

KNOW AND SHOW SOLUTIONS, PLLC

Consent for Minor Usage of Software and Services

Name of person filling out the form: _____

Name of minor client: _____

Your relationship to minor client: _____

As the **parent or legal guardian** of the above-named minor child (the “Minor Client”), you are required to provide **informed, written consent** for your child to use software platforms and services provided by this practice, including but not limited to **SimplePractice** and other HIPAA-compliant digital tools (the “Software and Services”).

Consent and Authorization

By signing this form, you acknowledge and agree to the following:

- The Minor Client’s use of the Software and Services is subject to the same **Terms of Service, Privacy Policy, and telehealth guidelines** applicable to all users.
- You authorize Know and Show Solutions, PLLC to use the Software and Services in connection with the Minor Client’s care, including but not limited to:
 - Scheduling and managing appointments
 - Sending and receiving communications with you and/or the Minor Client
 - Documenting clinical information, assessments, and progress
 - Delivering telehealth sessions and related virtual services
 - Storing, transmitting, and managing protected health information (PHI)
 - Performing administrative tasks reasonably related to the provision of care

Telehealth Services

You understand that telehealth involves the use of electronic communications to deliver clinical services remotely, which may include video conferencing, audio calls, and secure

KNOW AND SHOW SOLUTIONS, PLLC

messaging. You consent to your child participating in telehealth sessions and acknowledge the following:

- You have the right to withdraw consent for telehealth at any time by providing written notice.
- Efforts will be made to protect the confidentiality and privacy of all electronic communications.
- There are potential risks related to technology failures or unauthorized access despite all reasonable security measures.

Legal Authority and Responsibility

- You certify that you are the **Parent or Legal Guardian** of the Minor Client listed above, and that you currently possess full, valid, and unrevoked legal authority to grant this consent.
- You agree to immediately inform [Your Company Name] in writing if there is any change in your legal authority or custody status.

By signing below, you confirm that:

- You have read and fully understand this Consent for Minor Usage of Software and Services.
- You give your voluntary, informed, and ongoing permission for the use of the Software and Services as outlined above.
- You understand that this consent remains in effect unless and until it is revoked in writing.

Signature: _____