



## Consent For Care for In-Person Lactation Visits

I understand that during a consult for lactation support, Your Lactation Nurse Inc., Brandee Gutowsky, IBCLC will examine me and my breasts both visually and manually, will examine me and my baby or babies both visually and manually (including an oral exam with a gloved finger), will observe me and my baby while feeding, will make clinical observations, will provide information on techniques and breastfeeding equipment, and will make recommendations towards helping me reach my breastfeeding goals. I understand no outcome can be guaranteed.

I will provide Your Lactation Nurse Inc. with the names and contact information for other relevant healthcare providers for me and my baby, and Your Lactation Nurse Inc. may communicate with them. It is my responsibility to provide accurate information and to keep it updated. I understand that email and text are not secure means of communication, and give my permission for Your Lactation Nurse Inc. to send and receive texts and emails that may contain my Personal Health Information (PHI). Because Your Lactation Nurse Inc. will be coming to my home, I grant permission for Your Lactation Nurse Inc. to give my address to the spouse of Your Lactation Nurse Inc. for safety purposes, and I understand that Your Lactation Nurse Inc. will use GPS to navigate to my home.

I understand that it is my choice to have someone else present during the visit, and that anyone who sits in on the visit will have access to my healthcare information and my confidentiality may not be guaranteed. I have provided written notice to Your Lactation Nurse Inc. of any person(s) I wish to have present during the visit. I understand that if I include any third party on an email or text with Your Lactation Nurse Inc., I am granting permission for Your Lactation Nurse Inc. to communicate my health information and that of my baby or babies with that third party. Your Lactation Nurse Inc. will not initiate inclusion of any third party on an email or text. I acknowledge that Your Lactation Nurse Inc. is not responsible for any breach of

confidentiality made by any person present I invite to be present during a visit, or added by me as a third party to text or email.

I have read and reviewed Your Lactation Nurse Inc.'s payment policies and understand that I am responsible for all charges associated with this visit. Your Lactation Nurse Inc. is providing care to me and to my baby or babies; together we are all the client of Your Lactation Nurse Inc. Your Lactation Nurse Inc. may communicate with my insurance company in reference to the services provided to me and my baby or babies. Your Lactation Nurse Inc. may communicate with my credit card company or bank for any payment related matters. It is my responsibility to provide accurate and current payment and insurance information.

I understand that I may retract these rights with written notice at any point, and that Your Lactation Nurse Inc. will remove any photos within 30 days of receipt of written notice.

**I consent for in-person lactation visits on my behalf and my child(children).**

Name: \_\_\_\_\_

Names of minor children:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_