



Newport Beach Milk Company

Susanna Wolfe, OTR/L, IBCLC

www.nbmilkco.com

949-246-8343

Consent for Lactation Consultation

I give my consent to Susanna Wolfe, OTR/L, IBCLC to work with me and my baby for my breastfeeding problem/concern. This consent is for initial visit and all follow-up contacts (follow up visits, email, phone and text conversations)

I understand that a lactation consultation may involve:

1. touching my breasts and/or nipple during assessment and for latch assistance
2. inserting gloved fingers into my baby's mouth to assess suck and oral cavity
3. observation of a breastfeed, and suggestions to ameliorate latch or position;
4. demonstration of equipment or supplies

I give my consent to Susanna Wolfe, OTR/IBCLC to contact my baby's pediatrician and my OBGYN. This might be necessary in order to submit a report of our consultation and to consult with them in any way necessary.

I understand that total payment is expected at the conclusion of the consultation.

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 of the International Board of Lactation Consultant Examiners, the IBLCE Scope of Practice for IBCLCs, the Standards of Practice of the International Lactation Consultant Association, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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Mother's signature

Date

Susanna Wolfe, OTR/IBCLC

Date

