



Birth Doula Registration Form

Registering for Birth Doula Services

If you are interested in registering for Birth Doula services, read and sign the Client Agreement, and complete this registration form and mail it, along with payment, to By Your Side Birth Services, LLC at the address below. After we have received your registration, we will mail you a Prenatal Planning Packet.

Email or mail your completed and signed Registration Form, Client Agreement, and Client Confidentiality Release form to:

bbyoursidebirth@gmail.com

OR

Jeanine McGrath
By Your Side Birth Services
PO Box 236
Fulton, MD 20759
Phone (301) 725-3662

Birth Doula Open Houses

If you would like additional information about By Your Side Birth Services, LLC, feel free to attend an open house to hear more about the program and meet some of the doulas. *(Please refer to schedule in your prenatal planning pack or on our website <http://www.bbyoursidebirth.com>.)*

Birth Doula Registration Form

Personal Information *(Please print clearly)*

Name: _____
First Name Last Name Preferred First Name

Address: _____ City _____ State _____ Zip _____

Partner/Support Person name: _____
First Name Last Name Preferred First Name

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email: _____

Estimated Due Date: _____ Age: _____

Is this your first baby YES NO Are you a repeat client? YES NO

Physician Name: _____
(Please specify physician name)

Hospital where you are planning to deliver: _____

Is there anything special you would like us to know about you?:

Payment Information \$850 due in full with Registration Form and Client Agreement

Payment by: Check Enclosed *(Please make checks payable to: By Your Side Birth Services, LLC)*
VISA/Mastercard/Discover *(Please contact the By Your Side Birth Services office (301) 725-3662)*

Signature: _____

How did you hear about us? <input type="checkbox"/> hospital tour <input type="checkbox"/> childbirth class <input type="checkbox"/> online search <input type="checkbox"/> Ob/Gyn
<input type="checkbox"/> friend or family member <input type="checkbox"/> other _____



 *By Your Side Birth Services LLC*
Client Confidentiality Release

In accordance with the privacy rule of the Health Insurance Portability Accountability Act of 1996 (HIPAA), By Your Side Birth Services, LLC requires a signed release form from you, the client, *before* taking any notes about you or your birth or postpartum support experiences.

You, the client, should keep a copy of this signed form for your records. By Your Side Birth Services, LLC keeps the signed original in compliance with HIPAA regulations.

Confidentiality of medical and personal information obtained during the course of the doula's work is of the utmost importance to By Your Side Birth Services, LLC.

I, _____, give my permission for the By Your Side Birth Services, LLC doula(s) to take notes about me, including personal information I choose to disclose to her, and information regarding the labor, birth, and the postpartum period pertaining to myself and my child/children. I understand that this information may be used for the purpose of doula certification or recertification and may be shared with the Birth or Postpartum Certification Committees of Doulas of North America (DONA). I also understand that this information will anonymously be used for DONA Data Collection for statistical purposes, and that my doula may use this information to provide me with a birth story/summary for my own personal use.

Date: _____ Client Name: _____

Address: _____

City, State, Zipcode: _____

Client Phone: _____

Client Signature: _____



Client Agreement for Doula Support Services

You have indicated that you wish to receive doula services during the birth of your baby. This Agreement sets forth the terms under which such doula support services will be provided to you. If you have any questions about whether doula support services are appropriate for you, you should discuss these with your physician/midwife before signing this Agreement.

Services to be Provided by the By Your Side Birth Services Doula

Services that the doula may provide if desired by the client, if appropriate, and if time permits include:

- ☞ Labor coping/birth plan information & consultation available through the “warm line,” via email, or during an open house.
- ☞ Assistance in making informed decisions through the labor and delivery process by facilitating communication with your clinical care providers.
- ☞ Physical, emotional and informational support during your birthing process.
- ☞ Photographs/video taken with the client’s camera/phone.
- ☞ Immediate postpartum support, up to 3 hours immediately following the birth.

Although the doula is not required to remain longer than 24 consecutive hours per delivery, the By Your Side Birth Services doula agrees that she will not leave the patient’s side until the arrival of a replacement doula.

