

MODERN

BREASTFEEDING + EDUCATION

CONSENT TO LACTATION CLINIC & FINANCIAL AGREEMENT

Client Information and Consent Form - Please print clearly or type, thank you.

ARE YOU A PREVIOUS MODERN BF+ED CLIENT? YES NO

If **YES**, please simply fill out this form upon arrival, including your chief reason for coming in today!

If **NO**, please fill out this form along with a standard consent form for lactation care and support.

CONSENT AGREEMENT TO BE READ, CHECK TO AGREE & SIGNED BEFORE THE LACTATION VISIT

I understand the following: The lactation specialist is an allied health care provider and responsible for evaluating and recommending a care path to resolve or improve breastfeeding issues.

The lactation clinic does *not* include a detailed history of mother/infant, observation of a feeding for evaluation of technique and effectiveness of feeding, or a care plan.

I understand any change from my physician's recommendations should be discussed with the physician. Health care issues of a medical nature **MUST** be discussed with a physician.

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. Only effective breastfeeding equipment will be recommended.

I authorize the lactation specialist to release any information acquired in the evaluation and/or management of myself and/or my child to our health care providers, referring physician, referring lay breastfeeding counselor, and/or our insurance company *upon request*. I understand the lactation consultant may contact my physician or my child's physician if the lactation consultant feels it is necessary to consult with the physician, with my knowledge.

I have received a copy of the lactation consultant's HIPAA Privacy Practices or understand it is available on lactation consultant's website.

I understand this practice accepts only fee for service **at time of service**. It is my responsibility to pursue reimbursement for lactation services from my insurance company. This practice does no billing for insurance reimbursement and is not a provider on any insurance plan. Reimbursement is not guaranteed, but filing is suggested.

If follow-up care is requested, it is separate from this clinic and falls underneath either the scope of a continuous monthly support package (\$50/month), or you may come back to clinic as many times as you desire.

I give permission for information, photos and/or videos of my lactation visit to be used in lactation articles, case studies or other studies for professional lactation or maternal/child education.

Main Questions / Reasons for attending the Lactation Clinic today:

Signature _____

Date _____