



Consent for Lactation Consultation

I give my consent for ThistleBird Lactation Consultants to work with me and my baby during this consultation for my breastfeeding problems/concerns. This consent includes face-to-face visits, telemedicine/skype consults, phone calls, and information transmitted via fax, text, e-mail and mail.

I understand a lactation consultation may involve:

- touching my breasts/nipples for the purpose of assessment
- inserting a gloved finger into my baby's mouth to assess suck and the oral cavity
- observation of a breastfeeding session and suggestions to enhance latch or position
- demonstration of the use of equipment or supplies

I give my consent for ThistleBird Lactation Consultants to contact my baby's pediatrician with a report of our consultation, as deemed necessary.

I give my consent for ThistleBird Lactation Consultants to release pertinent information to my insurance company as necessary.

I understand that full payment is due at the conclusion of the consultation if services are not covered by my insurance benefit contract. A receipt with all pertinent information will be provided for me to submit a claim to my insurance company for consideration of reimbursement.

I understand that at the time of service I am responsible for any co-pays, co-insurance, and/or deductible costs under my health benefit contract.

I agree to provide ThistleBird with a copy of my current insurance card and well as my insurance information prior to the visit for in-network claims.

I understand that for this lactation consultation and all follow-up, the lactation consultant will protect the privacy of my personal health information as required by the Code of Professional Conduct for IBCLC's, the Standards of Practice of the International Lactation Consultant Association, and the Notice of Privacy Practices (HIPPA 1996). This policy can be accessed @ www.thistlebirdlactation.com.

_____ / /

Parent signature

date

_____ / /

LC signature

date