Cynthia A. Vella N.P. LLC, New England Mothers First
P.O. Box 483
Cataumet, MA 02534

New England Mothers First
www.newenglandmothersfirst.com

Consent for Patient Treatment:
I give permission to Cynthia A. Vella N.P. LLC dba New England Mothers First, for the performance of Office, Home or Telehealth appointments professional specialty Nurse Practitioner services. These services are for women with Breast feeding problems, during childbearing years and for infants consuming any breast milk for infant nutrition. These services may include Lab and or Pharmacy. My consent for treatment may be withdrawn at any time either verbally or in writing.

Authorization for Release of Information:
I authorize Cynthia A. Vella N.P. LLC to fax progress notes as well as consult, if necessary, to other physicians involved in myself or my infants' care such as: Primary Care Physician, OB/GYN, CNM and Pediatrician.

Insurance Authorization:
I authorize Cynthia A. Vella N.P. LLC to furnish information to the identified insurance carrier(s) for any and all payment activities for myself and my infant for all dates of service from treatment beginning to treatment end. I consent to assign all payments for services directly to this practice. I understand that I am financially responsible for payment of my patient services not covered by the insurance plan design due to eligibility, referrals, primary care conflicts or other non-covered services such as co-pays, co-insurances, or deductibles.

Consent for Photograph and Data Collection via Survey
I give permission to Cynthia A. Vella N.P. LLC for permission to post on social media post- visit, survey me, photograph or video with mutual verbal agreement for the purposes of education and/or data collection regarding breastfeeding research and study. My consent for photography or data collection for myself or infant may be withdrawn at any time by email or in writing.

HIPAA Email Consent:
I understand that Cynthia A. Vella N.P. LLC utilizes an encrypted email system where all emails under this encryption are stored as protected health information (PHI) whereas are encrypted and safe. I also understand my own personal email account to which I am receiving and sending emails is not encrypted which means a third party may be able to access the information since it is internet transmitted.

HIPAA Texting Consent:
I authorize Cynthia A. Vella N.P. LLC to text me messages in regard to appointment reminders and appointment rescheduling and collecting outstanding balances. I understand that Cynthia A. Vella N.P. LLC does not engage in text messaging regarding patient care or medical concerns as text messaging is not encrypted nor protected under the HIPAA laws. I understand that all questions regarding medical care must be done via email or phone call.

Credit Card Consent – Authorization: Cynthia A. Vella N.P. LLC
I understand any credit card & Health savings account cards requested of me will be kept on file **safe & secure** for purposes of co-payments, co-insurance, private pay or any unresolved balances. NEMF also uses Stripe Invoicing.

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION:

Purpose of Consent: By signing this form, you will consent to our use and disclosure of your protected health information (PHI) to carry out treatment, payment activities, and healthcare operations.

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practices before you decide to sign this Consent. Our Notice provides a description of our treatment, payment activities, and healthcare operations, of the uses and disclosures and other important matters we may make of your protected health information. A copy of our Notice is posted on our website and can be requested to be sent directly to you via email. We encourage you to read it carefully and completely before signing. We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information we maintain. Your consent acknowledges that you have reviewed our Notice of Privacy Practices.
Rev 11/24

By signing the signature forms you are consenting to treatment for all visits beginning with your first visit with NEMF.

Signature: _____ **Date:** _____