

Westside Birth Connection, Inc.
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Colorado Springs, CO 80907
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Client Confidentiality Release Form

I, _____, at _____ (address),
_____ (phone #), give my permission, for my doula, Candace McCollett, CBE, CLD, CLE, to take notes about me, including personal information I choose to disclose to her, and information regarding the labor and birth of my child.

I understand that this information may be used for the purpose of doula certification or recertification and will be shared with the Certification Committee of Childbirth and Postpartum Professionals Association, aka CAPP. I also understand that this information will anonymously be used by my doula for statistical purposes, and that my doula may use this information to provide me with a summary for my own personal use.

Your health information may be used to seek payment from your health plan, from other sources of coverage such as credit card companies that you may use to pay for services. For example, your health plan may request and receive information on date of service, the services provided, and the medical condition being treated.

Your health information may be used as necessary to support the day to day activities and management of our practice. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality. Email, text and other electronic communications, which may not be secure, may be used to communicate and may contain portions of your PHI.

Signature: _____ Date: _____