



Julianne Curtis, SBD

Birth Doula Client Confidentiality Release Form

I, _____ (full name of client), at _____

_____ (address),
_____ (phone number), give my permission for my Doula, Julianne

Curtis, to take notes about me, including my personal information regarding my labor, birth and postpartum, as well as any information regarding my child/ren. I understand this information may be used for the purpose of Doula certification or recertification and will be shared with the Certification Committee of DONA International. This information will also be shared with the Doula providing backup support. This information will also be used anonymously by the DONA International Data Collection Committee for statistical purposes, and my doula may use this information to provide me with a summary for my own personal use.

Client Name (Printed) _____

Client Signature _____

Date _____