MAY 28 1999

INVESTIGATIONS

Dear Requester:

Enclosed are the medical records you recently requested.

Premier Document Management has been retained as agents to copy, collate and deliver documents to requesting parties.

We are also responsible for invoicing requesters for medical records according to the price guidelines set within the Uniform Health Care Information Act. Enclosed please find the invoice for the copying services performed. Please make sure payment is made directly to Premier Document Management. Otherwise, payment may not be properly credited.

If you wish to receive x-rays or billing records, please contact that department directly at the facility.

We welcome your remarks concerning the service we provide. Please call me at our main office with any questions or comments you may have. You may also feel free to contact Christina Guerrero, Customer Service Manager, at the same number.

Thank you for the opportunity to serve you.

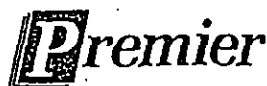
Very truly yours,

FYI-Premier Customer Service Manager

/cg
Encl.

PLEASE NOTE:

This information has been disclosed to you from records that may be protected by state and federal confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making any further disclosure of protected information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or is otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of protected information to criminally investigate or prosecute any alcohol or drug abuse patient.



PREMIER DOCUMENT MANAGEMENT

Redaction Summary (25 redactions)

6 Privilege / Exemption reasons used:

- 1 -- "Attorney-Client Privileged - RCW 5.60.060(2)(a), RCW 42.56.070(1)" (1 instance)
- 2 -- "Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B)" (3 instances)
- 3 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (11 instances)
- 4 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)
- 5 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (7 instances)
- 6 -- "Public Agency Employee/Volunteer - Personal Contact Information, Social Security Number and Emergency Contact Information - RCW 42.56.250(3)" (1 instance)

8

Page 4, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 10, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 20, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 22, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 23, Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B), 1 instance
Page 24, Public Agency Employee/Volunteer - Personal Contact Information, Social Security Number and Emergency Contact Information - RCW 42.56.250(3), 1 instance
Page 28, Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B), 1 instance
Page 29, Consulting expert case review - RCW 42.56.290; 42.56.070 (1); CR 26(b)(5)(B), 1 instance
Page 30, Attorney-Client Privileged - RCW 5.60.060(2)(a), RCW 42.56.070(1), 1 instance
Page 42, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
Page 42, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 43, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 43, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 48, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 49, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 49, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 51, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 2 instances
Page 52, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 3 instances
Page 55, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 57, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 60, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance

Respondent: Choi, Youl
Case #: 03-08-0004MD
IRP Presenter: Larsen-LeVier

MEDICAL QUALITY ASSURANCE COMMISSION
Initial Review Panel
Case Assignment Transmittal

Date: JAN - 7 2004

To: _____ Legal _____, Staff Attorney
_____ Investigations
_____ Licensing Manager
_____ Medical Consultant
_____ Case Coordinator
_____ Compliance Officer

The following action was ordered by the Initial Review Panel at the JAN - 7 2004 meeting:

☒ Close "no cause for action" _____ Close with letter of concern
_____ Close "no jurisdiction" _____ Close no jurisdiction. To local Medical Society
_____ Administrative closure _____ Expert Review by _____
_____ To RCM _____ Legal Review
_____ Close "below threshold"

_____ Further investigation concerning _____

_____ Practice review with emphasis on _____

_____ Other _____

Special Instructions: _____

**INITIAL REVIEW PANEL
CASE REVIEW
Case Number: 2003-08-0004MD**

Date: December 9, 2003

Presented by: Lynn Larsen-LeVier, PA-C

Respondent: Youl Choi MD	Pierce County
---------------------------------	----------------------

Complainant: 4 - Identity - Whistleblower Regarding ...	
--	--

CASE SUMMARY

The Respondent: Board Certified OB/Gyn
DOB: 1/22/46
Licensed since: 9/89

The Complainant:
The Patient

Malpractice Settlement:
NA

The Complaint:

The Patient files this complaint asserting that she presented to the Respondent for a pap exam. She placed her gown on but noticed there was no curtain in front of the door so when the Respondent entered the room; the receptionist was able to see her. She found that offensive.

When the Respondent came in for the exam, his first comment to her was "OK, spread your legs." He then sat down on the stool and she heard the sound of a drawer being opened, heard metal hitting metal, and then felt him insert the speculum. She then felt a swab and the Respondent rested his hand on

"my sphincter to get a better position while inserting the swab. I was dully aware of this but concentrating more on the pain from the swabbing to take this act in. It wasn't until later that I realized that he didn't even wash his hands after. It finally dawned on me while telling my friend the experience how utterly wrong it was. He never put on or removed any gloves in front of me."

Complaint Review:

The Patient was a 22-year-old female presenting for a pap exam on February 4, 2003. She was G1, P0, AB1, and wanted in addition to the annual exam, to be checked for sexually transmitted diseases. The Patient had denied any irregular menses, dysmenorrhea, or vaginal discharge. Following a gynecological history and review of systems, the Respondent performed a complete physical exam, including a head and neck exam to check her thyroid, breast exam, heart and lungs, and the pelvic exam with a pap test and a rectal exam. A DNA/GYN probe for GC and Chlamydia was done as well as an HIV panel or RPR panel. The Patient was asked to return for follow up.

She did not return until June 27, 2003, and at this time she complained of varicose vein in the vulvar area. Her pap smear had been abnormal but the pelvic exam did not reveal any cervical erosions, cysts or lesions and the uterus was of normal contour without palpable masses or palpable adnexal masses. He did repeat the Pap smear.

