



EMERALD WATERS PRIMARY CARE

INTERNAL MEDICINE & PEDIATRICS

December 28, 2025

Dear Valued Patient,

We are writing to inform you of an important and heartfelt change. After many years of caring for our community, Dr. Alison Curtsinger has made the difficult decision to retire from primary care and wellness and as a result, our clinic will be closing on February 27, 2026.

This decision was not made lightly. Each of you has become like family to us, and it has been an honor and privilege to be a part of your healthcare journey.

As we approach the closure date, our practice will transition to telehealth services only beginning February 2nd. During this period, we will do our very best to accommodate telehealth appointments and ensure continuity of care, including providing necessary medication refills.

We strongly encourage you to begin establishing care with a new Primary Care Physician as soon as possible so that you will continue to have uninterrupted access to healthcare beyond our closing date.

Thank you for trusting us with your care. We are deeply grateful for your support, kindness, and the relationships we've built over the years. We wish you and your families a happy, healthy, and fulfilling future.

With sincere appreciation,

Dr. Alison Curtsinger & the Emerald Waters Primary Care Team

To assist with your transition, we are providing a list of providers/facilities as an option:

Internal Medicine: Dr. Dale Pippin, Santa Rosa Medical Group Navarre, 850.626.5459

Family Medicine: Dr. Kerry Horvath, Ascension Sacred Heart Gulf Breeze, 850-746-0240

Family Medicine: Revecca Ates, APRN, FNP-BC, Milton, 833-760-2645

Family Medicine: Dr. Heather Shanks, Baptist Medical Group Navarre, 448.227.5360

Pediatrics: Dr. Elizabeth Ewing, Pensacola Pediatrics Navarre, 850.934.5776

Authorization for Release of Medical Records

Name of Patient _____ Date of Birth _____

Information to be released:

☐ Complete Record ☐ Other _____

The protected health information is being used or disclosed for the following purpose:

☐ Continuity of Care ☐ Personal Use ☐ Other _____

Information may be released:

☐ **Release records to patient via encrypted email. Email address:** _____

From Emerald Waters Primary Care to the authorized provider(s)/person listed below

Provider's Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

Provider's Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

This authorization will expire twelve (12) months from the date of which it was signed. I understand that once the above information is disclosed, it may be redisclosed by the recipient, and the information may not be protected by federal privacy laws or regulations. I understand that completing this authorization form is voluntary. I realize that treatment will not be denied if I refuse to sign this form. I understand that I have the right to revoke this authorization at any time. If I revoke this authorization, I understand that I must do so in writing and that I must present my revocation to the reception desk or the address below. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Patient/ Patient's Representative Signature _____ Date and Time _____

Print Patient/Patient's Representative Name _____ Relationship to Patient _____

Send records to (until February 27, 2026)
Emerald Waters Primary Care
7295 Navarre Pkwy, Navarre, FL 32566 • Phone 850.898.0149 • Fax 833.913.2541
<https://24579.portal.athenahealth.com/>

Another portal message will be sent with location of future records release requests by March 2026

Alison S. Curtsinger, MD • 7295 Navarre Pkwy, Navarre, FL 32566 • P 850.898.0149 F 833.913.2541