

**Doula – Client Confidentiality Form**

Due to current confidentiality regulations, I am required to have a signed release form from you, *before* taking any notes about you or your labour. Clients should receive a copy of the signed forms, and the Doula will have a copy with her at the labour and birth to be able to show that she is indeed complying with the confidentiality regulations if questioned. Confidentiality of medical and personal information obtained during the course of the Doulaʼs work is of utmost importance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my Doula, Jennifer Poehlke (Supported Beginnings Doula Services) to take notes about me, including personal information I choose to disclose with her, and information regarding my labour, birth and postpartum, as well as any information regarding my child/ren. I understand that this information may be shared with the Doula that is providing back up support.

I also understand that Supported Beginnings Doula Services operates as a business providing the same or similar services to other clients. I allow my doula to share with others, including: Supported Beginnings Doula Services website, and social media sites (Facebook & Instagram), 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)*.

* Month of Birth
* Location of Birth (Home or Hospital – not the name of hospital)
* Baby’s First Initial
* Baby’s Gender

 Photographs (discreet)

* Testimonial

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please keep one copy of this signed agreement for yourselves, and one copy for the Birth Doula.*