



Consent for Nourishing Newborns Services:

Consent Agreement to be READ, INITIALED & SIGNED before the Visit for Lactation (Dr. Ali Hunt) or Bonding Attachment/Parenting Education/Infant Massage/Postpartum Doula (Jaye Bruce, CPD or signed electronically in Milk Notes App:

I am currently most interested in (check all that apply):

- Meals
- Breastfeeding
- Bonding/Attachment

Meal Train® Consent ([www.mealtrain.com](http://www.mealtrain.com)):

I, \_\_\_\_\_ the Recipient of Meal Train® meals, authorize, Nourishing Newborns, to create an online Meal Train® via the Meal Train® website on my behalf.

\_\_\_\_\_ I recognize the personal information that I provide regarding the my physical address, meal preferences, e-mail address (for Recipient and invited members ONLY), preferred dates, number of people to provide meals for, reason for event, personal comments, and phone number (if provided) will be made available to those who are invited to participate in the specific Meal Train.

\_\_\_\_\_ I do want Nourishing Newborns to add their list of volunteers to my Meal Train® (this means the personal information you provide for the meal train will be visible to them).

\_\_\_\_\_ Keep my Meal Train® private; I will add my own meal volunteers.

Under no circumstances will Nourishing Newborns, its volunteers, subsidiaries, affiliates, officers, directors, employees, consultants, agents, successors and assigns or its representatives, be liable for any loss or damage, illness, or caused by the Meal Train® services (see Meal Train® website for further details).

Postpartum Doula, Breastfeeding and Lactation Medicine Consent:

\_\_\_\_\_ I understand the Lactation Consultant is a physician & the Postpartum Doula is an allied health care provider. They are responsible for evaluating and recommending a care plan to resolve or improve breastfeeding or bonding/attachment issues. A lactation visit includes a detailed history of mother/infant or



parent/caregiver/infant, an assessment of maternal/infant anatomy, observation of a feeding for evaluation of technique and effectiveness of feeding, and recommendations for management to improve and/or resolve breastfeeding-related issues. A postpartum doula visit or bonding/attachment/parenting education/infant massage visit includes a detailed history as above and any relevant recommendations to support the bonding and postpartum wellness of the entire family. All clients are provided with a written and/or verbal care plan to improve breastfeeding concerns. The client, the lactation consultant, and the postpartum doula each have responsibilities in this plan. Resolution of a breastfeeding problem or bonding problem often takes several days or weeks and may require a change in the original recommended care plan at some point.

\_\_\_\_\_ I understand that I am responsible for informing the lactation consultant and/or the postpartum doula of changes I feel are necessary in the care plan at the time of the visit or during the course of follow-up communication. Phone contact after the lactation and/or bonding/postpartum doula visit is important and considered an extension of the visit. I understand it is my responsibility to call the lactation consultant and/or the postpartum doula with progress reports, questions or concerns.

\_\_\_\_\_ I understand any instructions or recommendations given may be discussed with one or both of our health care providers upon request (pediatrician, OBGYN, Family Physician, or regular health care provider).

\_\_\_\_\_ I understand a partial or follow-up visit is sometimes necessary. I understand that breastfeeding supplies or breast pumps may be recommended as effective management of specific situations. Only effective equipment will be recommended.

\_\_\_\_\_ I authorize the lactation consultant or postpartum doula to release any information acquired in the evaluation and/or management of myself and/or my child to our health care providers, referring physician, referring lay breastfeeding counselor, and/or our insurance company upon request. I understand the lactation consultant may contact my physician or my child's physician if the lactation consultant feels it is necessary to consult with the physician.

\_\_\_\_\_ I have received a copy of the lactation consultant & postpartum doula's HIPAA Privacy Practices.

\_\_\_\_\_ I understand this practice is free of charge/donation-based services. This practice does not currently bill for insurance reimbursement and is not a provider on any insurance plan. Reimbursement for

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*Jaye Bruce & Dr. Ali Hunt @ 530-616-8448*    [nourishingnewborns@gmail.com](mailto:nourishingnewborns@gmail.com)

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any labs, supplies, breastpumps, or prescriptions is not guaranteed, but will depend on your insurance policy. Filing a claim is suggested even if you feel it will not be a covered benefit in your policy.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Or signed electronically in Milk Notes.