

CONFIDENTIALITY FORM

Sarah Jordan, Happy Baby Birth Services

15144 SE 107th St. Newcastle, WA 98059

425-269-8782 sarah@happybabyseattle.com

I, _____, at _____(address),
_____(phone#), give my permission for my doula, Sarah Jordan of
Happy Baby Birth Services, and her backup 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.

My doula will not share or discuss personal or personally identifiable
information except with my partner, other members of my care team, and the
back-up doula(s). My doula will maintain confidentiality of any information I
request not be shared with these individuals. I understand that my doula may
discuss events of my pregnancy, labor, or postpartum period in a general
sense, omitting personally identifiable information, for purposes of seeking
professional advice and information from peers, or for her own emotional
processing of difficult experiences. I also understand that my doula collects
information for statistical purposes, and informally shares aggregate data with
other birth professionals (e.g. percent of births ending in Cesarean), but will
not publish any research documents without first obtaining my explicit
permission. My doula may use this information to provide me with a summary
for my own personal use.

Signature: _____ Date: _____