**Cardiovascular Specialists of Frederick**

180 Thomas Johnson Drive Suite 202 184 Thomas Johnson Drive Suite 204

Frederick, Maryland 21702 Frederick, Maryland 21702

Phone: (301) 631-6877

Fax (301) 631-5211 or (301) 631-1620

**John A. Vitarello, M.D., F.A.C.C. Edward P. Riuli, M.D., F.A.C.C. Nirmal K. Shah, M.D., F.A.C.C.**

**Aimee S. Park, M.D., F.A.C.C.**   **Anwar K. Malik, M.D., F.A.C.C.**  **Maya Salameh, M.D., RPVI**

**Sunil K. Sinha, M.D., F.A.C.C. Stephen B. Williams, M.D., M. P.H., F.A.C.C. Bhavin M. Patel, D.O.**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give Cardiovascular Specialists of Frederick**

**Dr. John A. Vitarello, Dr. Edward P. Riuli, Dr. Nirmal K. Shah, Dr. Aimee S. Park,**

**Dr. Anwar Malik, Dr. Maya Salameh, Dr. Stephen B. Williams, Sunil K. Sinha,**

**Dr. Bhavin M. Patel, D.O. permission to discuss the following:**

**\_\_\_\_\_\_\_\_\_\_ Diagnosis, Prognosis, and/or Treatment Information**

**\_\_\_\_\_\_\_\_\_\_ Test Results**

**\_\_\_\_\_\_\_\_\_\_ Scheduling Information**

**\_\_\_\_\_\_\_\_\_\_ Billing Information**

**\_\_\_\_\_\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**With The Following People:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I also authorize Cardiovascular Specialists to:**

**\_\_\_\_\_\_\_\_\_\_ Leave messages on my home answering machine**

**\_\_\_\_\_\_\_\_\_\_ Leave message on my work answering machine**

**\_\_\_\_\_\_\_\_\_\_ Leave message on my cell phone**

**\_\_\_\_\_\_\_\_\_\_ Leave messages with my family members or others**

**residing in my household.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: THIS FORM MUST BE FILLED OUT IN ORDER TO ENSURE THE CONFIDENTIALITY OF OUR PATIENT’S MEDICAL RECORDS.**