

## **CONSENT FOR SUPPORT FROM RAISING MOTHERHOOD, LLC**

I consent to lactation support, infant bodywork and other applicable services and accept the recommendations for myself and/or for the client for whom I am the parent (or legally authorized representative).

I understand that lactation support will involve observation of me breastfeeding and /or examination of my breasts and my infant/child. I understand that I am responsible for informing the certified breastfeeding specialist, April Ippolito-Torres, of any relevant information or changes that affect my breastfeeding/nursing/feeding/prenatal situation.

I understand that it is my responsibility to call/text April Ippolito-Torres with progress reports, questions, or concerns and understand that it may take up to 48 hours for a response.

I understand that the information and advice shared during these sessions does not constitute medical advice. I/We understand that all medical care is to be provided by my/our primary care provider.

I understand that any over the counter supplements recommended should be checked with my primary care provider along with making sure there are no adverse reactions with any other medications or supplements that I take.

I understand that April Ippolito-Torres may share patient health information with my/our specified care providers and my insurance company for the purposes of treatment, referral, and billing. I understand that April Ippolito-Torres may share anonymized health information with health care providers for the purpose of clinical supervision, case consulting, or backup coverage.

I understand this practice accepts only a fee for service. It is my responsibility to pursue reimbursement for lactation services from my insurance company. This practice does not bill for insurance reimbursement and is not a provider on any insurance plan.

I understand that reimbursement is not guaranteed, but filing is encouraged.

I have received a copy of the certified breastfeeding specialists HIPAA Privacy Practices and understand it is available for my viewing. I waive, release, and forever discharge all claims against Raising Motherhood, LLC and April Ippolito-Torres of any injuries, damages, losses or claims, whether known and unknown, which arise during or result from any activity of services provided.

I understand that my electronic signature is representative of my real authorization for consent to services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_