

Contracts

Service Agreement

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This service agreement is dated [redacted] and is between:

CLIENT or CAREGIVER INFORMATION

Full Name

[redacted]

Address

[redacted]

City

State / Province

[redacted]

ZIP / Postal Code

Phone

[redacted]

Client

Caregiver - Relationship to Client [redacted]

SERVICE PROVIDER INFORMATION

Full Name

Kate Catalina

Address

City

State / Province

ZIP / Postal Code

Phone

Collectively, the "**Client or Caregiver**" and the "**Service Provider**" will be referred to as the "**Parties**".

The Client or Caregiver(s) wishes to retain the Service Provider for the provision of professional end-of-life doula services as set out below, and the Service Provider wishes to supply such services.

The Parties therefore agree as follows:

1. Term

This Agreement commences on the date first written above and continues on an as needed basis for as long as the Client and/or Caregiver requires.

2. Services

a) The Service Provider shall perform "**Services**" as described below in accordance with this Agreement and in a professional manner with the Client or Caregiver's best interests in mind. As a trained end-of-life doula, the Service Provider will provide nonmedical support, advocacy, and education to the Client and/or Caregiver(s). The Parties will remain in touch by telephone and/or e-mail communication as well as through scheduled in person and/or virtual meetings.

b) Healthcare Advocacy

The Service Provider aims to support the Client, the Caregiver(s), and the family in navigating a complex healthcare system and to be prepared to ask the right questions at the right time. This process involves:

- the Service Provider listening to the Client and/or the Caregiver(s)' needs and identifying any gaps in services
- the Service Provider educating the Client and/or Caregiver(s) on available resources and services as well as education to support informed decision making
- the Service Provider aims to be a safe nonjudgmental person to share thoughts, fears, beliefs, feelings, etc. to help the Client and/or Caregiver(s) process their emotions

c) Advance Care Planning (ACP)

The Service Provider can assist the Client and/or Caregiver(s) in creating the appropriate documentation for an Advanced Care Directive. This can involve:

- the Service Provider educating on the options for end-of-life care
- the Service Provider helping the Client and/or Caregiver(s) understand the appropriate legal documentation required in their state and/or country
- documenting the Client's values, goals, and preferences in regards to any future medical care
- Discussing how and where ACP documents are shared

- Discussing if Medical Orders for Life Sustaining Treatment (MOLST) are appropriate and ensuring the appropriate paperwork is signed by a physician or nurse practitioner

d) Legacy Services

If desired the Service Provider can facilitate a conversation with the Client and/or Caregiver(s) with regards to a legacy project which can be a personal and creative way to be remembered. A legacy project can be almost anything; some previous projects I have worked on with Clients and their families include:

- a collage or scrapbook
- a shared playlist or song
- a collection of recipes
- a collection of audios and/or videotapes
- an ethical will (sharing your values and life lessons)
- planning parts or all of one's own funeral

e) Vigil Services

The Service Provider can provide emotional and physical support at the bedside of a dying individual. This support looks different for each person and/or family and can include spiritual support so this is to be determined.

f) End-of-Life Planning

The Service Provider can assist the Client and/or Caregiver(s) with end-of-life planning including but not limited to:

- how to care for the body after death
- education on types of burials and caskets
- discussing cremation or embalming options
- type of ceremony, funeral, or memorial service is preferred
- any special requests by the dying individual (for a certain song or genre of music, type of flower, suggested charities, as a few examples)

g) Bereavement Support

The Service Provider can provide grief support, education, and resources as soon as an individual receives a life threatening diagnosis up until well beyond the loss of a loved one if needed. The Service Provider can also make referrals to formal grief therapy if requested or required.

h) Limitation of Services

1. The Service Provider does not perform any medical or clinical tasks, such as but not limited to monitoring heart rate or blood pressure, wound care, and/or administering drugs.
2. The Service Provider will not make any decisions for the Client or their healthcare proxy if applicable. It is the Service Provider's intention to get the Client and Caregiver(s) the information they need to make an informed decision.
3. The Service Provider will not give any medical advice or speak to medical professionals on behalf of the Client. The Service Provider can direct the Client to resources and help educate the Client and/or Caregiver(s) to advocate for themselves to their medical team(s).

i) The Service Provider is competent to perform the Services outlined above.

3. Client Responsibilities

- The Client and/or Caregiver(s) must inform the Service Provider of any conditions or other special circumstances the Client might have or acquire throughout the Term of this Agreement.
- The Client and/or Caregiver(s) will inform the healthcare provider(s) that they have hired an end-of-life doula.
- If the Client and/or Caregiver(s), for any reason, decide to no longer utilize the Service Provider after this contract is signed, kindly inform the Service Provider as soon as possible.

