



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 Patient Fusion App (Secure Patient Portal):

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

- Meals
- Breastfeeding
- Bonding/Attachment

Meal Train® Consent (www.mealtrain.com):

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

_____[Initials] I recognize the personal information that I provide regarding 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.

_____[Initials] 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).

_____[Initials] **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:

Consent to Treatment:

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.

Patient Responsibility:

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 my request (pediatrician, OBGYN, Family Physician, or regular health care provider). This will require me to sign a "Release of Information" agreement.

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. We have no affiliations or conflicts of interest with any particular brand.

Acknowledgement of Receipt of Privacy Practices Policy:

By signing at the bottom of this form, I acknowledge that I have received a copy of the lactation consultant & postpartum doula's HIPAA Privacy Practices.

I understand this practice is free of charge. This practice does not currently bill for insurance reimbursement and is not a provider on any insurance plan. Reimbursement for 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.

Consent to Receive Emails & Texts from Nourishing Newborns

By providing your email address and telephone number to Nourishing Newborns you are agreeing to be contacted by or on behalf of Nourishing Newborns at the email address and telephone number provided, including emails to your email address and text (SMS) messages to your cell phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice, and prerecorded

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messages, to provide you with marketing and promotional materials relating to Nourishing Newborns's services. You may opt-out of receiving text (SMS) messages from Nourishing Newborns at any time by replying with the word STOP from the mobile device receiving the messages. You need not provide this consent in order to receive services from Nourishing Newborns. However, you acknowledge that opting out of receiving text (SMS) messages may impact your experience with the service(s) that rely on communications via text (SMS) messaging.

I hereby consent to be contacted as set forth in this Consent to Receive Emails and Text Messages. If you are signing this Consent to Receive Emails and Text Messages as a parent, guardian, or other legal representative of the patient, please indicate your authority to act on behalf of the patient and sign below.

Summary:

By signing below, I acknowledge receiving a copy of Nourishing Newborns' HIPPA privacy policy, I agree to all of the above statements, and I agree to inform Nourishing Newborns of any changes in my health or my infant's health or changes to the plan of care. I hereby consent to be contacted as set forth in this Consent to Receive Emails and Text Messages. I acknowledge that if I do not sign-up for the patient portal and choose to contact Nourishing Newborns via their phone number or email, the security of this information cannot be guaranteed. The patient portal given to me by Nourishing Newborns is the only secure form of messaging Nourishing Newborns.

Signature_____ Date_____

Name if signing on behalf of the patient: _____

Relationship to the patient: _____

I agree to all of the above EXCEPT, I do NOT wish to receive communications via text (SMS) or email from Nourishing Newborns.

Signature_____ Date_____

Print Name: _____