



LABOR DOULA CLIENT RELEASE FORM

(PRINT ABOVE) **CLIENT NAME**

(PRINT ABOVE) **STUDENT DOULA NAME**

I, the client, hereby give permission to the student doula to collect information from my labor and birth for use in the CAPP Labor Doula certification process.

This includes an evaluation I will fill out after the birth, evaluations my caregivers may fill out, and a summary of the labor process in which the student doula describes her role in it, what was learned, and minimal identifying information.

My name and contact information is included on the evaluation form for the purpose of occasional verification, as packets are randomly audited. This may be done via phone, email, or mail by the CAPP office. The information is used solely to verify the student doula's learning process and their readiness for certification. It is processed by CAPP employees and board members only; no outside parties are ever used to process certifications.

I understand that all birth and identifying information gathered for purpose of certification is used in no other manner and is stored securely by CAPP.

CLIENT SIGNATURE

DATE