BloomMed
Cultivate Your Health

8951 Collin McKinney Parkway
Suite #502
McKinney, TX 75070
www.bloom-med.com
bloommedinfo@gmail.com
P: (972) 214-8579
F: (972) 947-5284

MEDICAL RECORD RELEASE

For immediate access to records, you may also access the **patient portal**. No release is required when accessing records by patient portal – please go to www.app.elationpassport.com/passport/login/ to access the patient portal.

Patient Name: _____ DOB: _____ Last 4 of SSN: _____

**Reason for release (REQUIRED): _____

RELEASE RECORDS FROM:

☐ STEPHANIE CUDJOE, M.D. / BLOOMMED LLC

(OR PROVIDE ALL INFORMATION BELOW FOR WHO TO RELEASE FROM)

Name of Facility / Provider: _____ Phone: _____

Full Address: _____

Fax: _____ E-mail _____

RELEASE RECORDS TO:

☐ STEPHANIE CUDJOE, M.D. / BLOOMMED LLC

☐ SELF (PATIENT OR GUARDIAN OF PATIENT)

(OR PROVIDE ALL INFORMATION BELOW FOR WHO TO RELEASE **TO**)

Name of Facility / Provider: _____ Phone: _____

Full Address: _____

Fax: _____ E-mail _____

Please release the following:

- ☐ Complete Medical Records (ALL DATES OF SERVICE)
- ☐ Lab Reports (ALL DATES OF SERVICE)
- ☐ Other (SPECIFY): _____
- ☐ Specific dates of service only: _____ to _____

I understand that this information may include information on STDs, AIDS, HIV, mental health, and alcohol/drug abuse. I understand that the information released is for the specific purpose stated above. Any other use of this information without patient/guardian written consent is prohibited. If additional release is requested I will be required to complete a medical release each time records are requested after today's date.

_____ _____ _____

Signature of Patient / Guardian | Relation to Patient | Date

ELECTRONIC SIGNATURES ARE NOT ACCEPTED