

Client Privacy Form

I, _____, give my permission, for (name of doula practice) to take notes about me, including personal information I choose to disclose to her, and information regarding the labor and birth of my child and postpartum period. I understand that this information may be used for the purpose of doula certification or recertification and will be shared with the International Doula Institute. I realize that this information will be shared with the doula that is providing backup support. I also understand that this information will anonymously be used by my doula for

statistical purposes, and that my doula may use this information to provide me with a summary for my own personal use.

Sign here: _____

Date: _____