Jackson Hole Care For Women

Mary E. Girling, MD

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March 1st, 2023

To the patients of Jackson Hole Care for Women:

It is with great sadness that I am announcing the closure of our clinic patient care practice on **June 1st, 2023**. As many of you are aware, I have struggled to manage a large practice as a single practitioner for the past year. I tried to recruit a new physician, but was unsuccessful and have imminent family obligations to fulfill.

If you are an obstetrics patient with a due date by June 18th, 2023, I will discuss induction of labor to allow for delivery in the first week of June, if you desire, to avoid transfer of care. If you need your annual exam or follow up gynecological care, please contact our office early to ensure that we can schedule you before **June 1st, 2023**.

My staff has been wonderful throughout this process and will assist you in getting your records and care transferred. All Medical Records are confidential and protected by federal privacy and security regulations. With your authorization, a copy of your records can be released to you or transferred to another healthcare provider.

You have a few options:

1. Pick up your records at this practice
2. Have them emailed to you
3. Have them sent to a designated healthcare provider (you must provide the name and fax number of the destination)

Please complete, sign, and return the enclosed Medical Record release form as soon as possible.

There will be an upfront fee for copy and transfer of records: $25 for the first 25 pages, an additional $25 dollars for the next 25 pages, and after that $1 per page. There will be no charge for transfer of care of current prenatal records.

It has been my professional joy and pleasure to serve as a physician in the Jackson Community for the past 16 years. I will miss you all.

Sincerely,

Mary Girling, MD FACOG

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AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS

Patient Name:_____ Date of Birth:_____

This signed form authorizes medical information regarding the above-named person to be released

TO:_____ PHONE:_____

_____

_____ FAX:_____

I hereby consent to the release of my Medical Records including drug, alcohol, and mental health records obtained in the course of my diagnosis and treatment from Jackson Hole Care for Women. I understand that such information cannot be released without my specific consent except in a medical emergency.

A fee of $25 dollars for the first 25 pages, an additional $25 for the next 25 pages, and after $1 per page. There will be no charge for transfer of prenatal records for current prenatal patients.

Please email, fax, or bring the release form in person to Jackson Hole Care for Women.

Patient Signature:_____ DATE:_____