

Philadelphia Alliance for Labor Support Consent for Services Form

Date: / /

I, _____, consent to have _____ stay with me during
(print client name) (print doula name)
my labor and attend the birth of my child(ren) as my doula.

I understand the following to be true about Philadelphia Alliance for Labor Support doulas:

- All PALS doulas are volunteers; they are not paid staff members of the hospital.
- Doulas are trained in providing labor support, but are not medical professionals.
- My doula might help me through my labor with position changes, massage, breathing techniques, relaxation techniques and/or emotional support.
- My doula will seek assistance from hospital staff.
- I have the right to ask my doula to leave if I feel his/her help is no longer needed.
- My doula will not discuss my condition with my family members unless I request him/her to do so.
- My doula will maintain my patient confidentiality.
- If my doula is unable to stay through my birth, s/he will do her best to find a replacement.
- Information about my birth may be used to evaluate the effectiveness of the Philadelphia Alliance for Labor Support program. I realize my name will not be attached to any information used.

- In the event I need a Cesarean Section, I would like my doula to go with me into the operating room.

Yes No Initials _____

Client Name: _____

Client Signature: _____ Date: _____

Doula Signature: _____ Date: _____

Witness Signature: _____ Date: _____