

Cardiovascular Specialists of Frederick

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I _____ give Cardiovascular Specialists of Frederick
Dr. Edward P. Riuli, Dr. Nirmal K. Shah, Dr. Aimee S. Park, Dr. Archana Sodagam, Dr.
Sumit Duggal, and Amanda Kallas, CRNP 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: _____

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