



Client Confidentiality Release Form

I, _____, of _____
_____ (address),
_____ (Phone numbers),

Give my permission for my doula, Shannon-Tara Ames, to take notes about me, including personal information I choose to disclose to her and information regarding the labour and birth of my child. I understand that this information will be shared with the doula providing back-up support. I understand that this information may be used for the purpose of doula re-certification. I also understand that my doula may use this information to provide me with a summary for my own personal use. I also give permission to use some of the information gathered as testimonials for Great Beginnings Doulas' website.

Signature: _____

Date: _____

Shannon-Tara Ames, Doula, PD, BD (DONA – Certified)
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