

Birth Doula Registration Form

Lisa Kahl, LLC

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? _____

Doula/Client Agreement

1. SERVICES THE DOULA AGREES TO PROVIDE:

During pregnancy:

- Prenatal visits (usually 2-3) to talk about your pregnancy is going, your thoughts about the birth, any questions or concerns you or your partner are having, as well as creating a birth plan that will help us see how we can work best together.
- Phone/e-mail consultations.
- Educational information, resources, and referrals.
- On-call availability from your 38th week until the baby is born. If your baby is born before 38 weeks, I will do my best to attend the birth.

During your labor & birth:

- Early labor support in your home if desired.
- Help managing labor pain with such methods as: massage, acupuncture, relaxation, breathing, and vocalizations. Aromatherapy available upon request.
- Suggestions on how to help labor progress if desired.
- Constant physical & emotional support.
- Providing relief for your partner.
- Ensuring that everyone is comfortable.
- Safeguarding the birth space if needed.

After birth:

- Any help needed getting comfortable after the birth.
- Lactation help. Referrals available.
- Visit at home to hear how you are doing, listen to your birth story, give any breastfeeding support, as well as get any feedback from you about my role as your doula.

2. CLIENT UNDERSTANDS THAT:

- Doula does not perform clinical tasks, such as blood pressure checks, fetal heart checks, vaginal exams, and others.
- Doula does not make decisions for you. (I will help you get the information necessary to make informed decisions and will remind you if there is a departure from your birth plan.)
- Doula will not speak to the staff instead of you regarding matters where decisions are being made. (I will discuss your concerns with you and suggest options but you or your partner (if applicable) will speak on your behalf to the clinical staff.)
- Client will let her Midwife/Doctor know that she hired a doula.

3. FIRST/SECOND MEETING

At our first meeting after our acquaintance, we will sign this agreement and Client will pay the deposit. We will discuss any concerns Client or the Client's Partner may have. We will discuss how the pregnancy is going, relaxation techniques, pain relief measures, pet peeves, the relationship with the Midwife/Doctor, and we will go over the rough outline of a birth plan if one will be made, as well as common interventions during pregnancy and birth.

4. THIRD MEETING

At this meeting, we will discuss how it went discussing the birth plan with the Midwife/Doctor, potential childbirth education classes, preparing the hospital bag for hospital birth, labor and birth positions, newborn procedures, postpartum support/plans, as well as breastfeeding. I will need a copy of the birth plan at this time. A backup doula may come to this visit if a backup doula is desired.

5. ON CALL

- About 2 weeks before Client is due, I will be on call. I will be able to be reached by cell phone and home phone 24 hours a day, 7 days a week. Client may also call at any time with questions, simply to talk and/or to discuss any issues that may have come up.
- Doula agrees to meet Client within 2 hours of the call, either at home or at the hospital, whichever is preferred by Client. I will need at least one hour to get ready, so I urge Client to call as soon as she thinks she may be in labor. We can discuss what to do then.
- Doula has a back-up doula available.

6. FEES

- Client shall pay Doula a flat fee of \$ 500.00 to provide the above described services.
- Of that amount, \$ 250.00 has been paid upon signing this agreement, and will be held as nonrefundable deposit.
- The remaining balance of \$ 200.00 is due at the last meeting before the birth.

7. FAILURE OF DOULA TO PROVIDE SERVICE

Doula will make every effort to provide the services described here. If Doula fails to attend Client's birth due to preventable reasons that were the Doula's fault, there will be no charge for services rendered and Doula will return the deposit to Client. If Doula fails to attend Client's birth due to circumstances beyond their control, (e.g. extremely rapid labor, restrictions by hospital staff, failure to call Doula, "Act of God", etc.), Doula will retain deposit and waive the remaining \$200.00.

8. CESAREAN SECTION

Although Doula will make every effort to be present in the operating room, the final decision is made by hospital staff, the anesthesiologist to be exact. Please discuss my presence with him/her instead of the rest of the staff.

9. OTHER

In entering a contract for Doula services, Client and Client's Partner acknowledge that the performance of this contract may be provided to Client in Client's home, medical facility, and/or hospital. Client and Client's Partner understand that the mentioned Doula has a limited role pursuant to the descriptions of tasks outlined above, wherever services are provided to the Client by the Doula. The aforementioned Doula has not represented to Client or Client's Partner that contracting for her services in any way guarantees a risk-free or emergency-free labor experience. Client and Client's Partner understand that the Doula does not make medical or nursing decisions on the Client's behalf, including the decision when to seek medical care at a hospital or when labor and delivery are attempted elsewhere. When services are provided in a medical facility, Client and Client's Partner acknowledge that the Doula is not responsible for the performance of clinical tasks to include medical or nursing decisions regarding the inclusion or

exclusion of treatments available to Client and/or Client's Partner and the unborn child/children. Now, in consideration of the above acknowledgments, Client and Client's Partner jointly and separately on behalf of each of us and both of us, our heirs, administrators, personal representatives, executors and assigns to release and forever discharge our Doula from all damages or causes of action, either in law or in equity, which Client and/or Client's Partner have or acquire or which may accrue to Client and/or Client's Partner, Client and/or Client's Partner's heirs, administrators, personal representatives, executors or assigns as a result of using the Doula services of the forenamed Doula. Client and Client's Partner intend this to be a complete release and discharge of the Doula from all liability whatsoever.

10. TERMINATING SERVICES

Client has the right to terminate services at any time. However, once the deposit has been paid, it is non-refundable if the first prenatal visit has been completed. If Client decides to terminate this agreement before the birth, the deposit will be retained by Doula, with any additional balance paid to be owed the Client. There is no refund after the birth, even if a postpartum visit is not scheduled by Client. Signature below indicates acceptance to all terms and conditions outlined herein as stated. Any change to the terms and conditions outlined herein must be completed in writing, and must be signed separately.

Client: _____ Date: _____

Partner: _____ Date: _____

Doula: _____ Date: _____

Client Confidentiality Release

In accordance with the privacy rule of the Health Insurance Portability Accountability Act of 1996 (HIPAA), Lisa Kahl, 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. Lisa Kahl, 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 Lisa Kahl, LLC.

I, _____, give my permission for the Lisa Kahl, 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, ZIP: _____

Client Phone: _____

Client Signature: _____