



Consent and Contract for Lactation Services

I, _____ (print name) give my consent for lactation consultant, Margaret Koen, RN, MSN, IBCLC, to work with me and my baby for my breastfeeding concern/problem. This consent covers in-person visits, as well as follow-up (only) phone consults. I will be given a **HIPAA encrypted email address** for email communication and **submission of intake forms** for protection of my personal health information as required by Code of Ethics and Code of Professional Conduct for International Board Certified Lactation Consultants. I understand that some cellular/electronic forms of communication (texting) may not be encrypted/secure.

I understand the role of the lactation consultant is to offer skilled clinical assessment of breastfeeding and lactation. This consult, along with subsequent visits, may involve 1) a detailed **history** of mother and baby, including a review of systems as well as obstetrical history; 2) a hands-on **assessment** of mother's & baby's anatomy, including breasts and oral cavity, respectively; 3) observation of a typical breastfeed for the purpose of evaluating technique and feeding effectiveness; 4) **demonstration** of supplies, techniques or equipment that may be recommended; 5) oral or written **plan of care** that addresses the breastfeeding issue/concern. I understand that it is the ethical duty for the lactation consultant to share information and concerns to the health care providers caring for myself and my baby, along with a summary report, as required by the Code of Ethics and Code of Professional Conduct for International Board Certified Lactation Consultants, and revocation of this consent is not retroactive. **Release of information** will also be provided to my insurance company upon request for reimbursement purposes.

I understand that I am responsible for informing the lactation consultant of any changes made with my plan of care at the time of visit or during **follow-up communications**. I will be given a phone number/email for the purpose of asking questions, reporting progress or communicating continued concerns/problems.

I give my consent for the lactation consultant to use pictures taken and clinical information obtained for consultation with other healthcare providers and lactation consultants. I will not be identified, but aspects of my situation may be described or discussed.

I understand **total payment is expected** at the conclusion of the consultation according to posted advertised charges; I give my consent for charges against my credit card for the initial, visit, follow-up visits, or follow-up phone consults. I will receive a **superbill** to submit to my insurance company for consideration of reimbursement.

I, _____ (signature) have read, understood and agreed to the above.