

Agreement for Doulas

I _____ am a doula and seek to provide doula services to _____ (the Patient), who is or will be a patient at The Valley Hospital during the birth of the patient’s baby(ies). I understand that The Valley Hospital permits doulas to serve as doulas for its patients under the following conditions:

- 1. I am a trained professional within the meaning of NJ Pub. L. 2023, c. 286, § 1. I certify that I have completed the following training program(s). **I agree to submit, prior to providing any services at Valley, proof of completion of the training programs listed below. I shall include a copy of this proof with this Agreement.:**

Check box to confirm that proof of completion of training is included with this Agreement

- 2. I have read The Valley Hospital’s Policy and Procedure for Doulas (PC-TVH-17.06) and agree to abide by its requirements and procedures, including but not limited to those set forth herein.
- 3. I must work cooperatively with the Patient’s physician, nurse, and any other staff involved with the Patient’s care.
- 4. I agree that the scope of services I am permitted to provide to patients at TVH is limited to those set forth in the section titled “Role of Doula Before, During, and After Labor” in The Valley Hospital’s Policy and Procedure for Doulas (PC-TVH-17.06).
- 5. If the Patient’s physician or nurse determines that any service being performed by me is detrimental to the Patient, I agree to modify or terminate that service, as requested.
- 6. If, at any time, the Patient’s physician or nurse determines that I may not be present with the Patient, I must comply with that decision.
- 7. I agree to indemnify and hold harmless The Valley Hospital, Inc. Valley Health System, Inc., Valley Physician Services, P.C. (d/b/a Valley Medical Group) and Valley Physician Services, Inc. (d/b/a Valley Medical Group), and their employees and agents, managers, directors, trustees and officers and all physician(s) involved in the Patient’s care, from any liability occasioned by or resulting from my conduct, including but not limited to the services I am providing to the Patient as a doula.

8. I represent and warrant that I shall maintain, at my sole cost and expense professional liability insurance in the amount of One Million (\$1,000,000) Dollars per occurrence and Three Million (\$3,000,000) in the aggregate on an occurrence basis covering my performance of doula services at The Valley Hospital. The Valley Hospital, Inc. shall be named as an additional insured on all such policies. **I agree to submit, prior to providing any services at Valley, a copy of the certificate of insurance naming Valley as a certificate holder. I shall include a copy of this certificate of insurance with this Agreement.**

Check box to confirm that certificate of insurance is included with this Agreement

9. I affirm that to my knowledge I am free from any communicable or infectious disease which could be transmitted to others. I understand that I cannot serve as a doula if I am experiencing or have experienced any of the following in the past 24 hours: rash, fever, runny nose, cough, sore throat, vomiting, or diarrhea.

10. The privacy of other patients must be at all times respected and preserved. For this reason, I must remain in the room with the patient unless exiting the room for a specific permitted reason.

11. I represent and affirm that I am immunized for rubella, rubeola, mumps, varicella, and COVID-19. As to pertussis, I represent and affirm that I am either vaccinated or have a prior infection after 12 months of age. If the birth is scheduled or will take place during influenza season (October to April), then I represent and affirm that I have received the influenza vaccination for the current influenza season. I further acknowledge that Valley may request proof of the foregoing vaccinations at any time, and I represent and affirm that I have such documentation available at Valley's request.

12. I understand that if I fail to comply with any of the above conditions, make any misrepresentations herein, and/or interfere with or jeopardize any patient's safety or care in anyway, then The Valley Hospital may, in its sole and absolute discretion, decide not to permit me to continue as a doula for the above named Patient, or for any other patient at The Valley Hospital in the future. I further understand that I will not have any due process or appeal rights.

By signing below, I acknowledge that I have read, understood, and agreed to the terms set out above.

Doula Signature: _____ Date: _____

Doula Name (printed): _____

Emergency Contact Information for Doula

Name: _____ Phone (Voice): _____

Relationship: _____ Phone (Text): _____

Address: _____