



Brave Breastfeeding, LLC Consent Form

I understand that during a visit for lactation support, Becky Franzen, IBCLC will examine me and my breasts both visually and manually, 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 Becky Franzen with the names and contact information for other relevant healthcare providers for me and my baby, and Becky Franzen may communicate with them. It is my responsibility to provide accurate information and to keep it updated. I understand that email and text are not secure means of communication and give my permission for Becky Franzen to send and receive texts and emails that may contain my Personal Health Information (PHI). If Becky Franzen will be coming to my home, I grant permission for Becky Franzen to alert Statera Integrated, and I understand that Becky Franzen 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 understand that if I include any third party on an email or text with Becky Franzen, I am granting permission for Becky Franzen to communicate my health information and that of my baby or babies with that third party. Becky Franzen will not initiate inclusion of any third party on an email or text. I acknowledge that Becky Franzen 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 Statera's payment policies and understand that I am responsible for all charges associated with this visit. Becky Franzen is providing care to me and to my baby or babies; together we are all the client of Becky Franzen/Brave Breastfeeding, LLC. Becky Franzen may communicate with my insurance company in reference to the services provided to me and my baby or babies. Becky Franzen 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 Becky Franzen 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.

I have received a copy of the Privacy Practices of Statera Integrated Health and Wellness. _____ (initials)

Please sign below to indicate consent:

Name: _____ Date: _____