



The House of La Matrona

Holistic Midwifery & Doula Training Programs ~ Family Wisdom & Women's Arts
Asheville, NC (828) 242-2188

PERMISSION FOR RELEASE OF RECORDS

I/we, the undersigned, give permission for our doula,

to submit her records and evaluations from our birth as part of her certification process with The Matrona. We understand that the information contained in our file will be kept strictly confidential by both our doula and The Matrona's instructors. The information is being reviewed solely for the purpose of our doula's potential certification through The Matrona's Holistic Doula Program. We further understand that, even having signed this release, we retain the right to refuse permission at any time prior to her submission of these documents with her certification packet.

Signed:

Date: _____

Client's Address: _____

Client's Phone Number: _____

Client's Email: _____

Doula's Name: _____

Doula's Address: _____

City, State, Zip: _____

Doula's Phone: _____

Doula's Email: _____