



Hannah Croft IBCLC  
07732 090102

## Online consultation consent form

- I give consent for Hannah Croft, IBCLC to work with my baby and me during an online consultation for my breastfeeding issue/concern.
- I understand an online consultation may include:
  - a full history talking including info about pregnancy, labour and birth
  - an observation of a breastfeed via online camera
  - demo of equipment, supplies or techniques
  - an opportunity for me to ask questions
- I understand it is my responsibility to call/message Hannah with any progress reports, questions, concerns or changes
- 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 if she feels it is necessary.
- I give consent for Hannah to use clinical information gathered during our consultation for education of other IBCLCs or Health Care Providers. This will be done anonymously and not in a way that identifies my baby or me.
- I understand payment as agreed is due at the conclusion of the consultation
- I understand that for this consultation and for all follow up, Hannah will protect the privacy of my personal health information as required but the Code of Ethics of IBLCE, the standards of practice of the IBCLC.

Name:

Signature:

Date: