



Client Confidentiality Release Form

In accordance with the privacy rule of the Health Insurance Portability Accountability Act of 1996 (HIPAA), cherish™ requires 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. cherish™ keeps the signed original in compliance with HIPAA regulations.

Confidentiality of medical and personal information obtained during the course of the doula's work is of the utmost importance to cherish™.

I, _____, give my permission for cherish™ 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 this information may be used for the purpose of doula sharing and doula committees for continuing education.

I do / do not give permission to cherish to post my pictures and story online through Facebook and/or on its website.

Client Full Name: _____

Address: _____

Client Phone: _____

Client Signature: _____ Date: _____

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“cherish the memory!”