

Terms and Conditions

ICTC will Assign a doula to assist you during your pregnancy, labor and during the postpartum period.

ICTC will follow-up to ensure your satisfaction with your doula. If you are not happy with your the services provided by your Doula, we will assign you a new Doula if requested within one week after date on Signed Contract. Any payment received for services will not be reimbursed.

ICTC will provide a birth plan form and a labor comfort bag.

ICTC will provide a service evaluation form.

ICTC is your contact pertaining to payment agreement and contract agreements.

Doula Ready Doulas are Contracted through ICTC. All payment concerns should be directed only to ICTC at (503) 460-9324, and not with the assigned Doula.

If a scheduled appointment with your Doula Ready Doula is canceled at any time, you are still required to pay the agreed amount.

A 24 hour notice is required and appreciated for all cancellations of scheduled appointments either with ICTC staff or your Doula.

Payment

For all *Doula Ready Services* a \$25.00 non-refundable retainer is required at signing of this contract.

For the *Doula Ready Complete Package*, \$600.00 is due one week from the date on Signed Contract and the remaining \$600.00 must be paid at least two months before due date.

For all other services, full payment is due and must be paid with in two weeks from the date on Signed Contract.

* If your services are being provided on a sliding scale fee, certain conditions and contractual guidelines may apply.

My Responsibility's

As a doula, I do not perform clinical tasks such as blood pressure readings, fetal heart checks, vaginal exams and others. I am not responsible for the clinical/medical well-being or you or your baby. I am there to provide physical comfort, emotional support, information and advocacy. I will not make decisions for you or your partner or contradict medical care advice from your provider. I will help you get information so you can make informed decisions and then support you in those decisions. You and your partner are in complete control, I work for you, not your provider, hospital or staff. I will not make choices for you or interfere with your choices. It is your responsibility to be informed, make decisions and inform your health care provider and myself of those decisions. I will however offer information about options available and evidence based information for you to research. If you do not want information on your choices and options you must inform me of this fact. I will offer advocacy support for the choices you have made me aware of, but will not question nor contradict staff, medical advice or your provider.

Client Responsibility

You and your partner are responsible for making pregnancy, birth and postpartum decisions. You must clearly inform your provider, staff and myself of your wishes, wants and needs. If your wishes, wants or needs differ from that of your provider or partner it is imperative that I know these facts. It is of utmost importance that I be kept informed of your health, the health of the baby and any complications that arise so I can support you as needed. You and your partner are responsible for being informed and obtaining need to know information about your pregnancy and health from your health care provider. If you do not want to be informed of options or information you must tell me as my job is to keep you fully informed. Some of the options and information given may be contradictory of the information or advice given to you by your provider. Remember that this is not the doula contradicting the medical advice of your provider; it is the doula providing options and evidence based information. It is your responsibility to be educated about your choices and options and to make the decisions that are best for you.

I, _____, agree to pay ICTC the agreed amount of \$_____ for Doula Ready services. I agree to all terms and conditions of ICTC's Doula Ready Services.

Client Name _____ Date _____

Client Signature _____ Date _____

Doula Name _____ Date _____

Doula Signature _____ Date _____