- If the Client and/or Caregiver(s) need to contact the Service Provider urgently the Service Provider requests you CALL or type URGENT at the beginning of your TEXT MESSAGE. Please DO NOT email the Service Provider with urgent and/or time sensitive questions or concerns.
- In the event of a medical emergency call 911 or contact the Client's licensed medical professional.

4. End-of-Life Doula Responsibilities

- the Service Provider will maintain confidentiality of all professional records, including personal health information about the Client as well as keep any records in a secure location
- the Service Provider will stay within the scope of practice of an End-of-Life Doula and refer to the appropriate professional as required
- the Service Provider will treat the Client, Caregiver(s), family, medical staff, and any other individuals with respect, and compassion at all times
- the Service Provider will make every attempt to respond to phone calls, voicemails, and/or text messages within one hour and emails within 24 hours
- the Service Provider will make every attempt to be available as needed; however, the Service Provider is not able to provide 24-hour on-call services. Arrangements can be made outside of regular business hours on a case by case basis.

By signing this Service Agreement it is declared that the Terms of this Agreement are fully understood by the Client or Caregiver and the Service Provider.

Client's Name (Please Print)

Caregiver's Name (Please Print)

Service Provider's Name (Please Print)

Date (Month/Day/Year)

Date (Month/Day/Year)

Date (Month/Day/Year)

Client's Signature

Caregiver's Signature

Service Provider's Signature

Financial Agreement

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This financial agreement is dated _____ and is between:

_____ (Client or Caregiver) and _____
(Service Provider).

Changes to Services and/or Terms of the Agreement

- a) Any extenuating circumstances (for example illness, weather, hospital policy, the Client failing to inform the Service Provider of an urgent event) that prevent the Service Provider from providing an agreed upon service will not result in a refund of any fees provided. The Service Provider may offer additional services in lieu of monetary reimbursement.
- b) The Service Provider reserves the right to call in a backup end-of-life doula for extenuating circumstances if a backup doula is available. This will be of no extra cost to the Client and/or Caregiver(s).
- c) If the Service Provider is not able to attend a scheduled visit they will make every attempt to reschedule. Under the circumstance that the scheduled visit was an event or visit that, by nature, is not able to be rescheduled the Service Provider will not bill the Client and/or Caregiver(s) for any un-rendered services.
- d) If the Client and/or Caregiver voluntarily terminates the Service Agreement for any reason after it has been signed then no refund will be provided.

Fee Schedule

- Introductory Session --- COMPLIMENTARY
- Initial Consultation --- \$150
- Hourly Rate --- \$75 per hour [this covers phone calls, FaceTime, other forms of video calls, home visits, etc.]
- Follow-up Bereavement calls are complimentary

Payment of Fees

The Service Provider will provide a weekly, biweekly, or monthly invoice via email or mail. The frequency of the invoice is dependent upon the frequency of scheduled visits.

The Client and/or Caregiver(s) prefer to receive invoices:

by mail by email

The Service Provider accepts the following forms of payment:

- Cash and/or Check
- Venmo: @kate-catalina

The Service Provider will provide the Client and/or Caregiver(s) with a receipt for each payment received.

By signing this Financial Agreement it is declared that the Terms of this Agreement are fully understood by the Client or Caregiver and the Service Provider.

Client's Name (Please Print)

Caregiver's Name (Please Print)

Service Provider's Name (Please Print)

Date (Month/Day/Year)

Date (Month/Day/Year)

Date (Month/Day/Year)

Client's Signature

Caregiver's Signature

Service Provider's Signature

Liability Release Agreement

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The Client and/or Caregiver(s) acknowledge that receiving services from the Service Provider does not prevent the potential of an adverse event from happening during death and/or the dying process. As outlined in the Service Agreement, the Service Provider will not give medical advice and/or make medical decisions on behalf of the Client. It is solely the responsibility of the Client (or healthcare proxy) to seek medical care as needed.

The Client (and anyone claiming on the Client's behalf) agrees to not make a claim or take proceedings against the Service Provider (and any affiliates, successors, employees, representatives, or partners; collectively referred to as the "**Released Parties**") for any reason. The Client and all relevant parties intend this Agreement to be a complete release and discharge the Service Provider of all liability of any damages which may accrue as a result of using the end-of-life doula services of the Service Provider.

The Client and all relevant parties forever discharge the Service Provider and all Released Parties from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature and kind, known or unknown, which the Client has, ever had, or may in the future have against the Service Provider or any of the Released Parties.

This release may not be altered, amended or modified, except by a written document signed by both parties. Both parties represent they fully understand their right to review all aspects of this Release with attorneys of their choice.

