



Permission for Electronic Communication

My lactation consultant (IBCLC) and/or feeding therapist may choose to send a text or email to set up an appointment, confirm an appointment, or follow up after a session. I am aware that if I choose to accept texts and/or emails, or if I send questions and updates via text or email, that these forms of correspondence are not a secure (encrypted) form of correspondence.

I can choose to respond via text or email, but conversations via text will be kept as brief as possible. If I have more in depth medical or personal questions, it is recommended to me to call my IBCLC/feeding therapist. My IBCLC/feeding therapist may also feel that a phone conversation is more appropriate for the situation.

I, _____ (Parent/Guardian/Client), hereby authorize “Milk and Honey, Feeding and Speech Services, LLC” to correspond with me via e-mail or text message using the following information:

E-mail _____

Cell Phone _____

Signature _____ Date _____

Printed name: _____