

JOHN F. NITSCHKE, M.D.

HAND CENTER OF LOUISIANA  
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DIPLOMATE ~ AMERICAN BOARD OF INTERNAL MEDICINE  
AND THE RHEUMATOLOGY SUBSPECIALTY  
DIPLOMATE ~ AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY

August 1, 2021

Dear Patients of Dr. John F. Nitsche:

After 38 years in medical practice, I have decided to retire and close my practice effective November 30, 2021. Until then, I will make an attempt to see any patient in the office who wishes to discuss their case and fill their prescriptions.

If you take prednisone, it should not be abruptly stopped, as it must be tapered before being discontinued. The disease modifying anti-rheumatic drugs, such as Plaquenil, Methotrexate, and Sulfasalazine, should be cautiously monitored by a Rheumatologist, with labs obtained every six weeks. Biological therapies (Enbrel, Humira, Remicade (Infliximab) and Xeljanz as examples), require prior authorization and close medical supervision.

There may be a lengthy wait, perhaps as long as six months, to be seen as a new patient. I would advise all of my patients to call **now** to schedule an appointment to see a new Rheumatologist, as I will not be available after November 30, 2021. I have enclosed a list of Rheumatologists to consider. Please check with your insurance carrier to see which physicians are covered. You may also wish to consult your primary care physician or contact the Louisiana State Medical Society for advice.

Your medical records belong to the Hand Center of Louisiana (HCLA), where I have been practicing for the last 10 years. HCLA will retain your medical records for at least 6 years from the last date of service, in accordance with Louisiana law. If you are on Medicare or Medicaid, HCLA will retain your medical records for at least 10 years, per federal law. You can obtain a copy of your medical records by completing the enclosed medical release form for a fee, dependent on the amount of records requested. As an alternative, your new Rheumatologist can request your records without charge to you. I typically have a **comprehensive type-written summary** (history, exam, labs and x-rays) after each visit, which is what most physicians want when they see a new patient. This is what I recommend that you, or your new Rheumatologist, request. In the medical records Request Form, check under section III, "Other", and write in "Last Progress Note" to receive your case summary.

Please fax completed form to (770) 689-3577 OR email to: [jeanne.silva@cioxhealth.com](mailto:jeanne.silva@cioxhealth.com)  
(Phone: 1-800-367-1500). Do NOT return this form to the Hand Center of Louisiana.

I have enjoyed taking care of all of you over the years. I am now ready to begin my next phase of life. I wish you all well.

Sincerely,



John F. Nitsche, M.D.

