

Practically Postpartum

Placenta Encapsulation Release of Liability

I, _____ (Client's Name) understand and acknowledge that in accordance to my state 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 based on my own personal beliefs, whether it be spiritual, anecdotal or cultural.

I acknowledge that my Placenta Specialist has provided me with information about both the benefits and risks of placenta encapsulation, and have read all included documents. My Placenta Specialist also recommends that I do research of my own. I understand that my placenta has been handled and encapsulated according to OSHA and State Food Safety and Handling standards, and has been cleaned, cooked, dehydrated and put into pill form in a sanitary and safe work space. Universal precautions for sanitizing are the same with each client. I understand and trust that my Placenta Specialist retains blood work records for each client and that I am protected.

Upon receiving my placenta capsules from my Placenta Specialist, I waive any and all rights to hold the specialist responsible for any undesired effect of consuming the capsules, including but not limited to any other person(s) ingesting my own placenta 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 of these side effects to discuss my concerns.

My Specialist agrees to complete (2) postpartum follow-up visits up until (6) weeks postpartum. These visits may be in person or via phone or video chat. 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

In specialists 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. My Placenta Specialist has been trained correctly to prepare placenta remedies. I have provided my Placenta Specialist with recent blood documentation stating that I have been tested for STDs and the results were negative. If my blood results indicate hepatitis, HIV/AIDS or Herpes virus, I understand that my Placenta Specialist will **only** prepare in my home, using my own supplies.

Print Client Name

Placenta Specialist

Client Signature

Date