



Tepeyac OB/GYN

Something More Than Medicine™

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 _____

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

- Other Email _____
- Other Method _____ 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)