



Dear Valued Patients,

It is with profound sadness that we announce the closure of our practice on June 28th, 2024, after 18 years of dedicated service to the frail and vulnerable homebound patient populations. The cyberattack on Change Healthcare on February 21st, 2024, has severely impacted our operations, and despite our best efforts, we have exhausted all resources to remain open. Serving the homebound patient community has been our mission and passion, and this decision has not been made lightly. It has been our greatest honor and privilege to serve the greater Louisville community.

We understand you may have many questions.

The following information is provided to address your concerns:

1. **Continued Care Until June 28th:** We remain your primary care provider until June 28th and will address all acute and chronic needs until then.
2. **Prescription Refills:** We will refill prescriptions for 90 days through June 28th.
3. **Finding a New Primary Care Provider:** Please contact your insurance company for assistance in finding a new primary care provider.
4. **Medical Records:** To obtain your medical records, a signed authorization request is required. The form is available on our website at echp2u.com under the for Patients tab, in the Patient Packet section on page 5, titled [Authorization for Release of Medical Records](#). Please email the completed form to housecalls@echp2u.com or fax it to **888-959-2460**.
5. **Transferring Records:** We will fax or email the last two progress notes and the most recent lab results to your new primary care provider free of charge.
6. **Preferred Communication:** The best way to communicate with us over the next 30 days is via email at housecalls@echp2u.com or fax at **888-959-2460**.
7. **Phone Communication:** You may also call us at **502-356-4377**. However, due to high call volumes, we strongly recommend emailing us at housecalls@echp2u.com.
8. **Record Requests After June 28th:** After June 28th, records can only be requested by faxing us at **888-959-2460**. A signed authorization request from your new primary care provider will be necessary.

We appreciate your understanding and support during this difficult time.

Thank you for allowing us the privilege to serve you.

Sincerely,

Extended Care House Calls

[Download - Authorization form for release of Medical Records](#)