



CONSENT FOR LACTATION CARE & PAYMENT POLICIES

North Fulton Lactation
Kara Pernice, RN, IBCLC

CONSENT FOR LACTATION CARE

(In-Office, In-Home, and Telehealth Services)

I understand that Kara Pernice, RN, IBCLC, of North Fulton Lactation, will provide lactation care to me and my baby or babies. Services may be provided in-office, in my home, or via telehealth, depending on the type of appointment scheduled.

Lactation care may include, but is not limited to:

Visual and manual examination of my breasts

Visual and manual examination of me and my baby or babies, including an oral examination of the infant(s) using a gloved finger

Observation of feeding sessions

Clinical assessment and observation

Education regarding breastfeeding, pumping, and infant feeding techniques and equipment

Recommendations to support my individual feeding goals

I understand that no specific outcome can be guaranteed.

IN-HOME VISITS

If services are provided in my home, I understand that Kara Pernice will be entering my residence for the purpose of providing lactation care. I grant permission for GPS navigation to my home and, if needed for safety or logistical purposes, for my address to be shared with a designated support person.

TELEHEALTH SERVICES (GOOGLE MEET)

I understand that some lactation services may be provided virtually (“telelactation”) using Google Meet, a video conferencing platform. Telehealth visits may include prenatal consultations, follow-up care, education, and lactation support.

During telehealth visits, Kara Pernice may visually examine me and my baby or babies, observe feeding sessions, guide me in positioning my camera, and direct me in performing visual assessments in support of my care.

I acknowledge that:

Telehealth services have inherent limitations, including the inability to perform hands-on assessments

Recommendations are based on visual observation and the information I provide

Technical issues (internet connectivity, device limitations, audio or video quality) may affect the visit

I am responsible for participating in telehealth visits from a private location to protect confidentiality

I understand that Google Meet is a third-party platform and that while reasonable safeguards are used, absolute confidentiality cannot be guaranteed.

Telehealth services are voluntary, and I may withdraw consent for telehealth services at any time.

COMMUNICATION & COORDINATION OF CARE

I will provide accurate and current information regarding myself and my baby or babies, including the names and contact information of relevant healthcare providers. I authorize Kara Pernice to communicate with these providers as appropriate for coordination of care.

I understand that email and text messaging are not secure forms of communication, and I consent to their use for communication that may include personal health information (PHI).

THIRD-PARTY PRESENCE & CONFIDENTIALITY

I understand that it is my choice to have other individuals present during a visit (in-person or telehealth). Anyone present will have access to my healthcare information, and confidentiality cannot be guaranteed. North Fulton Lactation is not responsible for any breach of confidentiality by individuals I choose to have present.

If I include a third party on an email or text message, I am granting permission for my health information and that of my baby or babies to be shared with that third party.

DOCUMENTATION & USE OF AI SCRIBE TECHNOLOGY

I understand that Kara Pernice may use an AI-assisted clinical documentation tool (Heidi AI) to support the creation of clinical notes.

I acknowledge and understand that:

Audio may be captured during the visit solely for documentation purposes

Audio is not retained beyond what is necessary to create clinical notes

All notes are reviewed, edited, and finalized by Kara Pernice, who remains fully responsible for the accuracy, content, and clinical decision-making

The AI tool does not provide care or make independent medical decisions

Documentation may include information related to both the birthing parent and the infant(s)

PHOTOGRAPHY & VIDEO

I give permission for Kara Pernice to take photographs, screenshots, or video recordings of me and/or my baby or babies solely for clinical care and documentation purposes. These will not be used for marketing, teaching, or publication without my explicit written consent, but may be shared with my or my baby's healthcare team when clinically appropriate.

CONSENT FOR MOM AND BABY

I understand and agree that this consent applies to lactation care provided to both the birthing parent and the infant(s). I am providing consent on behalf of my baby or babies for evaluation, observation, education, documentation, photography, telehealth services, and care coordination.

ACKNOWLEDGMENT & CONSENT

I confirm that:

I have read and understand this Consent and Payment Policy

I have had the opportunity to ask questions

By checking the box and typing my name, I am providing my electronic signature

I voluntarily consent to lactation services provided by Kara Pernice, RN, IBCLC, North Fulton Lactation

PAYMENT POLICIES

Self-Pay (Out-of-Network) Clients

North Fulton Lactation will provide a superbill suitable for submission to insurance. The superbill (which also serves as a payment receipt) will be coded appropriately to the level of service provided during the visit. Payment is due at the time of the visit and may be made by cash, check, credit card, or FSA.

