

DOULA CLIENT AGREEMENT - POSTPARTUM

THIS AGREEMENT is made and entered into on the _____ day of _____, 2016 by and between Caroline Haines, hereinafter referred to as the "Doula" or "I", and _____, hereinafter referred to the "Client" or "you".

1. Scope of Services

As your postpartum doula, I agree to provide non-medical physical, emotional, and informational support after the birth of your baby. I will help with self-care recovery, postpartum comfort measures, infant care, and parenting information, and will provide assistance in teaching you to feed and care for your baby. I can assist you with breastfeeding if desired, and can always refer you to specialist in specific fields of care, e.g. Certified Lactation Consultant.

My doula services could include basic, gentle yoga and relaxation practices, and very light massage for you and or your baby. My services will include the preparation of simple meals and snacks, other basic food preparation and light housework and organization. I do not do major household cleaning tasks.

My services will vary depending on your needs. Your needs will vary from day to day, and I am here to help.

I do not diagnose any medical conditions for you or your baby. I can refer you to the appropriate healthcare provider if there is a concern.

I do not transport you or your baby, or any family member, but I am available to ride with you if you need accompaniment to an appointment or outing.

My goal is to assist you, and ensure your well-being and your confidence in your abilities as a new mom.

2. Availability

Prior to signing this Agreement, we will agree on a schedule. Generally I am available Monday through Friday from 9am - 2pm. Weekends and evenings can also be arranged and specific times agreed upon. You acknowledge that there are occasional, unpredictable events that could affect the dates of service previously agreed upon. In the event of illness or emergency for either party, or severe weather, every effort will be made reschedule services for another time. If payment has already been made, it will be applied to a future visit. A back-up Doula may be able to attend a home visit that the primary doula cannot attend.

3. Fees

My fee for Doula Services outlined here is \$30 per hour. Upon signing this agreement, you agree to engage my services for a minimum of 20 hours for a total of \$600. You may pay with cash or check. A

50% retainer of \$300 is required upon signing this Agreement. I will provide invoices as payment is required over the course of our scheduled time together. Payment of invoices is due upon receipt.

Special pricing is available for many circumstances. Please ask me about special pricing.

4. Termination

You have the right to terminate this agreement at any time. Retainers are non-refundable.

5. Certification

I will maintain the appropriate certifications and memberships throughout the life of this Agreement.

6. Miscellaneous

This Agreement may be modified or amended in writing and with the written Agreement of all parties.

This Agreement shall be construed in accordance with the laws of the State of Colorado and the parties hereto agree that venue shall be in Boulder County, Colorado.

This Agreement constitutes the entire agreement between the parties relating to this subject matter and supersedes all prior or simultaneous representations, discussions, negotiations, and agreements whether written or oral.

If any dispute arises between the parties with respect to the matters covered by this Agreement which leads to a proceeding to resolve such dispute, the prevailing party in such proceeding shall be entitled to receive its reasonable attorney fees, expert witness fees, and outofpocket costs incurred in connection with such proceeding, in addition to any other relief to which it may be entitled.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date written above.

CLIENT: _____

Signature

Spouse/Partner Signature (if applicable)

DOULA: _____

Signature

Date: _____