



Hannah Croft IBCLC
07732 090102

Consent form

- I give my consent for Hannah, IBCLC to work with my baby and me during this consultation for my breastfeeding problem/concern. This consent is for visits, phone conversations, and information sent by e-mail, or text, and includes appropriate follow-up contacts.
- I understand any consultation with Hannah 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 of equipment or supplies and techniques.
- I understand it is my responsibility to call Hannah with progress reports, questions or concerns.
- I give my consent for Hannah to release any information acquired in the evaluation and/or management of myself and/or my child to our health care providers. I understand Hannah may contact my GP or my child's GP if the lactation consultant feels it is necessary.
- I give my consent for Hannah to use clinical information obtained during our sessions for education of other health care providers and 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 understand that for this lactation consultation and all follow-up, Hannah 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.

Name:

Signature:

Date: