



## Release of Liability/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 only by physician(s). I give my permission for information about this and all additional consultations to be sent to my attending physician(s)/health care provider(s). I have been offered TLMM's HIPAA policy.

I understand that payment is due at the time services are rendered. I give my permission for information to be released to my insurance company to assist in evaluation of a claim. I give my permission for The Land of Milk and Mommy to bill my insurance and collect payment if I have not paid cash at the time of service.

**UHC:** If I have UHC PPO I agree to pay the co-pay of \_\_\_\_\_ at the time of service. TLMM will refund copay if UHC pays it. It may take 2-3 months to know about copays.

**ALL INSURANCE:** If I have not met my deductible, or insurance does not pay, I agree to pay \$150 for initial consults and \$125 for follow-up consults. TLMM will invoice me via PayPal. **INITIAL \_\_\_\_\_**

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

\_\_\_\_\_  
**Mother's name (print)**

\_\_\_\_\_  
**Mother's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chrisie Rosenthal, BS, IBCLC, RLC**

\_\_\_\_\_  
**Date**