

Annie Hoag RN, IBCLC, CST

[connect@anniehoag.com](mailto:connect@anniehoag.com)

Anniehoag.com

541-513-5267

## Consent Form

I understand that during a consultation for lactation support, Annie Hoag IBCLC will examine me and my breasts both visually and manually. She will examine me and my baby or babies both visually and manually (including an oral exam with a gloved finger), will observe me and my baby while feeding, will make clinical observations, will provide information on techniques and breastfeeding equipment, and will make recommendations towards helping me reach my breastfeeding goals. I understand no outcome can be guaranteed.

I will provide Annie with the names and contact information for other relevant healthcare providers for me and my baby, and she may communicate with them. It is my responsibility to provide accurate information and to keep it updated. Options for secure texting will be given and I understand that using regular email and text are not secure means of communication, and give my permission for Annie to send and receive texts and emails that may contain my Personal Health Information (PHI). Because Annie will be coming to my home, I grant permission for Annie to give my address to Collin Stevens (SO) for security purposes, and I understand that Annie will use GPS to navigate to my home.

I understand that it is my choice to have someone else present during the visit, and that anyone who sits in on the visit will have access to my healthcare information and my confidentiality may not be guaranteed. I have provided written notice to Annie of any person(s) I wish to have present during the visit. I understand that if I include any third party on an email or text with Annie, I am granting permission for her to communicate my health information and that of my baby or babies with that third party. Annie will not initiate inclusion of any third party on an email or text. I acknowledge that she is not responsible for any breach of confidentiality made by any person present I invite to be present during a visit, or added by me as a third party to text or email.

I have read and reviewed Annie Hoag's payment policies and understand that I am responsible for all charges associated with this visit. Annie Hoag is providing care to me and to my baby or babies; together we are all the client of Annie. She may communicate with my insurance company in reference to the services provided to me and my baby or babies. Annie may communicate with my credit card company or bank for any payment related matters. It is my responsibility to provide accurate and current payment and insurance information.

I give permission to Annie to photograph or record video of me and/or my baby in furtherance of my care. These photos will not be published without my express consent, but they may be shared with my or my baby's healthcare team.