

Angie Hotz

**Birth Doula, Natural Childbirth Educator,
Placenta Encapsulation Specialist**
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Placenta Encapsulation Agreement

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Due Date: _____

Place of Birth: _____

Placenta Services

Which services would you like (please check or X each one)?

Natural Method Placenta Encapsulation \$200 _____ (also known as raw method)
or

Placenta Encapsulation Traditional Chinese Method \$200 _____

Are you allergic to lemons, ginger, or jalapeno? Y / N

Placenta Tincture \$50 _____

(I will need to be aware of any allergies/concerns with alcohol/liquor if choosing a tincture)

Placenta Print *(Complimentary) _____

Umbilical Cord Keepsake* (Complimentary) _____

Total: _____

Total Balance Due by 37 weeks. After 37 weeks balance due at signing of contract.

Last minute sign ups are always welcome!

Placenta Encapsulation Description

Placenta encapsulation is the process of preparing your placenta after the birth of your baby by dehydrating, powdering and placing it into capsules for you to consume. Ingestion of the placenta is known as *placentophagy*. I also provide placenta tincture for ingestion. Raw placenta is tinctured in high proof, high quality liquor (usually vodka).

Service Description

After you contact me to let me know that the placenta is ready for release, we will schedule a time for me to pick up the placenta. I will drive to your home, the hospital, birth center, or wherever the birth happened and/or the placenta is located. I will transport the placenta to my home for encapsulation/placenta services. I do my best to provide a 72 hour or less turnaround time. Once the capsules are completed, we will arrange a time for me to drop them off to you. If you choose to also have a tincture made, a simple kit will be provided with instructions.

Client Responsibility

It is your responsibility to notify me after the birth in order to make arrangements for a placenta pick up. If you are birthing in a hospital or birth center, it is your responsibility to discuss the release of your placenta with the staff. You should inform your midwife, doctor, and the hospital staff that will be on duty during your labor. Your midwife/doctor should be informed before your birth that you intend to keep your placenta.

It is your responsibility to properly store your placenta either in a refrigerator or in a cooler with the placenta on ice until it can be picked up for preparation. This is especially important if the birth happens in the middle of the night (I do not pick up placentas in the middle of the night).

It is your responsibility to inform me of any health conditions you have that might affect the health of your placenta, or the health of anyone coming into contact with your placenta.

Limitations and Disclaimer

I am not a licensed medical professional, and cannot diagnose, treat, or prescribe for any health condition. Services and fees are for the preparation and encapsulation of your placenta, not for the sale of the pills. No specific benefits or effects are promised. Any benefit will vary from person to person. Some of the ascribed benefits of placenta consumption are supported by research; however, these benefits have not been evaluated or approved by the FDA. It is your responsibility to determine whether using placenta preparations may be of benefit to you. Placenta services are not meant to be a replacement for medical advice or prescription medications.

Information / Photo Release

At times, I like to take photographs of placentas with distinctive features for educational purposes such as peer review, or to share with trainees. I also like to take photos of placentas, placenta prints, etc. for business or media purposes (website, trade shows to showcase the work I do, business facebook page). Pictures are shared without any identifying information other than that which may be relevant to the situation. Please initial *only if you consent* to Angie Hotz using these photographs for business or educational purposes.

_____ Client's Initials

I, _____, have read and understand the terms of this agreement.

Signature _____ Date _____