



**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 (“TimelyCare”) 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.

**Section B: Parental/Guardian Consent**

(I)(We), \_\_\_\_\_, are the [parent(s)/guardian(s)] of the child or minor, \_\_\_\_\_, and have the power to consent to the Telehealth Consultations to be provided by the Providers for [him/her]. I hereby authorize TimelyCare to provide access to Telehealth Consultations to the named child or minor as of the date of this consent.

I attest that there is no other individual who is required to consent to care for the child or minor. If there is another individual who is required to consent to care for the child or minor, I agree to provide their name and contact information below so that they may be contacted.

I have read the above or it has been explained to me and I have had the opportunity to ask questions about the Telehealth Consultations. I believe that I have sufficient information to consent to any Telehealth Consultations provided to my child or minor.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

Names of parents of minor (if known), if consent given by guardian:

\_\_\_\_\_

\_\_\_\_\_

Names of other parent/guardian who should also provide consent:

\_\_\_\_\_

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