



## *A Conscious Beginning*

### LACTATION SERVICES CONSENT FORM

- I give my consent for the lactation counselor 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 conversations, and any information sent/communicated by e-mail, mobile phone, fax, SMS text messages, and/or private social media. I understand that electronic/cellular forms of communication may not be encrypted/secure. Initial consultations include a follow up email and phone call.
- I understand that a lactation consultation may involve:
  - touching my breasts and/or nipples for the purposes of assessment
  - inserting gloved fingers into my baby's mouth to assess suck
  - observation of a breastfeed, and suggestions to enhance latch or position
  - demonstration and use of equipment or supplies that may be recommended
  - demonstration of techniques designed to 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 consultant 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 consultant with progress reports, questions or concerns.
- I give my consent for the lactation consultant to use clinical information and any photographs obtained during our sessions for conferring 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 total payment is expected at the conclusion of the consultation. I also understand that A Conscious Beginning Services does not give refunds for services rendered.
- I understand that for this lactation consultation and all follow-ups, the lactation consultant will protect the privacy of my personal health information as required by 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 this provider's Notice of Privacy Practices.

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If Mother agrees (consents), signature here

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Date