



Consent and Contract for Lactation Services

I, _____ (print name) give my consent for lactation consultant, Margaret Koen, MSN, RN, IBCLC, to work with me and my baby for my breastfeeding concern/problem. This consent covers in-person visits, telehealth visits, as well as follow-up phone/text conversations. 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 grant permission to share pertinent information about this consultation with my family physicians and health care providers, the referring person, my insurance companies and to further the knowledge of breastfeeding (eg. possible IBCLC in training), 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 for self-pay clients, & 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.