August 2, 2017

Dear Patients:

It is with mixed emotions that I am announcing my decision to leave Schoolhouse Pediatrics to focus on my family. My last day will be September 8, 2017. It has been a great pleasure providing for your health care needs over the years, and it is not easy for me to give it up.

As of September 9, 2017, Dr. Elizabeth Reidy, the founder and owner of Schoolhouse Pediatrics, will continue seeing my patients. I am pleased that you have the opportunity to have her as your physician. Dr. Reidy is a well-trained graduate of Northwestern University Feinberg School of Medicine. She completed her pediatric residency at Indiana University's James Whitcomb Riley Hospital for Children. I am glad to have left my patients in her capable hands. Of course, you may seek medical care from another doctor if you like. If you choose to do so, I recommend contacting your insurance provider or the Travis County Medical Society at (512) 206-1249 or www.tcms.com to find a new physician as soon as possible. The website www.texmed.org can also assist you in finding another physician.

Your medical records are confidential, and a copy can be transferred to another doctor or released to you or another person you designate only through your permission. If you plan to continue receiving healthcare at this office, your records are automatically available to current Schoolhouse Pediatrics providers and no additional action is needed from you. If you choose to see a different physician, a fee of $6.50 per patient will be charged for the duplication expenses associated with the release of your records. This fee must be paid, as well as the attached "transfer out" form completed before the records are released. You may contact our front desk at (512) 327-1155 to make a payment and arrange for the release of your children's medical records to your new doctor. Until then, your records will remain on file at Schoolhouse Pediatrics.

I have greatly valued our relationship, and thank you for your loyalty and friendship over the years. Best wishes for your future health.

Sincerely,

Yogini Prajapati, MD

4201 Bee Caves Road, Suite C-100
Austin, TX 78746
Ph: 512.327.1155
Fax: 512.327.1156
www.schoolhousepediatrics.com

TRANSFER OUT

Authorizations for Release and Disclosure of Protected Health Information

Indicate name of physician, hospital, medical center, or lab that you are requesting records to be sent to:

To: ___________________________ Phone #: _________________________ Fax #: ______________________

Address: _______________________________ City/State/Zip: _______________________________________

I am requesting that the medical information for patient names (listed below) be transferred from:

Dr. Elizabeth Reidy
Dr. Yogini Prajapati
Schoolhouse Pediatrics
4201 Bee Cave Road, Suite C-100
Austin, TX 78746

Please release the following information:

____ Problem List
____ Lab Reports
____ Immunization Record
____ Progress Notes
____ Medications
____ Specialist Reports
____ History & Physical Exam
____ X-Ray Reports
____ Other (Specify) _____________

This information is necessary for the following purpose:

____ Continuing Patient Care
____ Personal Use
____ Attorney / Legal
____ Insurance
____ Other (Specify)

Patients' medical records are being requested for:

Name: ____ Date of Birth: ____________________

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Name: ____ Date of Birth: ____________________

I understand that the information in my child's health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. *I authorize these records to be faxed to 512 327 1156.*

Signed: __________________________________ Relationship: _________________ Date: ____________