

The Lady's Hands Doula Service Confidentiality Form

- 1) We understand that Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives will maintain our confidentiality concerning any information that we give her, medical or otherwise.
- 2) We also understand that to better serve us Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives may consult with others in the medical or doula profession. She will not use our names or any other identifying information. We authorize this type of consultation.
- 3) We DO _____ DO NOT _____ Authorize Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives to publish our written birth story either fully or in part in the form of books, brochures, Childbirth Education Courses, Doula Training Courses, On The Lady's Hands website, and in newspaper/magazines or in a scrapbook in an effort to increase awareness about her Doula services.
- 4) We DO _____ Do NOT _____ wish to have our names or other identifying information (other than the baby's first name) listed on anything published about our birth.
- 5) We DO _____ Do NOT _____ Authorize Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives to use quotes from us or our evaluations. This authority includes incorporating these quotes into any material distributed by Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives in the form of books, brochures, Childbirth Education Courses, Doula Training Courses, website, newspaper, magazines and on television programs that may actually be published and distributed by someone other than Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives (i.e. national magazine, network television, etc) in an effort to increase awareness about their program.
- 6) We understand that we will NOT be compensated by Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives or any other person/publisher for the use of our birth log/story at this time or any time hereafter. We further understand that Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives will do their best to notify us in the case that any portions of the birth log/story are actually published and that failure to do so does not cancel this permission to publish. We also agree that we have read the full version of the birth log/story that may be used. We give Sue Blevons CD(DONA) CLD (CAPP) and/or her representatives permission to edit the original birth log/story to best suit their needs.

I have read and understand the statements above:

Date: _____

Mother's please print name here _____

Mother's Signature: _____

Doula Please print name here _____

Doula's Signature: _____

