

## **Parental/Guardian Informed Authorization & Consent to Telehealth Services**

### **Instructions:**

1. Please read Section A, Introduction.
2. Complete Section B if you are the parent(s) or guardian(s) of the child or minor.

### **Section A: Introduction**

*Description of Services:* I understand that Timely Telehealth, LLC, a Texas limited liability company (“TimelyMD”) provides access to remote telehealth consultations provided by healthcare providers, therapists, counselors and/or health coaches (collectively, the “Providers”) through phone, video, or asynchronous data exchange (the “Telehealth Consultations”).

*Consent to Administration of the Telehealth Consultations:* I am a parent or guardian of the child or minor named below and I understand that I am expressly authorizing and consenting to services provided by the Providers to the child or minor through the Telehealth Consultations.

*Acknowledgement:* I understand that there are potential risks to telehealth, including but not limited to, interruptions, unauthorized access, and technical difficulties. I acknowledge that no guarantee or assurance has been made by anyone regarding the Telehealth Consultations. I understand that this authorization is given in advance of any such services.

*Revocation:* I realize that I, on behalf of my child or minor, may at any time refuse to consent to a continuation of the Telehealth Consultations or revoke this consent. In doing so, I may be requested to sign a form acknowledging this decision.