

**Cardiovascular Specialists of Frederick**

180 Thomas Johnson Drive Suite 202  
Frederick, Maryland 21702

184 Thomas Johnson Drive Suite 204  
Frederick, Maryland 21702

Phone: (301) 631-6877

Fax (240)566.-7820 or (301) 631-5211

John A. Vitarello, M.D., F.A.C.C.  
Aimee S. Park, M.D., F.A.C.C.

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

Nirmal K. Shah, M.D., F.A.C.C.  
Sumit Duggal, M.D., F.A.C.C.

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.**

**I hereby acknowledge that I have received a copy of Cardiovascular Specialists of  
Frederick, LLC's Notice of Privacy Practices. I understand that I have the right to refuse  
to sign this acknowledgement if I choose.**

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

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

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

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