

Hey Ms Norbi Educator Doula: Cultivating Compassionate Care

POSTPARTUM DOULA SERVICE AGREEMENT

Consent for Note-Keeping and Information Sharing

I give permission for my doula to make and keep notes about me, including:

- Any personal information I may disclose
- Information regarding my health, pregnancy, care plan, birth, and postpartum plans
- Any relevant information about my family

I consent to my doula sharing my basic information:

- For statistical or educational purposes, using non-identifying information for research, learning, and improvement
- With their backup doula and/or other service providers for continuous care in case of referrals or backup doula services
- To create informational or marketing resources for my doula's business
- To provide me with a summary of my support services

I understand that in all other ways, my information will remain confidential.

My information will be securely held by my doula for one year after the completion of my support services.

Understanding of Doula's Role and Limitations

I understand that by contracting my doula's services, I am not guaranteed any particular outcome for myself, my baby, or my postpartum recovery.

I acknowledge that my doula:

- Does not make medical or care decisions on my behalf
- Is not responsible for determining when or where I should seek medical care
- Does not make choices regarding my treatment or any other medical topics

When services are provided in the presence of trained medical staff:

- My doula is not responsible for the performance, execution, or quality of clinical tasks
- My doula is not responsible for medical decisions regarding proposed treatment plans during my care

Client Responsibility for Medical Decisions

- I acknowledge that I am responsible for making decisions regarding my own and my baby's care.
- I understand that the doula's advice is not a substitute for professional medical advice.

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- I agree to consult with my healthcare provider regarding any medical or health-related concerns.

Presence During Doula Services

- I agree to remain on the premises of my home at all times while the doula is present to ensure the safety and effectiveness of support.
- Any exceptions to this must be agreed upon in writing by both parties in advance.

Safe Sleep Practices

The doula will always follow established safe sleep guidelines, including:

- Placing the baby on their back to sleep
- Using a firm sleep surface free from soft bedding, pillows, and toys
- Adhering to all other recommended safe sleep practices to ensure the baby's safety

Client Confidentiality Release

- Client information will remain confidential within the team of health care practitioners.
- I give my permission to share information and documents including personal information that I choose to disclose to my doula and information regarding my labour, birth and postpartum as well as any information regarding my partner and baby(ies) within the team of Health Care Practitioners

Photograph/Share Photo Release

- Photo permissions of you/your family/baby(ies) may be taken for personal use or social media as part of your contract
- With your permission doula can airdrop, email/give you pictures.
- I grant permission for doula to post **pre-approved** photo(s) of my family/baby(ies) including first names on our social media platforms including our website.
- I grant permission for **pre-approved** pictures and or videos of my family/baby(ies) including first names on our social media platforms including our website.

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Liability Release

- I agree to hold the doula harmless and release them from any and all liability arising from the services provided, except in cases of gross negligence or willful misconduct.
- This includes, but is not limited to, any injuries, damages, or losses that may occur during or as a result of the doula's support.

What Doula Services Do NOT Include:

- Clinical tasks such as blood pressure, fetal heart checks, or exams.
 - Decision-making on behalf of the client; instead, we provide the information needed for informed choices.
 - Speaking to clinical staff on behalf of the client; we support clients in articulating their preferences directly.
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Acknowledgment

I/We have reviewed and agreed to the terms outlined in this Doula Service Agreement.

Client Name: : _____

Confidentiality Release Initials: _____

Photo Release Initials: _____

Liability Release: _____

Client Signature: _____

Date of Signed Agreement: _____

Doula Name: _____

Doula Signature: _____

Date of Signed Agreement: _____