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Consent for Care and Treatment

I hereby give consent for Juli Billings Walter, IBCLC (LC) to work with my baby and myself during this and subsequent consultations for my breastfeeding problems and concerns. I understand that this consultation may involve touch my breast and or nipples for the purpose of assessment, performing an oral digital examinations on my baby in order to assess baby's suck, observations of breastfeeding and demonstration of use of equipment and techniques that may be necessary to improve breastfeeding.

I give consent to the LC to send any and all pertinent information to my infant's and my primary health care providers and to consult with them in any way she deems appropriate. This includes electronic transmission of such information.

I give my consent to the LC to release pertinent information to my insurance company as necessary.

I give consent for the LC to use clinical information obtained during the sessions for education of other health care providers or mothers about lactation. Informations used in the way will not contain mother's or baby's names but aspects of the situation might be described or discussed.

I understand that total payment is expected at the conclusion of the consultation unless prior arrangements have been made. I further understand that I will receive appropriate forms which can be submitted to my insurance company for reimbursement. I understand that it is mother's responsibility to contact her insurance company to discuss and understand her own insurance policy benefits. It is the law of the Affordable Healthcare Act that health insurance companies are supposed to reimburse for breastfeeding products and services. LC will work with you to get reimbursement from your insurance company. However the amount or percentage of reimbursement can not be guaranteed. Please contact your insurance company prior to the visit to confirm benefits.

I understand that LC will protect the privacy of my personal health informations as required by the Code of Ethics of the international Board of Lactation Consultant Examiners (IBCLE), the International Lactation Consultant Association (ILCA) Standards of Practice and in compliance with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

I understand that LC does not have encrypted e-mail or texting services and that messaging may not protect the privacy of my health information.

I acknowledge that I have had full opportunity to discuss and understand information and treatment options provided by the LC. I understand that I the right to refuse any or all specific techniques or treatment suggested, and any or all equipment provided or recommended to assist or remedy breastfeeding problems.