

**Cardiovascular Specialists of Frederick, LLC**

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Edward P. Riuli, M.D., F.A.C.C.  
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John A. Vitarello, M.D., F.A.C.C.  
Anwar Malik, M.D., F.A.C.C.

Nirmal K. Shah, M.D., F.A.C.C.  
Sumit Duggal, M.D., F.A.C.C., R.P.V.I.

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, and Dr. Sumit Duggal 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 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.**