



S'eclairer is HIPAA compliant and will not leave a message regardless of the reason unless we have approval for each patient. If for any reason, my phone number, address or insurance changes I will update my information with S'eclairer.

I hereby allow the S'eclairer practice staff to leave a message if necessary for any of the following reasons:

Appointment changes	___	Prescription Questions	___
Insurance questions	___	Disability/legal paperwork	___
Completion of labs	___	Other	___

Phone Number allowed: _____

Name (Printed): _____

Signature: _____

Date: _____