In his statement to the Commission, the Respondent indicates that under no circumstances would he ever perform a pap or bimanual exam without wearing gloves as he deals with many Patients who have sexually transmitted diseases including HPV, and he has no intention of risking his health. Additionally he indicates that there is no way that you can do a pelvic and speculum exam without touching the anal area and that should be part of the normal exam anyway. He states that his custom is to interview a brand new Patient for 10-15 minutes or longer before he ever touches her and explains what the steps of the exam will be. He never goes into an exam room for an exam without his medical assistant. After the exam is over, his assistant opens the door for him and he goes out to the lab where he washes his hands after every exam.

Prior Cases:

99-04-0010MD – A 36-year-old female suffered a uterine rupture during labor resulting in a hysterectomy and fetal demise. It was a med mal report for \$262,500.00. Closed with a STID.

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS SECTION 5
INVESTIGATIONS UNIT**

CONFIDENTIAL INVESTIGATIVE REPORT

PREPARED FOR THE

MEDICAL QUALITY ASSURANCE COMMISSION

CASE # 2003-08-0004MD

Respondent:

Attorney:

Youl Choi, MD
11311 Bridgeport Way SW, Suite # 201
Tacoma, WA 98499-3051
(253) 588-9878

Business Address:

Specialty: Board Certified in Obstetrics & Gynecology

Complainant:

Attorney:

4 - Identity - Whistleblower Regarding ...

Investigative Case File completed by Investigator: Charles Whitson Date: 10/14/2003

APPROVED BY: James H. Smith DATE: 10/15/03

GENERAL CASE SUMMARY

COMPLAINT / ALLEGATIONS:

The Patient asserts that the Respondent did not have a chaperone during her pelvic exam, rudely told her to "spread her legs", did not explain what he was doing during the exam, and did not wear gloves.

CASE REVIEW:

In his statement, the Respondent said he has practiced for more than twenty years in his specialty without similar allegations. He said he never conducts an exam without a medical assistant present. He said it is impossible to do a pelvic and speculum exam without touching the anal area. He said he thoroughly interviews the patient prior to exam, and explains each step of the exam before it occurs. He said he would not perform this type of exam without gloves, nor risk his own health by doing so. He said he always washes his hands immediately following each exam. He said the patient's first visit was for this type of exam, and her second visit was in follow-up to an abnormal pap smear, possibly due to HPV (pg 12).

Medical records submitted by the Respondent reflect the twenty-two year old patient presented initially on 02/04/03 for annual pelvic, pap, and breast exams. An additional comment notes she wanted to be checked for sexually transmitted diseases. Other than symptoms secondary to URI, a review of systems was essentially unremarkable. Documentation indicates that breast, pelvic, and rectal exams were performed. The rectal portion notes good sphincter tone, no palpable internal or external hemorrhoids or masses, and no pain or tenderness (pgs 16,17). A second visit occurred on 06/27/03 for follow-up on an abnormal pap smear. An additional comment notes she was also concerned with a varicose vein on her vulvar area. A review of systems indicates the symptoms of URI are resolved. Documentation concerning breast, pelvic, and rectal exams is identical to those recorded on the first visit (pgs 13,14).

The Respondent's assistant did not recall the patient, but said she is present for all physical examinations. She said this has been the case during the ten years she has worked with him. She said she respects the Respondent for his pleasant demeanor and sound judgment in his practice. She said he takes time to explain procedures to his patients prior to initiating them, and talks them through procedures as well. She said he always wears gloves during any procedure, and is meticulous with hand washing between patients. She said he performs this in a lab room adjacent to the exam rooms (see activity log).

Contacts:

1 - DOH Licensee Health Professio...

Key Evidence / Attachments:

<u>Page</u>	<u>Description</u>
1-3	Original complaint
4-6	Program management correspondence
7	Signed WBW
8-9	LOC to Respondent
10-17	Response from Respondent

Activity:

<u>Date</u>	<u>Activity</u>
08-01-2003	Complaint received
08-06-2003	Initial assessment review
08-06-2003	Request for investigation
08-06-2003	Investigation assigned
08-12-2003	Received WBW
09-08-2003	LOC to Respondent
09-15-2003	Received return receipt from Respondent
09-17-2003	Received response from Respondent
10-14-2003	T/C to Sharon Woods. She said she is licensed as a CNA, and has worked as the back office assistant for the Respondent for approximately ten years. She does not recall the patient, but said she is present for all physical examinations. She said she respects the Respondent for his pleasant demeanor and sound judgment in his practice. She said it is because he takes time to explain his actions to patients both before and during procedures. She said he always wears gloves during any procedure, and is meticulous with hand washing between patients. She said he performs this in a lab room adjacent to the exam rooms

Prior Case History:

See left side of case file

telnet (GothomCity)

AAAAAA SSSSSS IIIIIIIIII
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NURSING ASSISTANT
ctw0303

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM

10-14-03
V2.5.74 01:23:19 PM

INDIVIDUAL NAME
LAST WOODS
FIRST SHARON
MIDDLE ANN

(JR,SR,III) REFERENCE # NC10023287
SOC SEC NUM 2 - DOH Licensee Soci...

RESIDENCE INFORMATION

1 - DOH Licensee Health Professional ...

+--ADDITIONAL INFORMATION-----+	
SEX F =	MARRIED Y =
OTHER NAME	
CORP. OFFICER	=
TRUST ACCOUNT	
BIRTH PLACE	
DATE 01-27-1949	
SCHOOL CODE	
CE UNITS	0.00 REQD BY - -
+-----+	

PHONE: () - COUNTY: 34
() - LGL ST:

NOTES

+-----+
CURRENT STATUS: A E EXPIRATION DATE: 01-27-2004 FIRST ISSUE DATE: 06-07-1993
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 01-24-2003
COMPLAINTS O/C: 0/ 0 AUTHORITY:
+-----+

1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 7OTHR DAT 8EXTD NOT

TO: *Medical Investigations Unit*
FROM: *Cindy Hamilton, Intake Coordinator*
PHONE: *236-4805*

DATE ASSIGNED: 8/6/03

CASE #: 03-08-0004MB

RESPONDENT: Choi Yoo L MD

LOCATION: TRACOMA WA

PRIORITY: 3 CODE: 04

INVESTIGATOR ASSIGNED: TODD WHITSON

PA CONSULTANT ASSIGNED: LLC

BACKGROUND COMMENTS:

C.E.

