ANTHONY J. CHRISTOFF, D.O.

BOARD CERTIFIED IN FAMILY PRACTICE

AVOIDING BREACHES OF CONFIDENTIALITY
THE ANSWERING MACHINE
OR
SPOUSE/IMMEDIATE FAMILY MEMBER

If you have a telephone answering machine or voice mail system, my staff or I may have the opportunity to leave messages for you. These messages may contain confidential information regarding your condition or the fact that you are our patient. People other than you may hear these messages.

Please initial below

_____Yes, the doctor's office may leave messages on my answering machine/voice mail.

_____No, no messages are to be left.

There may be times when your spouse or immediate family member will call to request your results, or ask questions regarding your health.

Please initial below

_____ Yes, the doctor's office may discuss my medical problems with the names listed. _____

_____

_____

_____No, do not discuss any of my medical problems.

Signature of Patient/Guardian:_____

Print Name:_____

Date:_____

715 N. CASCADE AVE. COLORADO SPRINGS, CO 80903 (719)-471-9891 FAX (719)-471-4493