Capital Health **Doula Attestation**	

I attest that I am present as a doula for _____ (the "Patient"). As a doula, I am a professional, trained to provide continuous physical, emotional, and informational support to the Patient before, during, and after labor and childbirth to facilitate the healthiest, most satisfying experience possible. I understand that the Patient shall make all clinical decisions with the Capital Health team. I agree to follow the instructions of all Capital Health employees or Allied Security personnel while I am on the Capital Health premises.

I attest that I have received a copy of the Capital Health Doula Policy MAT:D:6 *Doula Support of the Birthing and Postpartum Patient (The Role of the)*.

Doula Signature_____
Date _____
Time _____