Limitations within this Agreement

By Your Side Birth Services, LLC is independent of any birthing facilities and is contracting with you (the client), not the clinical care provider or facility.

By Your Side Birth Services, LLC doulas do not provide any clinical services, nor will the doula make decisions for you or communicate with birthing facility staff, or your clinical care providers on your behalf.

In the case of a rapid (precipitous) birth or medical emergency, it may be impossible for the By Your Side Birth Services, LLC doula to provide all of the services outlined above. The By Your Side Birth Services, LLC doula will arrive as quickly as possible to assist you and to provide immediate postpartum support.

In the event of a scheduled or unscheduled cesarean section, it is the intent of the By Your Side Birth Services, LLC doula to provide preoperative support, attend the birth in the operating room as doula support, and provide immediate postpartum support in the first hours after the birth. **The ability to attend the birth in the operating room at any hospital is determined by the anesthesiologist and/or hospital policy. It is possible that the By Your Side Birth Services, LLC doula may be denied access to the operating room or to the post anesthesia care unit (PACU), as your birthing facility’s policies permit. It is also possible that the By Your Side Birth Services, LLC doula may be asked, at any time, to leave these areas by clinical staff. The By Your Side Birth Services, LLC doula will rejoin you for continued postpartum support as soon as she is permitted by hospital policy/staff.**

Your Obligations as Client

In order to ensure that you have a good working relationship with your doula, you agree to the following commitments:

- ☞ You agree to share a copy of any labor coping/birth plan with your doctor/midwife, preferably at a prenatal visit, to ensure that (s)he is aware of your birthing preferences and your decision to hire a doula for your birth.
- ☞ You agree to share a copy of any labor coping/birth plan with By Your Side Birth Services, LLC to ensure that your doula is aware of your birthing preferences.
- ☞ You agree to contact your doula, as instructed in the Prenatal Planning and Information packet, if you think you are in labor, during early labor, or when you are ready to leave for your birthing facility, so that arrangements can be made for your doula to attend the birth of your baby.

Client Agreement for Doula Support Services (cont.)

- ☞ If a cesarean section or induction is scheduled, you agree to alert your doula, as instructed in the Prenatal Planning & Information packet so that appropriate arrangements can be made.
- ☞ You agree to allow the By Your Side Birth Services, LLC doula up to two hours to drive to you once you have decided that you require her services.
- ☞ If you are dissatisfied with the outcome of your birth (interventions, surgical birth, treatment by birth facility personnel, etc.), you will not hold By Your Side Birth Services, LLC responsible.
- ☞ You agree to be verbally and physically respectful to your By Your Side Birth Services, LLC doula. If you or any member of your support team become verbally or physically abusive to the By Your Side Birth Services, LLC doula, she reserves the right to break this contract without recourse.

Fees

For the services to be provided under this Agreement, you agree to the following:

- ☞ A fee for the doula service, as itemized above, of \$850. This fee covers time and expenses for the warm line, phone support, email support, open houses, labor coping plan review, and all other potential services that may be provided before the birth, and for the birth itself. This amount must be paid in full at the time you register for doula services.
- ☞ If you decide not to use a By Your Side Birth Services, LLC doula after signing this contract, but at or prior to three (3) weeks before your estimated due date (EDD), you will be entitled to a refund of \$600.
- ☞ If you decide not to use a By Your Side Birth Services, LLC doula within three (3) weeks of your EDD, you will not be entitled to a refund.
- ☞ If you decide not to take full advantage of all the potential range of services outlined above, you will not request or expect any type of refund or discount from By Your Side Birth Services, LLC.
- ☞ If you fail to call the By Your Side Birth Services, LLC doula to your birth, you will not be entitled to a refund.

If a By Your Side Birth Services, LLC doula fails to attend the birth because of any fault of hers (or the service's), then you are entitled to a refund of \$600.

A separate agreement is required for postpartum doula services.

Expected Due Date (EDD)

Expected Birthing Facility

Date: _____

Client

Print Name

Date: _____

Client's Husband/Partner (if applicable)

Print Name

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Initials / Date