

# Telehealth Informed Consent for Minors

This form is to obtain your consent to participate in telehealth services for minors. Please read and sign below.

## 1. Telehealth Overview

Telehealth uses electronic systems to provide health care services remotely. These sessions may be conducted through video, audio, or other electronic communications.

## 2. Confidentiality

All information shared through telehealth is confidential, except in situations required by law.

## 3. Risks and Benefits

- Benefits: Expanded access to care, convenience.
- Risks: Technology failure or privacy/security limitations.

## 4. Parent/Guardian Consent

A parent or legal guardian must provide consent for minors to participate in telehealth services.

## 5. Right to Withdraw

You may withdraw consent for telehealth services at any time.

## 6. Acknowledgment

☐ I have read and understand the information provided above. I voluntarily consent to telehealth services for the minor named below.

Minor's Full Name:

Minor's Date of Birth:

Parent/Guardian Name:

Relationship to Minor:

Parent/Guardian Signature:

Date:

Additional Comments or Questions: