



Jill Rabin M.S.CCC-SLP/L IBCLC
Speech Pathologist, International Board Certified Lactation Consultant
773-720-3051
jillrabin.com

Release Form

A feeding/lactation evaluation may include the following:

1. Assessment of the mother's breasts
2. Assessment of the baby's suck and oral cavity
3. Observation of the mother and infant breastfeeding
4. Analysis of information as related to the breastfeeding situation
5. Demonstration of techniques to improve feeding/breastfeeding
6. Use of breastfeeding equipment when necessary
7. Use of feeding equipment when necessary
8. Observation of the baby bottle-feeding
9. Observation of the baby self-feeding

I give me permission to Jill Rabin speech pathologist and lactation consultant to assess myself and my baby as described about at this and all future feeding/lactation sessions.

- I give my permission for the information about this and all additional consultations to be sent to my and/or my baby's attending physicians, health care providers and referring providers.
- I give my permission for this evaluation and future evaluations to be released to my insurance company to assist in the evaluation and/or reimbursement of a claim.
- I give my permission for the information from this and additional consultations to be used for educational purposes. I understand that no specific names will be used.
- I give my permission for Jill Rabin to photograph and/or video myself, and or/my child (children) at this and all future consultations. I understand that these photographs/videos belong to Jill Rabin and may be used for teaching purposes and to promote breastfeeding and Baby-Led Weaning.
- I understand that total payment is expected at the conclusion of the evaluation unless prior arrangements have been made. I understand that Jill Rabin's biller will submit claims and Jill Rabin will reimburse the family for any claims paid after the initial payment.
- The undersigned acknowledges receipt of the currently effective Notice of Privacy Practices of Jill Rabin for the business **Jill Rabin M.S. CCC-SLP/L IBCLC Speech Pathologist/Lactation Consultant**. A copy of the signed, dated acknowledgement shall be effective as the original.

Print Name: _____

Mother's Signature: _____

Date: _____