



Certified Lactation Counseling Intake Consent

I give my consent for Jane Yaakni Hopaki, CLC, to observe, assess, and make recommendations for my child and I during a lactation visit to address my questions and/or concerns. A lactation visit may include a detailed history, exam of mother and child, and assessment of anatomy and effectiveness of feeding. This consent is for today's visit and any future visits; phone conversations, texts, information sent by e-mail or regular mail. I understand that text messages and emails are not private or encrypted. If I choose to communicate via text or email, I am doing so with this understanding and with my consent.

I understand that a lactation visit may involve:

- Observation of a feed or pumping session, and suggestions to enhance latch or positioning
- Inserting a finger into my baby's mouth to assess oral function
- Demonstration of techniques designed to improve lactation experience
- Demonstration of the use of equipment or supplies that may be recommended
- Touching my breasts and/or nipples for the purposes of assessment

I give my consent to release any information acquired in this lactation visit to my baby and I's midwife, primary health care provider, referring physicians, and/or referring bodywork professionals as necessary for continuity of care.

I give my consent for Jane Yaakni Hopaki, CLC, to use anonymous clinical information obtained during our sessions for educational purposes.

I understand that total payment for a lactation visit is expected at the conclusion of the visit.

I understand that the privacy of my personal health information will be protected as required by the Code of Ethics of the Academy of Lactation Policy and Practice, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Name: _____ Signature: _____

Date: _____