



# Tepeyac OB/GYN

Something More Than Medicine™

## Records Release From Tepeyac OB/GYN

Please note that processing records for release requires 5-10 business days.

I hereby authorize the release of my medical records from:

Tepeyac OB/GYN  
 4001 Fair Ridge Drive Ste 304  
 Fairfax, VA 22033  
 Phone: 703-273-9440 Fax: 703-273-9445

Records for Treatment Dates: \_\_\_\_\_ to \_\_\_\_\_.

- All Records     X-Ray/Sonogram Reports     Prenatal Reports     Discharge Summary  
 Operative Reports     Lab Reports     Other: \_\_\_\_\_

Are you leaving the practice?  No  Yes. If yes, please explain:

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Please choose one:

- Request to Provider (Choose One):  Fax                       Mail  
 Request to Patient (Choose One):  Mail                       Pick up in office

### Patient Information:

Name:		Date of Birth:	
Address:		City:	State:      Zip Code:
Phone:	Signature of Patient or Legal Guardian:		

### Provider Information:

Requesting Records To:			
Address:		City:	State:      Zip Code:
Phone:		Fax:	

If this form is not completely filled out with the correct information, it may not be processed. Call your prior doctor's office and obtain their address and fax number if you do not know it.

**TO THE PATIENT:** I understand and agree that I am financially responsible for the following fees associated with my request: copying charges, including the cost supplies and labor, and postage related to the productions of my information. I understand that the charge for this service is \$.50 per page for the first 50 pages and \$.25 per page thereafter in addition to regular postage and a \$10.00 handling fee. Our fee is in accordance with Virginia Law (section 8.01-413, 32.1.127, 1.03 and 54.1-2403.3 of the Virginia Code). Tepeyac OB/GN will contact you when your medical records are ready for pick up. You will be given 10 days to respond for pick up or mailing before your records are shredded.

**TO THE PROVIDER:** Protected Health Care Information is personal and sensitive information related to a person's healthcare. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.