

Support Groups

Well Woman Care

Prenatal Education

Placenta Encapsulation

Lactation & Midwifery Consultation

Hearthstone Midwifery

Rebecca (Plum) Elowen, LM, CPM, IBCLC



(707) 893-7877

2845 Bowen St.

Graton, Ca 95444

HearthstoneMidwifery.com

Rebecca@HearthstoneMidwifery.com

Release, Consent & Contract for Lactation Support

Consultation

A lactation consultation usually includes visual and physical (via touching) assessment of a birth parent's breast and of the infant's mouth, observation of the birth parent and infant nursing, physical contact with both baby and breast for the purpose of offering suggestions and assistance, analysis of records related to the breastfeeding situation, demonstration of breastfeeding techniques, and may include the use of breastfeeding equipment.

I give permission to Rebecca Elowen, LM, CPM, IBCLC to perform all of the above for the purpose of providing breastfeeding support. This consent is for in-person visits, as well as phone conversations, and any information sent/communicated by e-mail, mobile phone, fax, text messages, and/or private social media. I understand that electronic/cellular forms of communication may not be encrypted/secure.

Follow-up

I understand that I am responsible for informing Rebecca Elowen, LM, CPM, IBCLC of any relevant information or changes that affect my breastfeeding situation, and that it is my responsibility to call Rebecca with progress reports, questions, or concerns.

Privacy

I understand that for this lactation consultation and all follow-ups, Rebecca Elowen, LM, CPM, IBCLC will protect the privacy of my personal health information as required by the Code of Ethics of the International Board of Lactation Consultant Examiners, the Standards of Practice of the International Lactation Consultant Association, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Medical Advice

I understand that lactation consultation does not substitute for medical care, and that medical care can only be provided by a physician. Any advice given in the course of this consultation cannot replace medical advice received from a primary care provider. I understand that it is my responsibility to discuss any change in my care plan with my primary care provider.

Refusal

I understand that I may, at any time, decline any and all specific techniques, breastfeeding equipment, and any and all recommendations provided. Alternatives will be gladly offered upon request.

Payment

I understand that payment is due at the time services are rendered, and that obtaining reimbursement for lactation consultations from my health insurance is my responsibility. I understand that the fee for the lactation consultation is either \$165 (for an initial visit), or \$95 (for a follow-up visit), with additional time available for \$50/hr in 15 minute increments. This fee is payable by cash, check or credit card.

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Consent to Share Information

I give permission for information provided in this intake form, and gathered during our consultation sessions and ongoing follow-up, to be shared with my and my infant's healthcare providers and/or our insurance company upon request. I understand that Rebecca Elowen, LM, CPM, IBCLC may contact my or my child's providers if she feels it necessary for the purpose of consultation.

Please select one: Yes / No

I give permission for information provided in this intake form, and gathered during our consultation sessions, to be shared with my partner named below, unless I specify otherwise.

Please select one: Yes / No

I give permission for the information collected (with the exception of my, and my infant's, names) to be used for educational purposes (i.e. to help train aspiring lactation consultants).

Please select one: Yes / No

I give permission for the information collected (with the exception of my, and my infant's, names) to be shared with other perinatal professionals, for the purpose of peer review and/or collaboration.

Please select one: Yes / No

I understand that this consultation is confidential, and that unsafe situations for parent or baby must be reported, as required by law.

Please select one: Yes / No

Birth Parent's Signature

Date

Partner/2nd Parent's Signature

Date

Provider's Signature

Date