



## **Boro Medical & Lifestyle Clinics**

2762 231 Hwy N Shelbyville, TN 37160

Phone: 615-785-8288 Fax: 615-468-8849

November 1, 2025

Subject: Important Information Regarding the Closing of Our Practice

### **Dear Patient,**

It is with mixed emotions that I am writing to inform you of the closure of my medical practices, Boro Medical Clinic, PLLC and Boro Lifestyle Clinic, PLLC previously located at 517 Cason Lane Ste C Murfreesboro, TN, effective November 28, 2025. The decision to close my practice was made due to medical retirement. My last day of seeing patients will be November 28, 2025 by telehealth.

It has been a privilege and a pleasure to provide you with medical care over the years. I am deeply grateful for the trust you have placed in me and my staff.

### **Continuity of Care**

Your continued health and well-being are my highest priority. I recommend that you find a new healthcare provider to ensure a smooth transition of your care. For assistance in selecting a new physician, you may wish to contact your insurance company's provider directory, search local health system websites, or take recommendations from acquaintances. We have some local providers listed on our website.

### **Medical Records**

To assist with this transition, we are prepared to transfer your medical records to a new physician of your choice. Your medical records are confidential, and we will not release them without your written authorization. For your convenience, a Medical Records Release Form is enclosed with this letter.

Please complete, sign, and return the form to our office or complete an online form on our website. Once we receive your signed authorization, we will send a copy of your records to your new provider.

If you do not designate a new provider by January 30, 2025 your records will be securely stored at 10340 Spantown Rd Arrington TN 37014. Future medical record requests can be requested through our website.

**Last Day and Emergency Care**

Until November 28, 2025, we will be available to attend to your healthcare needs. After that date, for medical emergencies, please call 911 or go to the nearest emergency department.

Thank you again for your loyalty. I wish you the best of health and happiness in the future.

Sincerely,

Lydia Seibert, MSPAS, PA-C

Enclosures: Medical Records Release Form



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**Authorization for Release of Medical Records To Patient**

**PATIENT INFORMATION:**

Name:	DOB:	Phone:
Address:		

I hereby request copies of my medical records from Boro Medical Clinic PLLC.

<p><b>I authorize the release of the following records (check all that apply):</b></p> <p><input type="checkbox"/> Complete medical record</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Imaging reports</p> <p><input type="checkbox"/> Visit notes</p> <p><input type="checkbox"/> Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>How you'd like to receive your records:</b></p> <p><input type="checkbox"/> Mailed to:</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Emailed to:</p> <p>_____</p> <p><input type="checkbox"/> Faxed to:</p> <p>_____</p>
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I understand that:

- This authorization is voluntary.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_



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**Authorization to Release Medical Records to Another Provider**

**PATIENT INFORMATION:**

Name:	DOB:	Phone:
Address:		

I hereby authorize Boro Medical Clinic PLLC to release my medical records.

<p>I authorize Boro Medical Clinic PLLC to release my medical records to:</p> <p><b>Provider/Facility Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Phone:</b> _____</p> <p><b>Fax:</b> _____</p>	<p><b>I authorize the release of the following records (check all that apply):</b></p> <p><input type="checkbox"/> Complete medical record</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Imaging reports</p> <p><input type="checkbox"/> Visit notes</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>_____</p> <p>_____</p>
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I understand that:

- This authorization is voluntary.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_