

Consent and Release Agreement

Consent agreement to be read and signed before the lactation consultation appointment

In consulting with Janet Dombro, a board-certified lactation consultant (IBCLC) I understand that the appointment might include any or all of the following: visual and physical assessment of my breasts, observation of my baby nursing, visual and physical inspection of my baby's mouth and body, and demonstrations of breastfeeding technique and equipment.

In order to best help my baby and me it will be necessary to share information on breastfeeding history and feeding behaviors to this point. Information about other maternal or infant health conditions is important as well as information about the birth experience. I agree to provide information to the best of my ability and I give permission to the lactation consultant to help with any or all of the above.

I understand that medical care is given to my baby and I by other health care providers and I give permission for Janet Dombro to share information about this visit(s) with those other health care provider(s). Any change in care from my physician's recommendation should be discussed with the physician.

I am able to access a copy of "Notice of Privacy Practices here https://www.dropbox.com/s/934wmjkh6c3ojf/hippa_pri_prac.doc?dl=0 and one will be in the folder I receive.

Payment is due at the time of service. I will receive from Janet Dombro a form that I can use to submit a health care claim to my health insurance company. I give permission for information to be given to my health insurance company to clarify any issues regarding the claim.

At the consultation(s) I will receive information and assistance for successfully breastfeeding my baby. I understand that I can refuse any treatment or use of equipment that is recommended during the consultation(s). Follow up care and conversations are frequently needed. **It is my responsibility to call the lactation consultant with questions and progress reports as I need them.** I can also request the names of other qualified providers of breastfeeding services or equipment and they will be provided.

I give my permission to Janet Dombro to photograph or videotape my baby and/ or me in order to have a visual record if needed. I understand that the images would be for further diagnosis, education or promotion of breastfeeding by Janet Dombro. I understand that no specific names would be publically used with these images. _____

If the consultation is online, via telehealth, the platform used is approved under HIPAA, unless I waive that right in order to use a different platform.

During Shelter in Place or Pandemic times if I request an in-person consultation, I affirm that I, and my support person, am symptom and fever free, as is Janet Dombro. Adults at the consultation are limited to myself and one support person and all wear masks.

Mother's Signature

Date

Lactation Consultant Signature

Date