

Cardiovascular Specialists of Frederick

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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:** _____
_____ **Relationship:** _____
_____ **Relationship:** _____
_____ **Relationship:** _____

I also authorize Cardiovascular Specialists to:

Leave messages on my home answering machine
Leave message on my work answering machine
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.**