

Lactation Services Consent Form

- I give my consent for the Lactation Specialist to work with me and my baby during this consultation for my breastfeeding problem/concern. This consent is for in-person visits, as well as phone or Zoom conversations.
- I understand that a lactation consultation may involve:
 - o Review of my health history including, but not limited to injuries, illnesses, procedures, medications, supplements, history of fertility, history of mood disorders, and baby's health history including birth story
 - o Physical exam of my breasts and/or nipples for the purposes of assessment which may include gentle palpation (touch including gentle pressure)
 - o Physical exam of my baby's oral cavity which involves inserting gloved fingers into my baby's mouth to assess anatomy and suck
 - o Observation of a breastfeeding session, and suggestions to enhance latch or position
 - o Demonstration and use of equipment or supplies that may be recommended
 - o Demonstration of techniques that can improve breastfeeding
- I understand a partial or follow-up visit is sometimes necessary. I understand that breastfeeding supplies and/or breast pumps may be recommended as effective management of specific situations
- I understand that I am responsible for informing the Lactation Specialist of changes I feel are necessary in the care path at the time of the visit or during the course of follow-up communications. I understand it is my responsibility to call the Lactation Specialist with progress reports, questions or concerns.
- I give my consent for the Lactation Specialist to use clinical information and any photographs obtained during our sessions for conferring with other health care providers and education of mothers about lactation. I won't be identified in any way, but aspects of my situation may be described and discussed.
- I understand that for comprehensive care, it is helpful for my lactation specialist to be able to communicate with my doctor or midwife (see the Release of Information form)
- I understand that the Sun and Moon Lactation's financial policy I signed applies to all services. I also understand that Sun and Moon Lactation does not give refunds for services rendered.
- I understand that for this lactation consultation and all follow-ups, the Lactation Specialist will protect the privacy of my personal health information as required by HIPAA, the Code of Ethics of the International Board of Lactation Consultant Examiners, and the Standards of Practice of the International Lactation Consultant Association.
- I have received a copy of Sun and Moon Lactation's Notice of Privacy Practices.

Mother's or Breastfeeding Parent's Name:

Mother's or Breastfeeding Parent's Signature:

Date: _____