

**A Point of Life, LLC**  
Letter of Agreement

Welcome to A Point of Life and thank you for your courage to be present on this journey and allowing me to help honor this sacred time. I am passionate about allowing everyone the opportunity to write their last chapter and to give it the love and attention that all our other life's journeys are allotted. I commit and offer a stable, compassionate and non-judgmental space in which to navigate some of life's most challenging rites of passage. I have a profound respect for the individuality of each client and their loved ones. I won't try to fit clients into one model. Together, we will formulate an approach that is attuned to your needs through a relaxed and welcoming environment that emphasizes trust, patience, acceptance and, at times, humor. Thank you for allowing me to walk with you on your way home.

Blessings,  
Randi Keodouangsy

---

**What I offer**

Doulas can help the dying person, and their family:  
To understand the nature of the dying process and provide stability in an otherwise chaotic time.  
Do life review work as a way of exploring their impact on the people they have touched, and help them realize the legacy they will be leaving behind.  
Plan for how they want the last days of life to look, sound, and feel in what is called a vigil plan.  
To maintain and advocate for the dying, so their lasts wishes in the vigil plan can be carried out as best as the dying processes allows.

With basic physical care by providing simple mouth care, assisting the caregivers in repositioning the dying person, applying cool or warm compresses or assisting in the bathing process. Understand the signs/symptoms of the dying process and discuss how and when to address these symptoms. If the family or caregivers need further clinical understanding, and issues suggest the need for greater professional involvement, the doula will reach out to the appropriate clinician to help the family. Incorporate other healing modalities such as energy work and rituals to provide a holistic dying experience.

**Commitment to the dying person & family**

The Doula's primary function is to guide and support a dying person, family, friends, and caregivers in a way that promotes a good dying experience as defined by the dying person and those most intimately involved in the process. My commitment is to the dying person, but the whole care team is considered our client and will be included as much as possible throughout our involvement in the case.

## **Competence**

The Doula will only represent ourselves as competent within the boundaries of our training and knowledge as acquired through INELDA (International End of Life Doula Association), as well as drawing upon our knowledge through our personal experiences and, most of all, our heart-centered commitment to walk with you through whatever you are facing. The Doula will provide services in the dying person's home and/or in any facility setting where the dying person may be placed at any point in the dying process.

## **Privacy & Confidentiality**

The Doula will respect and protect the privacy of the dying person and family by carefully guarding any materials that contain personal or health related information about them. I will maintain the confidentiality of all information shared by a dying person or family member, unless disclosure of that information is necessary to prevent serious harm to a known individual. I hold our discussions in confidence, and will only discuss your experiences with your permission. On the form at the bottom of this page, we ask your permission to use a generalized version of your experiences as a healing story for others. Alternatively, you might ask me to collaborate with another healing professional on your behalf. In any case, I will check with you about what you are comfortable with me sharing.

## **Cultural Sensitivity and Discrimination**

The Doula will make every effort to seek information about the cultural orientation and needs of the dying person and family. I will respect the role of culture in the dying process and will support cultural choices made by the dying person and family and assist in any way possible to honor those choices. I will not discriminate against people based on ethnicity, religion, sexual orientation, gender identity, age, etc.

## **Payment and Pricing**

Each client and the needs of the loved ones are all different. A Point of Life, LLC has a few different sliding scale packages that I offer. During the initial consultation those packages will be discussed, and after fully understanding the needs and expectations of the patient and their family, we will suggest which service(s) would best fit your needs. The sliding scale pricing is based off of two things: where is the individual in the dying process and how much support will the caregivers/family/friends need. There have been occasions where the patient or family wishes to increase our services or frequency of visits, this may be an extra charge and we will discuss this at that time. We ask for the payment to be cash, check, or electronically via Paypal and in **full**, however, I am very flexible and are open to discussing payment options. Please know that I am passionate about making end of life care affordable for everyone.

## **Limitations**

Doulas are not a replacement for medical care. If asked for advice or thoughts, the Doula will be happy to offer their perspective but it is in no means medical advice or to assist in decision making. I have no agenda other than to support the dying person's wishes and vigil plan. When the Doula is acting in the capacity of a doula and under terms of this agreement, they will not act as a licensed clinician (such as a nurse or social worker, etc.), even if they hold such a license. I offer my experience and expertise in service to you, and may refer you to other complimentary professionals if I feel they would be of help to you and your situation. Please note that, while I would like to be there at the time of death and make every effort to be, that is not always feasible. The Doula will let their clients know when they may be out of town. If that were to occur, I will do my very best to find a trained end of life doula that can attend the death in my absence and will do my best to have that set up if needed. Having the other doula(s) present is included in my fee, that will not be an additional charge.

## **Responsibility of Client**

The Client's commitment and desire is the energy that fuels this process. Please disclose to me any other modalities or healing services that are being provided to you or your loved one. I want to make sure that the care I give is in compliment to these practices and I am kept up-to-date on other treatments and therapies that are being provided, as well as substantial changes in the Client's condition. The Client will inform the Doula of any environmental conditions that could impact the Doula or might limit the Doula's ability to provide services.

## **Termination of Contract**

The contract can be terminated if, at any time, either the Doula, Client or MPOA (once in use) feel that the services are no longer needed or desired. The price may be pro-rated and, if appropriate, a partial refund could be offered.

## **Waiver of Liability**

As the express condition of the doula's performance of services under this agreement, the Client agrees, on their own behalf and on behalf of all persons or entities that may be bound under Georgia law, to waive and hereby do waive any rights, claims or causes of action that the Client may have against the doula now and in the future with respect to the Client's death or the services the doula may provide and/or fail to provide to the Client. The Client expressly understands that the doula is not a medical professional and therefore cannot and will not provide the Client with medical advice.

The Client understands and intends that the Waiver of Liability is a **COMPLETE RELEASE AND DISCHARGE** of all liability whatsoever.

## Contacting us

Once our agreement is signed, I am available to you from 8am-9pm via my cell phone- both calling and texting are welcome. I am also available by email, however, it may take a few hours to receive a response.

Email: info@apointoflife.com

Mobile: Randi (414) 217-2680

## A Point of Life Client Agreement Form

Patient's name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Next of kin's name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Who is the medical power of attorney for the patient? \_\_\_\_\_

If I need to cancel an appointment at the last minute (which may happen if I am called to a death), what is the best way to let you know?

\_\_\_\_\_

Storytelling is an important part of my work and hearing about other rituals and healing experiences can be very helpful for clients and students. Confidentiality and trust are very important to us, and if you prefer to remain private, I will fully honor your wishes. If I conceal your name and all identifying information, can we tell your story to help others?

Yes      No

Payment: The Client and/or their designed decision maker has agreed to pay A Point of Life, LLC a total sum of \_\_\_\_\_ to be paid either

in full by \_\_\_\_\_

or

in installments of \_\_\_\_\_ being paid in full by \_\_\_\_\_

The packages/services purchased for as follows:

By signing this Agreement, the Client acknowledges that they have read and understood all statements contained in the Agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

