

BIRTH ROOTS MATERNITY SERVICES DOULA CLIENT CONFIDENTIALITY RELEASE FORM

In accordance with the privacy rule of the Health Insurance Portability Accountability Act (HIPAA) regulations and, the policies of Birth Roots Maternity Services, I, your doula, require 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. I, your doula, will keep the signed original in compliance with HIPAA regulations.

Confidentiality of medical and personal information obtained during the course of our working together is of utmost importance to me, your doula.

I, _____ (clients full name), give my permission for _____ (doulas full name), my doula, 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 my doula may use this information to provide me with a summary for my own personal use. I understand that this information may be used for the purpose of doula certification or recertification.

Date: _____ Client Name: _____

Address: _____

City, State, Zip Code: _____

Client Phone: _____

Client Signature: _____