



Covid-19 Consent and Policies

Please READ and INITIAL this agreement to policies before the Lactation Visit.

Breastfeeding Parent Name: *

GENERAL CONSENT FOR IBCLC PROCEDURES

Initial below for EACH policy. Your initial indicates that you agree. If you can't agree to the policies, a virtual or office visit is available to you.

*I understand that ANY illness, exposure to illness, travel, or history of congregating in groups by anyone in the family will be reported to the IBCLC at least 24 hours before the visit. The lactation consultant reserves the right to re-schedule the visit in that case.

*The lactation consultant will inform you and offer to re-schedule your appointment if they (the LC) have or any household members have been exposed to any illness or have any symptoms of illness.

*If anyone in my household has a positive test, or suspects Covid infection within 2 weeks of the LC visit, it is my responsibility to inform the LC immediately. The LC has that responsibility to the client as well.

INITIALS of breastfeeding parent: *

I understand the following:

*The lactation consultant will employ proper PPE during the visit including: N95 mask, non-latex gloves. Gloves will be changed when used for equipment vs touching baby or parent.

*Thorough hand washing or application of hand sanitizer will occur as needed.

INITIALS of breastfeeding parent: *

I understand that the lactation consultant will use medical grade cleaning products for the scale, their phone and their computer in view of the parent.

INITIALS of breastfeeding parent: *

I consent to a temperature check for myself and baby and any other adults who may want to participate in the visit via no touch or temporal thermometer. I understand the LC will take her temperature as well.

INITIALS of breastfeeding parent: *

*I understand that a properly fitted mask (snugly covering mouth and nose) will be required of all adults present in the room at all times during the visit.

*No mesh masks, scarves or gators are permitted.

*Any eating or drinking must be done in a separate room if needed.

*A medical mask will be provided if needed.



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Seattle, Washington, US - 98115

INITIALS of breastfeeding parent: *

Windows and/or doors will be open during the consult to ensure air flow OR HEPA filter will be on in the room.

INITIALS of breastfeeding parent: *

*I understand that only the breastfeeding parent and the baby will be in the same room with the Lactation Consultant. One support person may be present during short times if needed. For example, when LC is explaining results of an exam or treatment plan.

*A distance of at least 6' will be maintained throughout the visit except during the portion of the exam that requires close contact.

INITIALS of breastfeeding parent: *

FINANCIAL POLICIES:

***I understand that if I am paying out of pocket (all except Aetna and First Choice subscribers) for my consultation, payment will be made at the time of making the appointment.**

***I understand that refusal to adhere to the above guidelines will result in the lactation consultant immediately terminating the consultation and there will be no refund of payment.**

***First Choice and Aetna subscribers: I understand I will be billed the cash-pay rate if the LC is forced to leave the premises for refusal to adhere to the guidelines above.**

INITIALS of breastfeeding parent: *

PATIENT SIGNATURE