Client's Name (Please Print)

Caregiver's Name (Please Print)

Service Provider's Name (Please Print)

Date (Month/Day/Year)

Date (Month/Day/Year)

Date (Month/Day/Year)

Client's Signature

Caregiver's Signature

Service Provider's Signature

Media Release Form

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I authorize _____ to take photographs of me in connection with the outlined end-of-life doula services.

Yes, I authorize _____ to use photographs of me, with or without my name, for any lawful purpose including but not limited to advertising, publicity, website content, and educational purposes. The images may be used on social media sites including but not limited to Instagram, Facebook, and Pinterest. I hereby waive the right to royalties or other compensation related to the use of any photographs taken by the Service Provider.

I prefer that with an image of me:

My full name is used Only my first name is used No name is used

No, I do not authorize _____ to use photographs, with or without my name, for any lawful purpose.

I have read this form in its entirety before signing and I understand the contents of this release.

Client's Name (Please Print)

Client's Signature

Date (Month/Day/Year)

____ / ____ / ____

Intake Form

Intake Form

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Date (Month/Day/Year)

/ /

PATIENT INFORMATION

Full Name

Phone Number

Mailing Address

Email Address

City

State / Province

Is the patient currently making their own medical decisions?

Yes No

ZIP / Postal Code

Phone

If no, is there a healthcare proxy in place?

Yes No

HEALTHCARE PROXY INFORMATION (IF APPLICABLE)

Full Name

Phone Number

Relationship to Patient

Email Address

EMERGENCY CONTACT

Full Name

Phone Number

Relationship

Email Address

The Details

Where is the patient currently living?

Location Address

City

State / Province

ZIP / Postal Code

Phone

Main Healthcare Provider (HCP)

Healthcare Provider's Contact Information

Please list any other involved professionals (doctors, therapists, insurance, etc.)

MEDICAL HISTORY

Terminal Illness(es) (please be specific)

Date of Birth

Age

What is the patient's prognosis?

Allergies (food and/or medications)

Other Diagnosed Health / Medical Conditions

Current Medications

Services

Please indicate which topics you would like to discuss. Check all that apply.

- Healthcare Advocacy (help in navigating the medical system)
- Advanced Care Planning
- Ways to create a legacy project
- Vigil / bedside services and respite
- End-of-life Planning
- Natural pain management strategies
- Herbal remedies for pain management and relaxation
- Education on types of burials and caskets
- Discussing cremation or embalming options
- Legwork/Research as needed.
- Discussing type of ceremony, visitation, wake, funeral, life celebration, or memorial service options
- Discussing special requests by the dying individual
- Bereavement Support
- Discussing how to incorporate cultural preferences and/or rituals
- Discussing how to incorporate religious preferences and/or rituals
- Writing the obituary
- Writing and/or editing of the eulogy
- Spiritual support
- Assist with facilitating family meetings
- Other:

Following the free consultation, your end-of-life doula will spend up to 2 hours with the patient/caregiver/family reviewing the end-of-life doula approach as well as going through a review of the services we provide. If we decide to work together, your end-of-life doula will review the Service Agreement with you as well.

Expectations

What do you anticipate will be your greatest challenge during this transitional period?

What do you fear and what do you worry about?

What do you find comforting? (what type of environment, music, meditation, etc.)

What type of support would you like from an end-of-life doula? Is there anything you would not want?

Please take the time to write out anything else you would like me to know.

Next Steps



559.362.0003



You've made it this far - now what? Email me a completed copy of this intake form and I will be in touch shortly! In the meantime, text or call me anytime. I am here for you.

www.catalinagroup.org
kate.catalina@catalinagroup.org

Thank you. I am here for you.

Invoice & Receipt

Invoice

INVOICE # _____
DATE: 2023

Catalina Group
511 Robinson Court
Alexandria, VA
22302
559.362.0003

TO: CLIENT NAME
CLIENT ADDRESS
CITY, COUNTRY
ZIP/POSTAL CODE
PHONE NUMBER

Payable via e-transfer, check, and/or cash or venmo

Make all checks payable to CATALINA GROUP

DESCRIPTION OF SERVICES	AMOUNT
End-of-life doula services - intake consultation	\$150.00
taxes	0.00
TOTAL DUE	\$150.00

If you have any questions or concerns regarding this invoice please contact YOURNAME at YOURNUMBER or YOUREMAIL

Receipt

DATE: 2023

Catalina Group
511 Robinson Court
Alexandria, VA
22302
559.362.0003

TO: CLIENT NAME
CLIENT ADDRESS
CITY, COUNTRY
ZIP/POSTAL CODE
PHONE NUMBER

DESCRIPTION OF SERVICES	AMOUNT
End-of-life doula services - intake consultation	\$150.00
Taxes	\$0.00
TOTAL PAID IN FULL	\$150.00
TOTAL AMOUNT OWING	\$0