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Consent Agreement to be READ and AGREED TO before the Visit

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected heath information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers, who may be involved in that treatment directly and indirectly.
- Obtain payment from third party payers
- Conduct normal healthcare operations such as quality assessments and physicians' certifications

I have been given by you, your *Notice of Privacy Practices*, containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that I may revoke this consent in writing at any time, except to the extent that you have taken action relying on this consent.

I understand that a consultation will include a visual and manual examination of myself and my infant including my breasts and my infant's mouth. I give permission for information from this and subsequent consultations to be shared with my child's pediatrician, my own health care providers and my insurance company. I give permission for information from this consultation to be used to further the knowledge of breastfeeding. I understand that no specific names will be publicly used.

Financial Agreement: I understand and agree that I am ultimately liable for the balance on my account for any professional services rendered should my insurance claim be denied for lack of eligibility or termination of coverage services. I will be held responsible and intend to make payment for any balance due in those instances