

Kaely Thompson, RN, IBCLC  
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### **Treatment Agreement / Informed Consent**

This agreement is to facilitate a clear understanding between you, the client, and your Lactation Consultant regarding matters of professional services. The fee per 60 minute virtual session is \$99.00 and the fee per 90min In-home visit is \$150.00. You agree to pay this fee with credit or debit card at the time of the session. You may request a receipt for personal record and/or super-bill from the consultant for insurance reimbursement. **You agree that you do not have insurance coverage, or have insurance coverage but choose not to use it; and understand that in doing so you are waiving any right to reimbursement, and understand that the services being provided by the consultant may not be covered by the plan. Please initial [redacted].**

### **Confidentiality**

All communication between you and your Lactation Consultant will be held in strict confidence unless you provide written permission to release information about your treatment. There are exceptions to confidentiality.

- When you give written permission to release and exchange information.
- When reporting is required by law
- Other exceptions as outlined in the *Notice of Privacy Practices*.

**Please initial that the you have received a copy of the Notice of Privacy Practices, which is available on our website [redacted].**

### **Cancellation Policy**

If you need to cancel and reschedule or cancel an appointment, you are expected to notify your Lactation Consultant at least 24 hours in advance of your appointment. If you are more than 15 minutes late to the session, it will be considered a missed session **The original fee of service will be charged for sessions not canceled 24 business hours in advance and for missed/late sessions.**

### **Lactation Consultant Availability/Emergencies**

Your Lactation Consultant has a confidential voicemail which is HIPAA compliant, on which you may leave a message. Your Lactation Consultant also has a HIPAA compliant e-mail account for basic contact: please note that no waiver of privilege, confidence or otherwise is intended by virtue of communication via the internet.

*Your Lactation Consultant also maintains a client portal in which you communicate with your Lactation Consultant in ways that are HIPAA compliant.*

All communication received by your Lactation Consultant will be addressed as soon as possible or no later than your Lactation Consultant's normal business hours.

### **Information About Your Lactation Consultant**

At an appropriate time, your Lactation Consultant can discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your Lactation Consultant's background, experience and professional orientation. Your Lactation Consultant is a certified IBCLC in the state of Idaho.

### **Practice Information:**

The name of this practice is: The Modern Way Lactation Consulting, LLC

<b>Name of Lactation Consultant</b>	<b>State</b>	<b>License Number</b>
Kaely Thompson, RN, IBCLC	ID	L-144124

**Minors and Confidentiality**

Communication between Lactation Consultant and patients who are minors (under the age of 18) are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in their treatment. Consequently, your Lactation Consultant, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents, are urged to discuss any questions or concerns they have on this topic with their Lactation Consultant.

**Telehealth**

If you chose to receive services via telehealth, you consent for the use of telehealth as an acceptable mode of delivering lactation consultation services. You understand that telehealth includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio and video via secure HIPPA compliant platform or data communications. You understand that there are limitations and potential risks to telehealth that can include technical failures, interruption of unauthorized person, unauthorized access to transmission, and decreased availability of Lactation Consultant in the event of a crisis.

**About the Consultation**

It is your Lactation Consultant's intent to provide services that will assist you in reaching your goals. Based upon the information that you provide to your Lactation Consultant and the specifics of your situation; your Lactation Consultant will provide recommendations to you regarding your treatment. You have the right to agree or disagree with your Lactation Consultants recommendations. There will be a 2 week period following each virtual or in home session in which you will have access to your Lactation Consultant via email and/or phone to ensure we reach your goals via outlined care plan. At the end of the two weeks, or at a later time, it will be necessary to schedule another session if needed. Due to the varying nature and severity of concerns and the individuality of each patient, your Lactation Consultant is unable to predict the length of services needed to guarantee a specific outcome or result.

**Your signature indicates that you have read this agreement for services carefully and understand its contents. You may sign in the form of an electronic signature, which shall substitute for your original signature and shall have the same legal effect as the original signature.**

**Please ask your Lactation Consultant to address any questions or concerns that you have about this information before you sign.**

\_\_\_\_\_

Client's printed name

\_\_\_\_\_

Client's signature and date