4 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075...

INITIAL ASSESSMENT REVIEW
Case Number: 2003-08-0004MD

Date: August 6, 2003
Presented by: Lynn Larsen-LeVier, PA-C

Respondent: Youl Choi MD

Complainant: 4 - Identity - Whistleblower Regarding...

CASE SUMMARY

The Respondent: Board Certified OB/Gyn
DOB: 1/22/46
Licensed since: 9/89

The Complainant:
The Patient

Malpractice Settlement:
NA

The Complaint:
The Patient asserts that the Respondent did not have a chaperone during her pelvic exam, rudely told her to "spread her legs", did not explain what he was doing during the exam, and did not wear gloves.

Complaint Review:

Prior Cases:
99-04-0010MD \$262,500 med mal. Patient developed problems during L&D, suffered a uterine rupture and the infant died.

Code:
04?

Notification: Yes

Investigative Plan Suggestions:

- WBW
- Medical records.
- Statement from support staff regarding use of chaperones
- Respondent statement, particularly regarding use of chaperones and gloves.

**INITIAL REVIEW PANEL
CASE REVIEW
Case Number: 99-04-0010MD**

Date: August 1, 2003
Presented by: Lynn Larsen-LeVier, PA-C

Prior case

Respondent: Youl Choi MD

Complainant: Physicians Insurance Exchange

CASE SUMMARY

The Respondent: Board Certified OB/Gyn
DOB: 1/22/46
Licensed since: 9/89

The Complainant:
Physicians Insurance Exchange

Malpractice Settlement:
\$262,500

The Complaint:
A 36-year-old female suffered a uterine rupture during labor resulting in a hysterectomy and fetal demise.

Complaint Review:
The Patient, a 37-year-old female, presented to L&D in labor on 9/29/97. This was her third pregnancy. The first pregnancy had been complicated by bleeding during the delivery, which resulted in a transfusion of two units. Additionally, the infant was greater than 10 pounds. The second pregnancy was uneventful and she delivered a 7# 5 oz female infant. Both deliveries were vaginal. The Respondent was her OB for the second delivery and the 1997 delivery. The 1996-97 pregnancy was complicated by episodes of chest pain and tachycardia. The Respondent had the Patient evaluated by a cardiologist in January of 1997, and also by an endocrinologist for possible hyperthyroidism. The cardiologist opined that the Patient was experiencing stress. Her EDC was 9/26/97. In May of 1997 she presented to L&D and told the nurses that she had been having contractions for 2 days and there was soreness across her abdomen from the umbilicus to the pubic bone. The pain was constant and she guarded the area from palpation. The FHT's were good and the Patient was sent home after a vaginal examination.

The Patient presented to L&D on 9/29/97 around 5:30 p.m., in labor. She was dilated to 4 cm and having contractions every 2-5 minutes. She was given Demerol for pain. She was started on Pitocin around 10:30 p.m. The Patient's temperature started to rise and at @10:45, it was noted to be 100.4. At 11:00 p.m., the Patient was started on 10 Liters of O2 because of a decrease in variability in the fetal heart tones. At @ 11:15, the Patient was dilated to 8-9 cm with a -3 station and the Respondent ruptured the membranes. They tried letting the Patient

begin pushing. Sometime after that, the Respondent noted that "we tried to push on a few occasions but the baby would not come down . . ." A fetal scalp monitor was applied at about midnight and the pitocin was increased to 6 ml/u. Around 2:15 a.m., the Patient's temperature was 101.8. At approximately 2:23 am, the Patient experienced chest pain and within minutes, the fetal heart tones dropped and would not come back up despite changing the Patient's position. An emergency c-section was performed and the Respondent discovered bloody fluid upon entering the peritoneal cavity. The uterus was ruptured on the right side with half of the lower segment detached. A hysterectomy had to be performed after the infant was removed at 2:58 a.m.

The child was transferred to the Mary Bridge NICU. He had to be intubated but unfortunately never attempted to breathe once on the ventilator. His EEG was flat, he had no pain reflexes, had fixed and dilated pupils, and was extubated on day one. He died after being extubated.

The fetal heart tone records are included in the file along with the pathology report. Because I do not have any recent experience reviewing fetal heart monitor strips and am not able to provide the Panel with a synopsis of those strips, I would recommend an RCM review.

Prior Cases:

None

**DEPARTMENT OF HEALTH
HEALTH PROFESSIONS QUALITY ASSURANCE DIVISION - SECTION 5**

INTAKE SHEET

Respondent Information

Case No: 03-08-0004MD

Case Opened: 08/01/2003

Name: Youl Choi, MD Lic/Cert/Reg No: MD00026807 Issued: 9/22/1989

Address: 1 Ponce De Leon Terrace SW D.O.B.: 1/22/1946 Expires: 1/22/2004

Tacoma, WA 98499-1745 Soc Sec No: 079548384

School Attended: Chonnam U; Kwangju, So Korea Year Completed: 1970

Specialty: Obstretics and Gynecology Board Certified: Yes

Complainant Information

Name: 4 - Identity - Whistlebl...

Address: 4 - Identity - Whistlebl... 4 - Identity - Whistleblower Re...