I understand that submission of a superbill or verification of benefits is not a guarantee of reimbursement, and that I am ultimately responsible for all charges not paid by my insurance.

Insurance Clients (Lactation Care Associates – LCA)

For eligible insurance plans, claims for lactation services are submitted through Lactation Care Associates (LCA).

I authorize Lactation Care Associates (LCA) to verify my insurance benefits and submit claims on my behalf. I authorize the release of medical and billing information to LCA and my insurance carrier as necessary for claims processing and payment.

I authorize payment of insurance benefits directly to Lactation Care Associates for services rendered.

Coverage determinations, cost-sharing decisions, and payment processing are handled by LCA in coordination with the insurance provider.

I understand that verification of benefits is not a guarantee of coverage or payment.

I understand that coverage, eligibility, and cost-sharing (including deductible, coinsurance, or copay amounts) are determined by my specific insurance plan.

If my insurance provider applies any portion of the claim to deductible, coinsurance, or denies payment despite eligibility verification, I understand that I am financially responsible for the applicable charges.

Any balances determined after processing through Lactation Care Associates are my responsibility and must be paid within seven (7) days of notification.

Separate or Out-of-Network Insurance (Parent and Baby)

If either the birthing parent or the baby is insured under a plan that is not eligible for coverage through Lactation Care Associates (LCA), I agree to pay the applicable self-pay rate at the time of booking for the non-covered individual. I will receive a superbill for this amount and may submit it to insurance for possible out-of-network reimbursement.

Flange Fitting Kits & Clinical Supplies

For infection prevention and individualized care, North Fulton Lactation does not reuse flange sizing inserts or certain feeding supplies between clients.

When clinically indicated, single-use flange fitting kits or feeding supplies (such as bottle systems or nipples) may be provided during your visit to support safe and effective infant feeding.

The cost of a flange fitting kit is \$8. Preferred bottle systems are \$6 each.

These items are invoiced following the visit and reflect market value, supply management, and processing costs necessary to provide timely clinical care. Supply charges are separate from lactation service fees and are not eligible for insurance reimbursement.

All provided supplies are non-refundable once opened or used. I understand that I am financially responsible for payment of any clinical supplies provided during my visit.

Clients are welcome to purchase recommended feeding supplies independently prior to their visit and are encouraged to reach out in advance for individualized equipment recommendations.

Client Definition

Lactation care is provided to both the birthing parent and the baby or babies; together they are considered the client for purposes of care, documentation, and billing.

Follow-Up Support

My initial visit includes one (1) week of follow-up support via secure messaging, email, or text. Continued support is available for a weekly fee of \$50. These fees are elective and not eligible for insurance reimbursement.

Travel Fee for In-Home Visits

In-home visits are subject to a non-refundable travel fee of \$85, which is charged at the time of booking. This fee covers travel time and expenses and is not eligible for insurance reimbursement. The travel fee is separate

from the cost of lactation services and remains non-refundable, including in the event of late cancellation or missed appointments.

Cancellation & Non-Payment Policy

Appointments canceled or rescheduled with less than twenty-four (24) hours' notice, as well as missed appointments (no-shows), may be subject to a cancellation fee equal to the full cost of the scheduled visit. Cancellation fees are not eligible for insurance reimbursement.

Any balance not paid within the stated timeframe may result in suspension of services until payment is received.

PRIVACY & CONFIDENTIALITY

North Fulton Lactation is committed to protecting the privacy and confidentiality of your personal and health information. Reasonable administrative, technical, and physical safeguards are used to protect the information shared during lactation services, whether provided in-office, in-home, or via telehealth.

I understand that my personal information and protected health information (PHI) may be collected, stored, and shared as necessary to provide lactation care, coordinate services, process payment, and meet legal and professional obligations. This may include the use of third-party platforms such as scheduling software, secure documentation systems, telehealth platforms, and payment processors.

I acknowledge that email and text messaging are not secure forms of communication and consent to their use for communication related to my care.

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

I acknowledge that I have been provided access to North Fulton Lactation's Notice of Privacy Practices, which describes how my protected health information may be used and disclosed, my rights regarding that information, and North Fulton Lactation's legal responsibilities under applicable privacy laws.

I understand that I may review the Notice of Privacy Practices at any time by accessing it on the North Fulton Lactation website or by requesting a copy.

WEBSITE PRIVACY POLICY ACKNOWLEDGMENT

I acknowledge that I have been provided access to North Fulton Lactation's Privacy Policy, which explains how personal information is collected, used, and protected when interacting with the website, scheduling systems, and related online services.