

**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.

**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 TimelyMD to provide access to Telehealth Consultations to the named child or minor as of the date of this consent.

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:

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