Companion Case Information (other Respondent)

Previous Case Information (same respondent)

Case No: 99-04-0010MD Case Disposition: Closed Reason Closed: Stip to Inf Dsp

Complainant: Physicians Insurance Excha

***Steps**

A=Assess

RM = Reviewing Member

S=Settlement

I=Investigating

LD=Legal Drafting

LP=Legal Prehearing

LR=Legal Review

LS = Legal Service

RAG=Legal Support

F=Final Action

RPT002

08/01/2003

Page 1 of 1

MEDICAL BOARD
vic0303
INDIVIDUAL NAME
LAST CHOI
FIRST YOUL
MIDDLE

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM
(JR,SR,III)

08-01-03
11:09:22 AM
V2.5.74
REFERENCE # MD00026807
SOC SEC NUM 2 - DOH Licensee Soci...

RESIDENCE INFORMATION

1 - DOH Licensee Health Professional Home Address and/o...

PHONE: () - COUNTY: 27
() - LGL ST:

NOTES

REFER INQUIRIES TO MDB 1/31/2000 2ND LIC BATCHED - DID NOT RECEIVE 1ST MP\

CURRENT STATUS: A D EXPIRATION DATE: 01-22-2004 FIRST ISSUE DATE: 09-22-1989
RENEWAL STATUS: Z LAST ACTIVE DATE: - - LAST RENEWAL DATE: 12-26-2001
COMPLAINTS O/C: 0/ 1 AUTHORITY:

1GO BACK 2NAM&ADDR 3EDUCATE 4LIC FUNC 5INVESTG 6 7OTHR DAT 8EXTD

2003080004
19/4 8-1-03

+--ADDITIONAL INFORMATION--
SEX M = MARRIED Y =
OTHER NAME
CORP. OFFICER =
TRUST ACCOUNT
BIRTH PLACE
DATE 01-22-1946
SCHOOL CODE 430
CE UNITS 0.00 REQD BY 01-22-2004

MEDICAL BOARD
vic0303

ASSESSMENT SYSTEMS, INC.
REAL SYSTEM

V2.5.74

08-01-03
11:09:38 AM

CASE NUMBER	COMPLAINANT	COMPLAINT DATE	INVESTIGATOR	TYPE	STATUS
99040010	PHYSICIANS INS EXCH	04-05-1999		35	CCSTID

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Name and Mailing Address:

YOUL CHOI MD
STE 201
11311 BRIDGEPORT WAY SW
TACOMA WA 98499-3051

Primary Office Address:

SAME AS MAILING ADDRESS

Phone: 1-253-588-9878

Birthdate: 01/22/1946

Birthplace: KOREA

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Practice Specialties Self Designated by the Physician:

Primary Specialty: OBSTETRIC & GYNECOLOGY

Secondary Specialty: UNSPECIFIED

AMA membership: NON MEMBER

Following Data Provided by the Primary Sources

Medical School History:

CHONNAM UNIV MED SCH, KWANGJU, SO KOREA

Reported Year of Graduation: 1970

Degree Awarded: Yes

Current and/or Prior Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution: NY HOSP MED CTR OF QUEENS

Specialty : FLEXIBLE OR TRANSITIONAL

State: NEW YORK

07/1974 - 06/1975
(VERIFIED)

Institution: HARPER-GRACE HOSPS-GRACE

Specialty : OBSTETRIC & GYNECOLOGY

State: MICHIGAN

07/1975 - 06/1977
(VERIFIED)

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Current and/or Prior Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

Institution: WAYNE ST UNIV AFFIL HOSP
Specialty : OBSTETRIC & GYNECOLOGY

State: MICHIGAN
07/1975 - 06/1979
(VERIFIED)

Note: If the AMA receives notification from a program that an individual's post graduate medical training in a particular specialty is 'Incomplete,' this information will be highlighted on the Profile with an asterisk and comment under the appropriate training segment.

If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

License: State	MD/ DO	Date Granted	Expiration Date	Status	License Type	Last Reported
WASHINGTON	MD	09/22/1989	01/22/2004	ACTIVE	UNLIMITED	06/24/2003
MICHIGAN	MD	09/15/1976	01/31/2004	ACTIVE	UNLIMITED	07/15/2003

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

ECFMG Certification:

Applicant Number: 01292168

Note: The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

Federal Drug Enforcement Administration:

FEDERAL DEA REGISTRATION INFORMATION WAS LAST REPORTED TO THE AMA ON 06/03/2003.
DEA REGISTRATION IS VALID THROUGH 08/31/2004.

Note: Many states require their own controlled substances registration/license.
Please check with your state licensing authority as the AMA does not maintain this information.

American Medical Association

Physicians dedicated to the health of America

Division of Survey and Data Resources
515 North State Street
Chicago, Illinois 60610
<http://www.ama-assn.org/amaprofiles>



AMA Physician Profile

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Certifying Board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

Certificate: OBSTETRICS AND GYNECOLOGY

Certificate Type: GENERAL

Effective: 12/01/2002	Expiration: NONE REPORTED TO DATE	Last Reported: 04/16/2003	RE-CERT
Effective: 12/01/2001	Expiration: NONE REPORTED TO DATE	Last Reported: 04/16/2003	RE-CERT
Effective: 12/01/2000	Expiration: NONE REPORTED TO DATE	Last Reported: 04/16/2003	RE-CERT
Effective: 12/01/1998	Expiration: NONE REPORTED TO DATE	Last Reported: 04/16/2003	RE-CERT
Effective: 11/01/1982	Expiration: NONE REPORTED TO DATE	Last Reported: 04/16/2003	INITIAL

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please mark them on a copy of the profile and mail or fax to:

Division of Survey and Data Resources
Attn: Physician Profile Unit
515 N. State Street
Chicago, IL 60610
312 464-5199
312 464-5900 (fax)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 14, 2004

Youl Choi, MD
11311 Bridgeport Way SW
Suite 201
Tacoma, WA 98499-3051

SUBJECT: Youl Choi, MD
Case No: 2003-08-0004MD

Dear Dr. Choi:

The Medical Quality Assurance Commission has completed its investigation regarding allegations of medical negligence.

