



## Telehealth Consent Form

I consent to engage in Telehealth services with St. Jude's Wellness LLC. I understand I have the rights, responsibilities, and options related to Telehealth outlined in the practice's Telehealth policy. I understand Telehealth's risks and benefits and have discussed them with my practitioner. I have read, understand, and agree with the following.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature (if the client is a minor):**

\_\_\_\_\_

**Date:** \_\_\_\_\_



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