

Client Confidentiality

Due to current regulations, I am required to have a signed release form from the client before taking any notes about you or your labor. You will receive a copy of the signed forms, and the doula will have a copy of them at the labor and birth to be able to show that they are indeed complying with the confidentiality regulations if questioned. Confidentiality of medical and personal information obtained during the course of the doula's work is of utmost importance.

I, _____ give permission for my doula, Xian R. Brooks, MPH (Dandy Doula Birthing & Consulting Services) to take notes about me, including personal information I choose to disclose with him, and information regarding my labor, birth and postpartum, as well as any information regarding my child/ren. I understand that this information may be used for the purpose of doula certification and re-certification and will be shared with the applicable certifying institution or organization. I realize this information will also be shared with the doula that is providing back up support.

I also understand that Dandy Doula Birthing & Consulting Services operates as a business providing the same or similar services to other clients. I allow my doula to share with others, including Dandy Doula Birthing & Consulting Services website and Facebook page, only the information which I have specifically allowed to be disclosed in this release. *(Check the categories of information which you are permitting your doula to share with others):*

<input type="checkbox"/> Date of birth	<input type="checkbox"/> Time of birth
<input type="checkbox"/> Location of birth	<input type="checkbox"/> Length of birth
<input type="checkbox"/> Baby's first name	<input type="checkbox"/> Birthing parent's first name
<input type="checkbox"/> Baby's first initial	<input type="checkbox"/> Partner/spouse's first name
<input type="checkbox"/> Natural vs medicated birth	<input type="checkbox"/> Vaginal vs caesarean
<input type="checkbox"/> Attending midwife of physician's name	<input type="checkbox"/> Photographs (discreet)
<input type="checkbox"/> Testimonial	

Signature: _____ Date: _____

Address (including state and zip code): _____

Email: _____

Phone number: _____

Please keep one copy of this signed agreement for yourself.