In order to take action, the Commission must prove that there were violations of rules or regulations governing the profession. After careful consideration of the records and information obtained during its investigation, it was determined that disciplinary action is not necessary.

As a reminder, you may submit an additional written statement if you wish it to be added to the case filed. The file will be subject to release within the guidelines established by Washington public disclosure laws. Public disclosure requests usually come from insurance companies and employers.

Thank you very much for your cooperation in this matter. If you have any questions, please feel free to contact me at (360)236-4792 or Lisa Noonan at (360)236-4791.

Respectfully,

MARYELLA JANSEN, Deputy Executive Director
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866





STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

January 14, 2004

4 - Identity - Whistleblower Regarding Health Care Pr...

SUBJECT: Youl Choi, MD
Case No: 2003-08-0004MD

Dear 4 - Identity - Whistl...

The Medical Quality Assurance Commission has completed its investigation regarding the concerns you expressed about Youl Choi, MD.

After careful consideration of the records and information obtained during the investigation, it was determined that disciplinary action is not necessary at this time. In order to take action against the license of a health care provider in the state of Washington, the Commission must prove that there were violations of rules or regulations governing the profession. It is the decision of the Commission that it would be unable to present sufficient evidence to support disciplinary action against Dr. Choi.

Thank you for bringing your concerns to our attention. If you have any questions, please feel free to contact me at (360)236-4792 or Lisa Noonan at (360)236-4791.

Sincerely,

MARYELLA JANSEN, Deputy Executive Director
Medical Quality Assurance Commission
PO Box 47866
Olympia, WA 98504-7866

(C)NCFA-RPT032.DOC

NOTICE

WAC 246-15-030, Procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of Health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

*Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is **not** disclosed.*

NOTICE

Report Form
Department of Health
Medical Quality Assurance Commission
Attention: Intake Coordinator
P.O. Box 47866
Olympia, WA 98504-7866
Fax: (360) 586-4573

Web Page: <http://www.doh.wa.gov/hsqa/hpqad/MQAC/default.htm>

RECEIVED
AUG 01 2003
INVESTIGATIONS

Your Name: _____
4 - Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070...

Address: _____

City: _____ 4 - Identity - Whistleblower Regarding... State: _____ 4 - Identity - Whistlebl... Zip: _____ 4 - Identity - Whistleblower Regardi...

Phone: Work _____ 4 - Identity - Whistleblower Regarding Health ... Home _____ 4 - Identity - Whistleblower Regarding Health Care Pr...

Report Information

Please complete the following information concerning the physician or physician assistant whom you wish to report. Please supply as much information as you can on this form. Insufficient information will delay the processing of your report. Thank you.

Name of Physician(s)
or Physician Assistant(s): Choi Youl

Address: 11311 Bridgeport Wg SW
#201 St. Clare Medical
pavilion

Date or time period you received treatment, service, or other:

Friday, 27th, June 2003
9:30 Am

Have you discussed your report with the physician or his/her office/business?

Yes

☐

No

☒

Please state your concerns in the space provided below. Please be as specific and complete as possible. You may attach additional sheets if necessary.

I had my Blood Pressure and pulse taken by the Assistant. Then was told to wait and put on the gown. I then noticed there was no curtain to enclose the door. I was irritated as I put on the gown in realization that the receptionist could see me when the door was opened. I grew angrier and waited and waited. Fifteen to twenty minutes later dr. Choi came in checked my chart, and said, "OK spread your legs." He sat down on the stool between my legs, reached down, and I heard the sound of a drawer being opened, heard metal hitting metal, then felt him insert the tool. I then felt the swab and dr. Choi rest his hand on my sphincter to get a better position while inserting

the swab. I was dully aware of this but concentrating more on the pain from the swabbing to take this act in. It wasn't until later that I realized he didn't even wash his hands after. It finally dawned on me while telling my friend the experience how utterly wrong it was. He never put on or removed any gloves in front of me.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
• P.O. Box 47866 • Olympia, Washington 98504-7866

August 6, 2003

Youl Choi, MD

1 - DOH Licensee Health Professional Home A...

Dear Dr. Choi:

SUBJECT: Respondent: Youl Choi, MD
Case No: 2003-08-0004MD

The purpose of this letter is to inform you that the Medical Quality Assurance Commission received a report concerning an allegation of unprofessional conduct as defined in RCW 18.130.180 (4), the Uniform Disciplinary Act, and opened a file to consider the report on August 1, 2003. RCW 18.130.050, of the Uniform Disciplinary Act, authorizes the Medical Quality Assurance Commission to investigate complaints of unprofessional conduct.

A preliminary investigation to gather the facts will be conducted by an investigator from the Department of Health, Medical Assessment and Medical Investigations Unit. The investigator will contact you as soon as possible during the investigation if a statement or other information from you is required.

Please note that the Medical Quality Assurance Commission is bound by statute to comply with two different laws, which may seem to conflict. The first requires that we immediately notify a practitioner that a complaint has been filed. The second, the whistleblower law RCW 43.70.075, prohibits us from releasing the name of the complainant or any specific details about the report which could identify the complainant until we have received a signed waiver authorizing us to do so. We are sensitive to the fact that it can be very disconcerting to know a complaint has been filed against you, but not know any details about it. Therefore, once the waiver has been obtained, an investigator will contact you as soon as possible and all issues will be discussed as fully as allowed by law so that you will have an opportunity to respond. In a small percentage of cases, a statement from the Respondent will not be required and no investigator will contact the Respondent.

