



Guiding your way through Life with a Newborn

Specialist Name: Calina Selmanson

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Contact Phone: 503-850-8270

Prenatal Information

Client Name: _____

Home

Address: _____

Estimated Delivery Date: _____

Birthing Facility: _____

Care Provider/Practice: _____

Prenatal Health History (complications, medication, notable issues/
concerns): _____

Client Allergies: _____

Services Requested:

- Placenta Encapsulation Package:

Capsules, Print, Keepsake, PP Follow Up- \$300

- Deluxe Placenta Remedies Package:

Capsules, Print, Keepsake, 6 oz Tincture, PP Follow Up-\$350

- Complete Placenta Remedies Package

Capsules, Print, Keepsake, 6 oz Tincture, 4 oz Salve, PP Follow Up-\$375

Ala Carte Add-On:

Placenta Balm: \$35

Placenta Tincture: \$60

Client Total: _____ Method of Payment: _____

Business Contract of Services

Placenta encapsulation is the act of taking a fresh, raw placenta, washing the placenta, steaming or slicing the placenta, dehydrating, grinding and putting the placenta powder into consumable capsules. All processes are done with respect and education of that placenta and in a sanitary environment. My business is adhering to strict OSHA guidelines for sanitizing and I am following proper food safety standards. The placenta capsules that are being prepared are for your (owner of the placenta) consumption only and are not designed to reverse medical conditions or ailments from pregnancy, to treat postpartum depression, to ensure normal milk supply or to replace medical attention.

I am not a licensed medical professional such as a care provider or physician and I am not able to diagnose, treat or prescribe for any health condition. Services and fees are for the service of encapsulating your placenta, not for the sale of the capsules. Each person will react to their placenta capsules in different ways. Some of the ascribed benefits of placenta consumption are supported by ongoing research, however these benefits have not been evaluated or approved by the United States government. It is your responsibility to determine whether using placenta remedies can be beneficial to your wellbeing postpartum. _____ (Client's Initials)

Client Responsibility

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It is your responsibility to notify me within 8 hours of the birth so that we can work together to make arrangements for pickup or drop off. Failure to do so may result in delayed placenta preparation and encapsulation and may cause decreased potency of nutrients, hormones, and other beneficial attributes of the placenta. Improper storage of the placenta prior to pick up or drop off may result in spoilage. It is your responsibility to discuss the release of your placenta from the facility where you will give birth during the prenatal period and to ensure proper storage of your placenta in a refrigerator or cooler. This can be done by placing the placenta on ice until it can be retrieved for preparation and encapsulation. _____ (Client's Initials)

It is also your responsibility to inform me of any known blood borne illness (es) or other health issues (such as HIV, hepatitis, etc.) that could place me or any others who may come in contact with your bodily fluids (specifically maternal and fetal blood as well as amniotic fluid) at risk.

Some specific sexually transmitted diseases such as Hepatitis C require that I use your equipment to prepare your placenta encapsulation in your home. _____ (Client's Initials)

My responsibilities include maintaining client confidentiality, committing to preparing and returning your capsules within 72 hours of receiving your placenta (usually within 36-48 hours), and upholding the highest standards of cleanliness, safety, and quality of professional placenta preparation services. In the event that I am unable to be available for your placenta encapsulation, I will recommend a backup placenta specialist who is capable of providing services.

_____ (Client's Initials)

It is important to understand that there may be circumstances in which your placenta cannot be used. Significant abnormalities of the placenta may necessitate your doctor or midwife sending your placenta to Pathology for further examination. Once the placenta has been released to Pathology, I will not be able to encapsulate without an additional waiver. Other conditions, such as signs of infection in the mother during labor, may mean that consuming your placenta could be harmful to your health. I will always consult with you prior to making a choice on whether or not your placenta is viable for ingestion. It should be possible to claim your placenta after cesarean surgery. It is important that you let me know if you have any health concerns or conditions which may affect the health of your placenta or the health and safety of anyone who may come into contact with your placenta. _____ (Client's Initials)

Refunds & Payment

Deposit of \$150 is due at the time of this contract signing. Any payment arrangements that deviate from this contract must be confirmed in writing prior to 37 weeks gestation. In the event your placenta is unavailable to you (ex. sent to Pathology and not released) or if your placenta has been contaminated with a bacterial infection, you will be entitled to a refund sans the amount of \$50.00 for our consultation time. If you choose to terminate this contract due to change of mind within 7 days of your estimated delivery date, then you are no longer eligible for

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a full refund. If I have already taken possession of your placenta and you choose to not go forward with services, I will return your placenta to you for disposal. There is a \$25.00 storage fee. There will be no refund and payment will be due in full once preparation has begun, even if you choose not to take delivery of the finished capsules. _____ (Client's Initials)

Remaining amount is due for services, after deposit is paid on the due date and if the baby is born early other arrangements will be discussed for payment.

I have read, understood, and agreed to the above information. I accept the responsibility of gaining possession of my placenta, and notifying my placenta specialist within 8 hours of my birth.

I understand the importance of appropriate handling and storage of the placenta. By signing below I authorize the release of my healthy placenta to

_____ for the purposes of placenta encapsulation and keepsake preparation for my own personal use. This contract is entered on the _____ day of _____, year _____. All parties are legally bound to the services outlined and agreed upon within this signed contract.

Client Name Printed

Client Signature

Placenta Specialist

Placenta Specialist Signature

Liability Contract IPPA

I, _____ (Client's Name) understand and acknowledge that in accordance to United States laws and bylaws, choosing to encapsulate my placenta is not intended to prevent or treat any physical or mental diseases, ailments or symptoms and that I am choosing to consume my placenta for my own personal beliefs, whether it be spiritual or cultural. I acknowledge that my placenta specialist has provided me with concrete information about both the benefits and risks of placenta encapsulation, and have read all included documents. I understand that my placenta has been handled and encapsulated according to Blood Borne Pathogens and State Food Safety and Handling standards, and has been cleaned, cooked, dehydrated and put into pill form in a sanitary and sanitized workspace. Upon receiving my placenta capsules from my placenta specialist, I waive any and all rights to hold the

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specialist responsible for any undesired effect of consuming the capsules. This may include an oversupply in milk, hormonal shift, anxiety or sleeplessness. These side effects are rare, but have been reported. I agree to contact my placenta specialist immediately if and when I experience any side effects.

My specialist agrees to complete (1) postpartum follow-up call by (6) weeks postpartum. I do not hold my placenta specialist responsible or liable for any transport mishap that is beyond their control (ex. car accident or detainment), and understand that I am choosing to have the specialist encapsulate my placenta in my own home

If my placenta is not encapsulated in my own home, I put full trust and acknowledgement that it is being handled in a sanitary and safe environment. I put trust and faith that my placenta specialist has been training correctly to prepare placenta remedies. I agree that I have been tested for STD's and the results were negative. If my blood results indicate hepatitis C, HIV/ AIDS or Herpes virus, I understand that I will allow my placenta specialist to prepare in my home, using some of my own supplies.

Universal precautions for sanitizing are the same with each client. I understand and trust that my placenta specialist asks for this information from each client and that I am protected.

I understand that upon receiving the pills, my placenta specialist is no longer liable, including but not limited to any other person(s) ingesting my own placenta capsules.

Print Client Name

Client Signature

Placenta Specialist

Agreed on the ____ day of _____, Year _____

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