

Birth & Breastfeeding Connection  
Release/Consent Form

A lactation consultation usually includes visual and physical assessment of the mother's breasts, visual and physical assessment of the infant's mouth, observation of the mother and infant nursing, analysis of the data relating to the breastfeeding situation, demonstration of techniques for improving breastfeeding, and sometimes the use of breastfeeding equipment. I give permission for the lactation consultant to do all of the above.

I understand that all medical care is to be provided by your primary healthcare provider. I give permission for information about this and all additional consultations to be sent to my attending healthcare providers.

I understand that payment is due at the time services are rendered. If I cancel my appointment with less than 24 hours notice, I will be charged a \$35 cancellation fee.

I give my permission for information from this consult/visit to be used to further the knowledge of breastfeeding. I understand that no specific names will be publicly used.

\_\_\_\_\_ (initial) I give permission for any photographs taken during the consultation to be used to further the knowledge of breastfeeding.

\_\_\_\_\_ (initial) I give permission to leave voicemail messages at the following phone numbers: \_\_\_\_\_

I understand that I have the right to refuse any or all specific techniques suggested, equipment to assist or remedy breastfeeding problems, and/or all recommended actions. Jennifer Moss Corbin will provide names of other qualified providers of lactation consultant services or equipment upon request.

\_\_\_\_\_  
Mother's Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Jennifer Moss Corbin, BS, IBCLC, LLLL \_\_\_\_\_  
Date