You may submit a written statement about the complaint at any time. However, you may choose to wait until after you have been contacted by an investigator and advised of the nature of the complaint. If the Commission receives any inquiries about the status of your license while this case is still open, only its existence will be disclosed. Once the review process has been completed, the case will either be closed or acted upon. The contents of the closed case file, including any statements submitted by you, will be subject to release according to Washington's public disclosure laws. Most public disclosure requests come from insurance companies and employers.

We have enclosed our informational brochure *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Please be aware that this process can take three to six months and in some cases longer. If you have questions, please feel free to call this office at (360) 236-4798.

Respectfully,

James H. Smith, Chief Investigator
Medical Quality Assurance Commission
Enc.: *What Happens Next?*; RCW 18.130.180
(R)Notify-RPT030.DOC

OC 4





STATE OF WASHINGTON

DEPARTMENT OF HEALTH

• P.O. Box 47866 • Olympia, Washington 98504-7866

August 6, 2003

4 - Identity - Whistleblower Regar...

Dear 4 - Identity - Whistl...

SUBJECT: Respondent: Youl Choi, MD
Case No: 2003-08-0004MD

Thank you for your recent letter in which you express concerns regarding Youl Choi, MD. Your report has been assigned a case number which is 2003-08-0004MD.

This case will be investigated to determine if a violation of the Uniform Disciplinary Act, Chapter 18.130 RCW, Unprofessional Conduct, has occurred. If you have any additional information pertaining to this case, please forward it along with a copy of this letter to me at the above address. Please understand that you may not hear from us during the investigation. If we need additional information, one of our investigators will contact you.

Enclosed for your information is the brochure, *What Happens Next?* along with a copy of RCW 18.130.180 Unprofessional Conduct. Once the investigation has been completed and a panel of the Medical Quality Assurance Commission has reviewed the facts of the case and taken action, you will be notified in writing of their decision.

In order for the investigation to begin, we need you to sign and return the enclosed form. Please see the accompanying letter for information regarding this request.

Again, thank you for bringing your concerns to our attention. If you have any questions or need further information, please call my office at (360) 236-4798.

Sincerely,

COPY

James H. Smith, Chief Investigator
Medical Quality Assurance Commission

Enclosures: What Happens Next?, RCW 18.130.180
Request letter, *Authorization to Release Complainant's Name*
Return envelope

(C)ACK-RPT003.DOC

005



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
• P.O. Box 47866 • Olympia, Washington 98504-7866

August 6, 2003

4 - Identity - Whistleblower Regar...

SUBJECT: Respondent: Youl Choi, MD
Case No: 2003-08-0004MD

Dear 4 - Identity - Whi...

Washington State Law, RCW 43.70.075, pertains to the "Whistleblower Law" which requires that the identity of a complainant/whistleblower who complains in good faith to the Department of Health about improper quality of care by a health care provider shall be kept confidential. In some instances, particularly in your case, where you are the consumer of care complaining against a provider, investigation cannot proceed without disclosure of your identity to the particular provider. This is so the provider can respond appropriately to the allegations of your complaint and provide records specific to your case.

This investigation and/or action is contingent upon the disclosure of your identity to the provider. Should you desire this investigation to proceed, your voluntary authorization in the form *Authorization to Release Complainant's Name* will be necessary. I have enclosed this form for your signature, along with a postage paid envelope for its return. When your waiver has been obtained, your identity will be released solely for purposes of investigation and adjudication as necessary. Your identity will be protected in all other instances and will not be released in response to public disclosure requests.

If you have any further questions or if I may be of assistance to you, please do not hesitate to call me at (360) 236-4798. Thank you for your cooperation.

Sincerely,

COPY

James H. Smith, Chief Investigator
Medical Quality Assurance Commission



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

• P.O. Box 47866 • Olympia, Washington 98504-7866

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION

AUTHORIZATION TO RELEASE COMPLAINANT'S NAME
PURSUANT TO RCW 43.70.075
(DOH WHISTLEBLOWER STATUTE)

RCW 43.70.075 provides in part: "The identity of a whistleblower who complains, in good faith, to the Department of Health about the improper quality of care by a health care provider, or in a health care facility, as defined in RCW 43.72.010 shall remain confidential . . ."

I understand that my identity is confidential pursuant to RCW 43.70.075 (DOH Whistleblower Statute). By signing this document, I waive my right to confidentiality and authorize the Department of Health to release my identity to **Youl Choi, MD**, Respondent, to other persons who are reasonably necessary to the investigation, and for use in any subsequent administrative proceeding regarding my complaint. I understand that my identity will not be released for any other purpose.

* * * * *

APPROVAL OF CONFIDENTIALITY WAIVER

For the sole purpose of investigating my complaint and pursuing disciplinary/adverse action proceedings, I hereby waive confidentiality and consent to the release of my identity.

Signature: _____

4 - Identity - Whistleblower Regarding Health Care Provider - RCW ...

Date: _____

08/10/03

* * * * *

DENIAL OF CONFIDENTIALITY WAIVER

I refuse to waive my right to confidentiality and deny consent to the release of my identity. I understand this denial may impair the Department of Health's ability to pursue investigation of this matter and any disciplinary/adverse actions.

Signature: _____

Date: _____

CASE No.: 2003-08-0004MD
RESPONDENT: Youl Choi, MD

Return no later than: August 18, 2003

RECEIVED

AUG 12 2003

INVESTIGATIONS 007





STATE OF WASHINGTON
DEPARTMENT OF HEALTH

• P.O. Box 47866 • Olympia, Washington 98504-7866

September 8, 2003

Certified Mail-Return Receipt Requested

Youl Choi, MD

1 - DOH Licensee Health Professional Home Address and/...

