

**Authorizations for Use and Disclosure of Health  
and Financial Information including Telephone and E-Mail Messaging**

**Tepeyac Family Center LLC. dba, Tepeyac OB/GYN**  
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Phone: (703) 273-9440 • Fax: (703) 934-9445  
Email: www.tepeyacobgyn.com • tfc.portalforpatients.com

Patient's Name and Account Number (please print):

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Persons Authorized to Receive Information (Name; Relationship; Phone Number):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Specified Information (e.g., All, Medical Only; Financial Only; Test Results; Dates of Service):

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Specific Description of How the Information Will Be Used (e.g., to communicate with me; to help make decisions on my behalf; to coordinate other assistance for me):

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I have circled the one number that I prefer Tepeyac Family Center to use to contact me by phone, and provided all numbers that may be used to contact me by phone:

Cell \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

I authorize Tepeyac OB/GYN leave a detailed message regarding my healthcare issues or test results on my answering machine, voice mail, or text messaging attached to the following numbers specified above:

(Check all that you authorize for detailed messages): Home \_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_ Other \_\_\_\_

I authorize Tepeyac to contact me by email at \_\_\_\_\_  
for the following purposes (please check all that apply):

\_\_\_\_ To sign me up for secure, encrypted email messaging and to alert me to the existence of a secure message for me via Tepeyac's Patient Portal at [tfc.portalforpatients.com](http://tfc.portalforpatients.com). Please see Patient Guide to Secure e-mail Communication for more information. Secure email does not guarantee the confidentiality of exchanges, but is comparable to other types of communication with you such as phone calls

\_\_\_\_ For email appointment reminders using standard email that is not a secure means of communication. I accept the risks involved with standard, insecure email communication of my protected health information.

\_\_\_\_ For discussion of medical conditions and test results, using standard email that is not a secure means of communication. I accept the risks involved with standard, insecure email communication of my protected health information.

I acknowledge that all of the above authorizations will remain in effect for one year from today's date.

I acknowledge that I may revoke the(se) authorizations (except to the extent that action was already take in reliance on the(se) signed authorizations) at any time by notifying Tepeyac OB/GYN in writing.

I acknowledge that I can refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment.

I understand that I may inspect or copy any information used or disclosed under this agreement to someone who would not otherwise be entitled to use or disclosure for payment, treatment, or Tepeyac operations or as otherwise described in the Notice of Privacy Practices.

I understand that if the person or organization that receives the information is not a healthcare provider, healthcare plan, or business associate of Tepeyac covered by federal privacy regulations, the information described above may be re-disclosed and would no longer be protected by these regulations.

Patient Signature: \_\_\_\_\_

Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_