RHEUMATOLOGISTS NEAR METAIRIE, LOUISIANA

<p>Ochsner Medical Center 1514 Jefferson Highway New Orleans, LA 70121 (504) 842-3920</p> <p>Robert J. Quinet, M.D., William E. Davis, M.D. Jerald M. Zakem, M.D. Eve Scopoletis, M.D. Karen America Toribio, M.D. Tamika Webb-Detiege, M.D. Chandana Keshavamurthy, M.D.</p>	<p>Ochsner Health Center - Driftwood 2120 Driftwood Blvd. Kenner, LA 70065 (504) 443- 9500</p> <p>Cara Mc Cleod, M.D. Eileen Rife, MD</p> <p>Ochsner Health Center - Covington 1000 Ochsner Blvd. Covington, LA 70433 (985) 875-2828</p> <p>Malik Spady, M.D. Jeanine Martin, D.O. Therese Poasa, M.D.</p>	<p>Ochsner- Westbank Campus 605 Lapalco Blvd. Gretna, LA 70056 Phone: (504) 842-3920 Fax: (504) 371-6555</p> <p>Christopher Mesa, M.D.</p>
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<p>Rheumatology Center Metairie 4315 Houma Boulevard Suite 303 Metairie, LA 70006 Phone: (504) 889-5242 Fax : (504) 780-9251</p> <p>Louis Donovan Perdue, M.D. Magdalena Budiakowska, M.D.</p>	<p>Barrett G. Ford, M.D.</p> <p>West Jefferson Medical Center 3903 Lapalco Boulevard Harvey, LA. 70058 Phone: (504) 349-6900 Fax: (504) 340-4305</p> <p>LSU / United Medical Center 200 Canal Street 2<sup>nd</sup> Floor Clinic Tower New Orleans, LA 70112 Phone: (504) 962-6400 Fax: (504) 702-5744</p>	<p>The Rheumatology Group 2633 Napoleon Avenue Suite 530 New Orleans, LA 70115 (504) 899-1120 (Fax) 504-899-2137</p> <p>Madelaine A. Feldman, M.D. Austin Fraser, M.D. Jerry Pounds, M.D</p>
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<p>The Baton Rouge Clinic, AMC 7373 Perkins Road Baton Rouge, LA. 70808 (225) 769-4044</p> <p>Stephen M. Pollet, M.D. Hector R. Mena, M.D. Ronald P. Ceruti, M.D. Angela D.Bourg, M.D. Elena C. Cucurull, M.D. Angele D. Bourg, M.D.</p>	<p>Carl M. Gauthier, M.D. North Oaks Rheumatology in Hammond 15813 Paul Vega , MD Drive Suite 400 Hammond, LA 70403</p> <p>Phone: 985: 230-2778 Fax: 985- 230-1836</p>	<p>Our Lady of The Lake Rheumatology Services 7777 Hennessey Boulevard 501 A Baton Rouge, LA 70808 (225) 765-6505</p> <p>Bobby Dupre, M.D. Jen Erbil, M. D. Harmanjot Grewal, M.D. Khan Ho, M.D. Sean Shannon, M.D.</p>
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4228 HOUMA BOULEVARD, STE 600B  
METAIRIE, LA 70006**

\*FEES APPLY: REFER TO CIOX FOR PRICING (SEE BELOW).\*  
\*PLEASE FILL OUT COMPLETELY AND LEGIBLY OR RECORDS WILL BE DELAYED.\*

**HIPPA COMPLIANT MEDICAL AUTHORIZATION** (Revised 3/30/2021)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Email: \_\_\_\_\_

- I. Authorization for HAND SURGICAL ASSOCIATES to disclose my health care information.
- II. The following information will be released when included in the above information unless you indicate otherwise: (Check off this area only if you do NOT want us to release this information)  
 AIDS or HIV test results  Alcohol, drug or substance abuse treatment  Psychiatric or mental care/ treatment
- III. You may use or disclose the following health care information: (What information do you want released?)  
 Complete Health Record  Discharge Summary  History & Physical Examination  
 Consult Reports  Progress Notes  Laboratory Testing  X-Ray Reports  Billing Information  
  
 X-Ray Images (Email)  Digital (No Charge)  X-Ray (Disk)  Charge \$40  
 Other (Please specify) \_\_\_\_\_
- IV. **\*You may disclose this health information to: (Who are we releasing the information to:)? Name (or title) and organization\*:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- V. Purpose of this authorization:  
 At my request  
Other: \_\_\_\_\_  
 Check here only when Hand Surgical Associates requests the authorization for marketing purposes  
 Check here only when Hand Surgical Associates will get something of value for providing health information for providing health information for marketing purposes.
- VI. This authorization ends: (Date that you wish for this authorization to expire)  
On (date) \_\_\_\_\_  
when the following event occurs: \_\_\_\_\_
- VII. My Rights: I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment, enrollment, or eligibility). However, I do have to sign as authorization form to take part in a research study or to receive health care when the purpose is to create health information for a third party. I may revoke this authorization in writing by sending a letter to the health care provider to whom the authorization is directed. If I did, it would not affect any actions already taken by the health care provider based upon this authorization. I may not be able to revoke this authorization if its purpose was to obtain insurance. I understand that once the health care provider discloses my health information, the person or entity that receives it, may re-disclose it. The HIPPA Privacy laws may no longer protect it.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual legally authorized to sign on behalf of the patient

\_\_\_\_\_  
Representatives authority to act for patient

\* PLEASE FAX OR EMAIL COMPLETED FORM TO:  
FAX (770) 689-3577 OR EMAIL TO [jeanne.silva@cioxhealth.com](mailto:jeanne.silva@cioxhealth.com) 1-800-367-1500 (CIOX)\*