Re File Number: 2003-08-0004MD

Dr. Choi:

The Washington State Medical Quality Assurance Commission (MQAC) has received a complaint concerning your treatment of patient 3 - Healthcare Informatio... The complaint alleges during gynecologic examination in June 2003 you did not properly communicate or provide explanation of care; you did not wear gloves, you touched the patient's anal sphincter unnecessarily, and did not wash your hands afterwards.

The MQAC is the entity within State Government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the MQAC is empowered to investigate all complaints and allegations of unprofessional conduct, and to take corrective and/or disciplinary action if warranted.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620 a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws.

Under provisions of the above laws, you are requested to provide:

1. A written statement to the MQAC responding to the above allegations.
2. A copy of the patient's medical record for the visit.

008

COPY

September 8, 2003

Page 2

3. Names, addresses, and telephone numbers of all office nurses/assistants.
4. Answer the following directly:
 - a) What do you normally say to the patient when preparing for/while performing gynecologic examination?
 - b) What is your standard practice concerning the use of female attendants during gynecologic examination? (provide a copy of any written policies)
 - c) What is your standard practice concerning the use of gloves during gynecologic examination?
 - d) What is your standard practice concerning hand washing following direct patient contact?

You are free to consult with and engage an attorney at your expense to represent you in this matter prior to making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney file a Notice of Appearance at the address below.

Please submit your response **within fourteen (14) days** to:

Charles Whitson, Investigator
Department of Health
Medical Investigations Unit
P.O. Box 47866
Olympia, Washington 98504-7866

If you have questions or concerns, contact me directly at (360) 236-4801.

Respectfully,


Charles Whitson

COPY

009

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08-0004

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7002 2030 0005 3422 8293

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dept. of Health
Washington

2. Article Number

(Transfer from service label)

7002 2030 0005 3422 8293

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

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D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

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☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

• P.O. Box 47866 • Olympia, Washington 98504-7866

September 8, 2003

Certified Mail-Return Receipt Requested

Youl Choi, MD

1 - DOH Licensee Health Professional Home Address and/or...

Re File Number: 2003-08-0004MD

Dr. Choi:

The Washington State Medical Quality Assurance Commission (MQAC) has received a complaint concerning your treatment of patient ^{3 - Healthcare Information...} The complaint alleges during gynecologic examination in June 2003 you did not properly communicate or provide explanation of care, you did not wear gloves, you touched the patient's anal sphincter unnecessarily, and did not wash your hands afterwards.

The MQAC is the entity within State Government with legislated authority and responsibility to assure the delivery of safe medical care. Under the provisions of RCW 18.130.050, the MQAC is empowered to investigate all complaints and allegations of unprofessional conduct, and to take corrective and/or disciplinary action if warranted.

Under provisions of RCW 18.130.180(8) and WAC 246-919-620 a health care provider shall cooperate by providing a full and complete explanation covering the matter under investigation. The Health Care Information Act, RCW 70.02.050 (2)(a), requires that a health care provider disclose health care information about a patient without patient authorization when that information is needed to determine compliance with state licensure rules or laws.

Under provisions of the above laws, you are requested to provide:

1. A written statement to the MQAC responding to the above allegations.
2. A copy of the patient's medical record for the visit.

010



SHARON WOODS
 SHARON WOODS
 APR 11 N. LAWRENCE
 TAC, WA 98406
 253-759-2133

Sharon Woods

1 - DOH Licensee Health Professional Home Address and/or ...

3. Names, addresses, and telephone numbers of all office nurses/assistants.
4. Answer the following directly:
 - a) What do you normally say to the patient when preparing for/while performing gynecologic examination?
 - b) What is your standard practice concerning the use of female attendants during gynecologic examination? (provide a copy of any written policies)
 - c) What is your standard practice concerning the use of gloves during gynecologic examination?
 - d) What is your standard practice concerning hand washing following direct patient contact?

You are free to consult with and engage an attorney at your expense to represent you in this matter prior to making your response. Your response may be used if disciplinary action is deemed necessary. If you wish to have an attorney represent you, please have the attorney file a Notice of Appearance at the address below.

Please submit your response **within fourteen (14) days** to:

Charles Whitson, Investigator
 Department of Health
 Medical Investigations Unit
 P.O. Box 47866
 Olympia, Washington 98504-7866

If you have questions or concerns, contact me directly at (360) 236-4801.

Respectfully,


 Charles Whitson

YOUL CHOI, M.D., FACOG

Obstetrics/Gynecology

Lakes Medical Plaza
11311 Bridgeport Way S.W., Suite 201
Lakewood, Washington 98499-3071
Telephone: (253) 588-9878

Charles Whitson, Investigator
Dept of Health
Medical Investigation Unit
P.O. Box 47866
Olympia, Washington 98504-7866

09-12-03

Dear Sir :

I feel sad that we have to spend time for this kind of false accusations. I have been practicing Ob-Gyn for more than 20 yrs and I have never seen this kind of ridiculous claims. Just imagine that you as a Gynecologist wanted to examine the totally unknown patient who was coming to you for check up on sexually transmitted disease and exam. Would you be able to examine her without gloves risking your own health even possibly your life in these days ? That was her first visit for us. Her 2nd visit was for follow up exam for abn. Pap smear from the first visit which was possibly related HPV infection. As you know HPV is Human Papilloma Virus, usually transmitted sexually or by close body contact which can cause poss. Cervical ,Ano-genital cancer. Can you imagine that I examined her without gloves risking my health and possibly my life? Tell me see if you can do pelvic and speculum exam without touching the anal area. As a matter of fact, that would be the part of the exam.

