

Records Release From Tepeyac OB/GYN For Pickup By Designated Person

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 will delay processing.

I hereby authorize the release of my/patient* medical records for pickup by the person designated below 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	•		
\Box All Records \Box X-Ray/Sonogra	m Reports 🗆 Pre	natal Reports 🗆 Disc	charge Summary		
□ Operative Reports □ Lab Repo	orts 🗆 Other:				
Are you/patient* leaving the pr	actice? □No □Yes	s. If yes, please expla	ain:		
Patient Information:					
Name:			Date of Birth:		
Address:	City:	State:	Zip Code:		
Phone:	Signature of Patient or Personal Representative*:				
Designated Person Information (Pho	oto ID and a copy o	of this form must be p	presented and signed	at pickup):	
Release Records To:					
Address:	City:	State:	Zip Code:		
Phone:	Sign and Date at Pickup:				

TO THE PATIENT/PERSONAL REPRESENTATIVE: Tepeyac provides copies of records that are printed, mailed, faxed, emailed, picked up at Tepeyac's office, or transmitted through the patient portal at no charge to you. If you wish to have your/patient electronic records downloaded onto a flash drive or CD, Tepeyac may charge a flat fee of \$6.50 inclusive of labor, supplies, and postage for such copies. If a person you designate on this form is picking up copies of your/patient records, Tepeyac OB/GN will contact you when the copies are ready for pick up. You will be given 10 days to respond for pick up or to request an alternate delivery method before the records are shredded.

^{*}Personal representative completing form on behalf of patient should submit documentation showing the representative's name, contact information, and scope of authority to represent patient.