Consent Form

* indicates a required field

Let's Connect, LLC Policy

* Please mark that you understand each of the points below.
\square Let's Connect, LLC is a phone chat service only.
$\hfill\Box$ I understand that the team members of the company are there to converse, listen, share stories, share thoughts, and share ideas.
\square I understand that the team members of the company are not certified doctors, therapists, psychiatrists, psychologists, coaches, social service workers, or any other type of certified professional.
$\ \square$ I understand that the team members of the company may direct me to additional services/resources outside of the company. I also understand that they are not obligated to do this.
$\hfill \square$ I understand and entrust the team members of the company to use their personal judgement as it relates to individual confidences.
$\ \square$ By signing this form, I acknowledge that I understand the above and do not hold Let's Connect, LLC liable for any medical or personal consequences.
* Name:
* Date:
eSignature:
I consent to sharing information provided here.