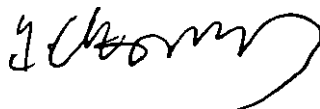
Did you know that normal gynecological exam include the pelvic and ano-rectal area? I always interview the brand new patient for 10-15 mins or longer before even I touch her and will explain what will be the next step which will be the exam and tests. I never go into the exam room for exam without my medical assistant. After the exam is over and then my assistant will open the door for me and I will come out and go to the lab where I wash my hand every time after I examine my patients.

As you will see from the medical record, she knew exactly why she was coming in for the 1st visit and then we sent the note and phoned her for why she needed to come back which was for repeat pap smear and exam. during the 2nd visit.

When we see a brand new patient who never had a pelvic exam before ,we will explain every details including the speculum and how they will feel like and so forth. If they had previous exam in the past we do not have to explain in detail and will tell them we will do the pelvic exam. You can contact me anytime if you have any questions. Thanks.

Sincerely,

Youl Choi, MD



Redaction Summary (31 redactions)

4 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2)" (7 instances)
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" (2 instances)
- 3 -- "Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)" (2 instances)
- 4 -- "Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1)" (20 instances)



Page 2, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 4, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 5, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 7, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 7, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 8, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 9, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 12, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 3 instances
Page 13, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 13, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
Page 19, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 21, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 6 instances
Page 24, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 25, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 26, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 2 instances
Page 27, Identity - Whistleblower Regarding Health Care Provider - RCW 43.70.075(1), RCW 42.56.070(1), 1 instance
Page 28, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 28, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 32, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance
Page 32, Healthcare Information Readily Identifiable to a Person - RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1), 1 instance
Page 33, DOH Licensee Health Professional Home Address and/or Phone - RCW 42.56.350(2), 1 instance

Washington State Department of Health
Exemption Log
Public Records Request Re: Youl Choi 2003080004MD

Page Number(s)	Date	Type of Record(s)	Author	Recipient	Exemption	Brief Explanatory Description
35-39	3/27/2003	Patient Medical Record	Youl Choi	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.

Washington State Department of Health
Exemption Log
Public Records Request Re: Youl Choi 99040010MD

Page Number(s)	Date	Type of Record(s)	Author	Recipient	Exemption	Brief Explanatory Description
46-47	4/30/1995	National Practitioner Data Bank	National Practitioner Data Bank	WA State Dept. of Health	Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information – 45 CFR 61.14, RCW 42.56.070(1), and RCW 70.02.270	Healthcare Integrity and Protection Data Bank Information or National Practitioner Data Bank Information reported to the HIPDB is considered confidential and will not be disclosed outside the Department of Health, except as specified in 61.12 and 61.15.
61-70	2/5/1988-01/15/1990	Patient Medical Record	Dr. Young	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
71-77	2/28/1990-10/14/1993	Patient Medical Record	Ellen R. Parker M.D.	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.

78-92	7/22/1993-10/29/1993	Patient Medical Record	Youl Choi	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
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93-94	5/1/1994	Patient Medical Record	St. Peters Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
95-96	12/1/1993	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
97-98	9/28/1993	Patient Medical Record	Tumwater Family Practice	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
99-100	2/18/1994	Patient Medical Record	Smith Kline Beecham Clinical Lab	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
101-102	4/15/1994-1/18/1994	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
103	12/21/1989	Patient Medical Record	James Young	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
104	2/12/1990	Patient Medical Record	Shelia G Fay M.D.	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
105	8/16/1990	Patient Medical Record	Leonard Seifter M.D.	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
106	12/3/1991	Patient Medical Record	Patricia A.Gilmer M.D.	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.

107-108	2/8/1993	Patient Medical Record	Memorial Clinic	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
109-110	7/6/1988-8/5/1988	Patient Medical Record	Olympia Medical Laboratory	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
111	8/23/1988	Patient Medical Record	Tumwater Family Practice	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
112-113	11/11/1988	Patient Medical Record	Black Hills Community Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
114-116	11/27/1989	Patient Medical Record	Tumwater Family Practice	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
117-120	10/02/1991	Patient Medical Record	Black Hills Pathology	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
121-128	1/25/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
129-135	2/14/1997	Patient Medical Record	Heart Clinic of Tacoma	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
136-143	4/10/1997	Patient Medical Record	Southwest Washington Perinatal Services	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.

144-145	4/25/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
146-147	4/25/1997	Patient Medical Record	University of Washington	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
148-149	6/02/1997	Patient Medical Record	Obstetrics and Gynecology	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
150-151	9/17/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
152-158	1/27/1997	Patient Medical Record	Smith Kline Beecham Clinical Lab	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
159-161	4/25/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
162-165	6/2/1997	Patient Medical Record	Smith Kline Beecham Clinical Lab	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
166-167	9/30/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
168	10/2/1997	Patient Medical Record	Mary Bridge Children's Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.

169-181	9/30/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
182-194	9/30/1997-10/01/1997	Patient Medical Record	Multicare Medical Center/ Mary Bridge Children's Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
195-196	1/27/1997	Patient Medical Record	Obstetrics and Gynecology	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
197-200	10/9/1997	Patient Medical Record	KPS Health Plans	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
201-209	9/29/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
210-211	4/10/1997	Patient Medical Record	Southwest Washington Perinatal Services	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
212-213	2/14/1997	Patient Medical Record	Heart Clinic of Tacoma	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.
214-402	9/30/1997	Patient Medical Record	St. Clare Hospital	WA State Dept. of Health	Healthcare Information Readily Identifiable to a Person--RCW 42.56.360(2), RCW 70.02.020(1), RCW 42.56.070(1)	Healthcare information and patient records of Patient A.