



**Records Release From Tepeyac OB/GYN To Provider or Other Third Party**

Please note that processing records for release requires 7-10 business days. If this form is not completely filled out with the correct information, it may delay processing.

I hereby authorize the release of my/patient\* 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 (the patient) leaving the practice?** No Yes. If yes, please explain:

- Release Method (Choose One):  Mail     Secure Fax \_\_\_\_\_  
 Secure Email \_\_\_\_\_  
 Other Email \_\_\_\_\_  
 Other Method \_\_\_\_\_

**Warning: non-secure email or third party transmission risks disclosure. I understand and accept this security risk if I request a non-secure method**  
 \_\_\_\_\_initials

NOTE: to designate person to pick up records at Tepeyac's office, complete the Record Release for Pickup by Designated Person Form

**Patient Information:**

Name:		Date of Birth:	
Address:		City:	State:    Zip Code:
Phone:	Signature of Patient or Personal Representative*:		

**Provider or Third Party Information:**

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

\*Personal representative should submit documentation showing personal representative's name, contact information, and scope of authority to represent patient (for example, for a representative with a power of attorney, a copy of their identification and their power of attorney; for a legal guardian a copy of their identification and the order or other document establishing guardianship; for a parent, a copy of their identification and a signed statement or other document showing parental relationship)