



Consent for Care for Telelactation

I understand that during a virtual consult for lactation support, Miriam Pokharel-Wood, IBCLC may examine me and my breasts visually, may examine me and my baby or babies visually, may observe me and my baby while feeding, may make clinical observations, may provide information on techniques and breastfeeding, pumping, and feeding equipment, and will make recommendations towards helping me reach my goals. Miriam Pokharel-Wood, IBCLC will guide me in positioning my camera to be able to see me and my baby, and will direct me in assessments of my breasts and/or my baby in the furtherance of my care. I understand no outcome can be guaranteed. I acknowledge that there may be some limitations with virtual care.

I will provide Miriam Pokharel-Wood, IBCLC with the names and contact information for other relevant healthcare providers for me and my baby, and Miriam Pokharel-Wood, IBCLC may communicate with them. It is my responsibility to provide accurate information and to keep it updated.

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 have provided written notice to Miriam Pokharel-Wood, IBCLC of any person(s) I wish to have present during the visit.

Miriam Pokharel-Wood, IBCLC provides a secure messaging portal through Signal with the practice's phone number (410)-297-0677. I understand that I am not obligated to use secure messaging, and if I opt out of secure messaging by initiating communication by text or email Miriam Pokharel-Wood, IBCLC will respond. I understand that email and text are not secure means of communication, and give my permission for Miriam Pokharel-Wood to send and receive texts and emails that may contain my Personal Health Information (PHI) if initiated by me.

I understand that if I include any third party on an email or text with Miriam Pokharel-Wood, IBCLC, I am granting permission for Miriam Pokharel-Wood, IBCLC to communicate my health information and that of my baby or babies with that third party. Miriam Pokharel-Wood, IBCLC will not initiate inclusion of any third party on an email or text. I acknowledge that Miriam Pokharel-Wood, IBCLC 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 Nurture Lactation's payment policies and understand that I am responsible for all charges associated with this visit. Miriam Pokharel-Wood, IBCLC is providing care to me and to my baby or babies; together we are all the client of Miriam Pokharel-Wood, IBCLC.

Miriam Pokharel-Wood, IBCLC may communicate with my insurance company in reference to the services provided to me and my baby or babies. Miriam Pokharel-Wood, IBCLC 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 Miriam Pokharel-Wood, IBCLC 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 understand that permission will always be asked before a photo is taken and efforts will be made to ensure that my and my infant's face are not in the photo.

Miriam Pokharel-Wood, IBCLC uses a secure, HIPAA compliant video platform for virtual consults. If you are unable to access this platform, We may use the non-HIPAA compliant platform of your choice, as long as it is private.