



## Consent Form

I understand that during a home visit for lactation support, Bianca Wooden 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 Bianca Wooden with the names for other relevant healthcare providers for me and my baby, and **Bianca Wooden may communicate with them**. It is my responsibility to provide accurate information and to keep it updated. Bianca Wooden will be coming to my home, I understand that Bianca Wooden will use GPS to navigate to my home.

\_\_\_\_\_ **I understand that email and text are not secure means of communication, and I give my permission for Bianca Wooden to send and receive texts and emails that may contain my Personal Health Information (PHI).**

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 Bianca Wooden, I am granting permission for Bianca Wooden to communicate my health information and that of my baby or babies with that third party. Bianca Wooden will not initiate inclusion of any third party on an email or text. I acknowledge that Bianca Wooden 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 Bianca Wooden's payment policies and understand that I am responsible for all charges associated with this visit. Bianca Wooden is providing care to me and to my baby or babies; together we are all the client of Bianca Wooden. Bianca Wooden may communicate with my insurance company in reference to the services provided to me and my baby or babies. Bianca Wooden may communicate with my bank for any payment related matters. It is my responsibility to provide accurate and current payment and insurance information.

I give permission to Bianca Wooden 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 These photos will not be published without my express consent, but they may be shared with my or my baby's healthcare team.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 and Payment Policy of Bianca Wooden.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Payment Policy**

**I do not file with your insurance company. All clients are self pay.**

I will provide you with a superbill suitable for you to submit to your insurance. The superbill (which will also serve as a payment receipt) will be coded appropriately to the level of service provided during the visit.

You agree to pay me \$90 at the time of the visit (cash, check, Venmo, Health Spending Account card or debit card (processing fee will be added)).

You agree that any fees paid by your insurance over and above the self-pay charge will be paid to me, either directly from your insurance or from you if your insurance sends you more than the self-pay fee.

If you have multiple nurslings (twins, triplets or tandem nursing), you agree to pay an additional \$15/half-hour past 3 hours.

Follow up visits are billed at \$40 for the first hour, \$15 for each additional half hour.

## **Service Area**

I offer home visits to addresses within a 20 mile radius of my address in Ocean Springs.  
If you live outside that area, appointments are available at my home.

Depending on my availability, I may be able to schedule an appointment outside of my travel radius. In this situation, an additional fee of \$1/mile outside of 20 miles will be charged.