INDIVIDUAL CARE CENTER Phone: (513) 774-9444

www.individualcarecenter.net

8833icare@gmail.com

It has been an absolute privilege and honor to serve the medical needs of the Greater Cincinnati community over the past 18 years. I have watched many families grow, and have shared both immense heartache and happiness with you all. One of the greatest joys of my job has been the opportunity to meet so many amazing people, and build many meaningful relationships. However, it is with mixed emotions that I announce my retirement from active practice. I appreciate your loyalty throughout the years, and will take the memories of all that I have experienced with you into my retirement. There is no doubt that I will miss what I have enjoyed doing for so many years. My retirement will be **effective May 31, 2023**. I will not be able to take care of your medical needs or your prescriptions after that date.

Please know that all your medical records are safe and will remain confidential, as per federal law. When you decide to take on a new physician, please go to www.individualcarecenter.net to transfer your medical records to your new provider. You can do this by downloading, completing, and signing the consent form then emailing it to 8833icare@gmail.com. Medical records cannot be transferred otherwise. Please do not wait until you run out of your medications. I recommend looking for a new physician as soon as possible. For your convenience, I have included some helpful resources below to start searching for a new physician.

Patient on mental health medications: Call the toll free # on the back of your insurance card or go to psychologytoday.com

Patients on Suboxone: Call the toll free # on the back of your insurance card, or go to www.NAABT.org

Patients on Sublocade: Call the toll free # on the back of your insurance card, or go to www.NAABT.org or sublocade.com

Patients on Vivitrol: Call the toll free # on the back of your insurance card, or go to Vivitrol.com

You have all impacted my life in more ways than you will ever know. I will forever be humbled and appreciative that you have allowed me to be a part of your journey, as you have been a great part of mine. It has been a unique opportunity and a gift. Thank you.

If you have any questions or concerns, please contact me at (513) 774-9444 or 8833icare@gmail.com.

Please note that both voice mail and e-mail will be monitored frequently, but not daily. Please allow time for me to respond to your requests.

Sincerely yours, Dr. Soliman

I acknowledge by signing below, that I have received a copy of this letter, and was given the opportunity to ask questions.

Patient's or parent's signature:	1	Date:
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