Thank you for scheduling an appointment with College Station Lactation for a lactation consultation with our International Board Certified Lactation Consultant (IBCLC). During your visit, our IBCLC will review your health history, discuss your concerns, complete an assessment including visual inspection of your baby and your breasts, evaluation of your baby's mouth and suckling skills, answer your questions and develop a care plan with you. She will also provide you with information, handouts and resources based on your family's needs. Please review the following consents.

1. I authorize the IBCLC to hold my baby, evaluate my baby's suckling motions by touching baby's mouth, observe us feeding and/or pumping, view and touch my breasts and/or nipples for purposes of assessment, make suggestions for techniques, equipment and supplies to improve breastfeeding.
2. I grant permission to the IBCLC and College Station Lactation to share pertinent information about this consultation with my/our family physicians and health care providers, the referring person, my/our community breastfeeding helper, my/our doula, my/our insurance companies and to further the knowledge of breastfeeding. I/We understand that all medical care is to be provided by my/our own physician(s).
3. I authorize the IBCLC and College Station Lactation to permit the presence of such observers, such as student IBCLCs, as they may deem fit to admit in addition to the IBCLCs while I am undergoing IBCLC examination and treatment.
4. In connection with the IBCLC services which I am receiving from my IBCLC, I consent that photographs may be taken of me or parts of my body, by my IBCLC or their approved photographer, for use or publication in medical records, medical research, medical journals, medical books, education and/or science; however, that it is specifically understood that in any such publication or use I shall not be identified by name. The aforementioned photographs may be modified or retouched in any way that my IBCLC, in said consultant's discretion, may consider desirable.
5. I understand that our success with breastfeeding is important to my IBCLC, but we are responsible for our own progress on a weekly basis based on the recommendations and suggestions offered by my IBCLC. I agree to hold harmless and indemnify College Station Lactation and my IBCLC for any outcome my baby or I may experience.
6. I acknowledge that my personal information will be held confidential by my IBCLC according to HIPPA guidelines. However, if I initiate or request electronic communications via text/email/messaging service, the platform I use may not be encrypted, secure and/or private, thus I grant my IBCLC permission to communicate with me by the method of my choice. If I decline to grant this permission, my IBCLC may only communicate with me by phone or mail.
7. I agree that good communication is vital to our relationship and agree to bring any questions or concerns I may have about services, fees, billing, payment or scheduling, to my IBCLC's attention.

By entering your initials on the intake form, you consent to all of the above.