



End-of-Life Doula Waiver Form

Acknowledgment & Consent - Non-medical support for sacred transitions.

Scope of Services

I understand that the services provided by Purple Phoenix Wellness as part of End-of-Life Doula support are non-medical, non-legal, and non-clinical in nature. These services include emotional, spiritual, and practical support to clients and their families during the dying process.

No medical treatment, diagnosis, or clinical advice will be provided. The End-of-Life Doula is not a substitute for professional healthcare providers, hospice workers, physicians, or mental health professionals.

Client Responsibility

I acknowledge that I remain responsible for all decisions related to my care and well-being. I understand that the Doula may provide information or resources but will not offer medical advice, make decisions on my behalf, or perform any medical procedures.

Consent to Support

I willingly consent to receive End-of-Life Doula services, which may include emotional support, presence, guided meditation, energy healing (e.g., Reiki), legacy project support, vigil planning, and related services as agreed upon.

I understand that all services will be offered with compassion, respect, and confidentiality.

Confidentiality

All personal and medical information shared during sessions will be kept confidential unless required by law or in cases of risk of harm to self or others.

Liability Release

By signing this form, I release and hold harmless Purple Phoenix Wellness and its representatives from any and all claims, liabilities, damages, or expenses arising from the services rendered as part of the End-of-Life Doula relationship.

Emergency & Medical Care

In the event of a medical emergency, I understand that the Doula will notify emergency services or my designated caregiver but will not provide medical care.

I confirm that I have communicated any relevant emergency protocols to my Doula or care team.

Consent & Signature

I have read and fully understand this waiver. All questions have been answered to my satisfaction. I consent to receive End-of-Life Doula care from Purple Phoenix Wellness.

Client Name: _____

Signature: _____

Date: _____

If signed by an authorized representative:

Name: _____

Relationship to Client: _____

Signature: _____

Date: _____