Agreement to Provide Doula Services for Client Name

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| Date: Click or tap to enter a date. | Services Performed by:  Doula Business/Name  Company Address | Services Performed for:  Client Name  Client Address,  City, State, Zip Code |

This Statement of Services is subject to the terms and conditions contained in the Agreement between [Doula Business/Name] and [Client Name]. Any term not defined herein shall have the term specified in the Agreement. In the event of any conflict or inconsistency between the terms of this statement of service and the terms of this agreement, the terms of the statement of service shall govern outcome.

This Statement of Service is effective as of Date**,** is entered into by and between [Doula Business/Name] and [Client Name] and is subject to the terms and conditions specified below.

PERIOD OF AGREEMENT:

The services shall commence on Date**,** and shall continue through Date**.**

**Beginning the moment of signage, doula support addressing any concerns the mother has with respect to non-medical pregnancy, labor and birthing concerns or services rendered are provided via secure messaging or phone.**

**Two weeks prior to the mother’s due date, on-call doula services will begin 24-hours a day, 7-days a week, in expectation of labor onset. The mother or her delegate must immediately notify** [Doula Business/Name]**at the moment labor begins or when her water breaks. This allows for travel time to meet the mother at her home of the hospital.** [Doula Business/Name] **will support the mother at her home or in the hospital for the full duration of labor, not to exceed 24-hours, where a rest period or backup doula will be needed.** [Doula Business/Name] **will continue with the mother up to 2-hours postpartum and will arrange for a postpartum visit at the mother’s home 3 to 5 days after the birth.**

LIMITATIONS OF SERVICE:

As a birth doula:

* It is beyond my scope of practice, and so do not to perform clinical tasks and am not a licensed health care professional.
* It is beyond my scope of practice, and so do not make medical decisions for you. I will help you get the information you need allowing you to make your own informed decisions.
* It is beyond my scope of practice, so will not speak to medical staff regarding matters where health care decisions are being made. I can discuss your concerns with you and suggest options. As your advocate, I can support you in discussions with staff.

INVESTMENT:

$\_\_\_\_\_\_ for \_\_\_\_\_ Prenatal visit(s), home and hospital labor support, and postpartum visit(s). A fifty-percent deposit is required at agreement signing and the remainder is due at the time of the postpartum visit, not to exceed (7) days after the birth.

FAILURE TO PROVIDE SERVICES:

Once the prenatal visit(s) are completed, the deposit is non-refundable. If [Doula Business/Name] fails to provide all doula services outlined in this agreement due to circumstances beyond our control i.e., a rapid labor and birth, your failure to call me, etc., you are not under obligation to pay the remaining balance. At that time, should you choose a postpartum visit as an add on service, the fee is

$ \_\_\_\_\_\_.

FORMS OF PAYMENT:

[Doula Business/Name], accepts personal checks or online payment via PayPal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

[Doula Business/Name]

I have read the above Statement of Services Agreement and agree that it reflects the discussion that I/We have had with [Doula Business/Name]. I/We do not hold [Doula Business/Name] responsible for unexpected clinical outcomes.

$ \_\_\_\_\_\_ deposit paid on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_

[Client]