

Consent for Care by Lactation Consultant

Please read and initial each consent and sign below that you understand the terms of this service

_____ I give my consent to this lactation consultant to care for me and my baby during our breastfeeding journey. This requires in depth history, assessments, observations, and plans of care. I understand cares include, but are not limited to:

- personal questions about history of mother and infant, and chief complaint eliciting consult
- hands on assessments of maternal breasts and nipples
- hands on assessments of child, including gloved hands inside of baby's mouth
- close observation of feeding
- demonstration/hands on assistance of techniques, products, equipment to improve breastfeeding concerns/problems.

_____ I understand that a lactation consultant is an allied health provider and any services provided do not take the place of a physician's care. Any recommendations that vary with the advice of your medical provider should be discussed with your provider.

_____ I understand that my lactation consultant may, with my knowledge, share necessary health information and assessments with my OB/midwife/pediatrician or other related specialties to collaborate the best care for me and my baby.

_____ I am responsible for notifying my lactation consultant of any changes in my breastfeeding situation that would require follow up care. It is my responsibility to notify my lactation consultant with any questions or concerns.

_____ It is my financial responsibility to provide payment at the completion of the home visit/consultation.

_____ I am aware of Oh Eve Motherhood's Privacy Practices. I understand that Oh Eve Motherhood will protect my personal health information as it complies with the HIPAA guidelines and the Code of Professional Conduct for IBCLCs.

I have had a chance to ask questions and I fully understand the terms of this consent.

Signature of client

Signature of IBCLC

Date _____

Date _____