



Om Counseling

I _____ hereby consent to engage in Teletherapy Services with the Divya Kasturi LPC-S, NCC at Om Counseling, LLC. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, emails, telephone conversations and/or using interactive audio, video, or data communications. I understand that teletherapy involves the communication of mental health information, both orally and/or visually.

Teletherapy and psychotherapy still have the same purpose and intentions as sessions that are conducted in person. Although the same material will be covered, I understand that the experience may be somewhat different than a face-to-face session.

I understand that I have the following rights concerning teletherapy:

Client's Rights, Risks, and Responsibilities :

- 1. I have the right to deny this consent at any time without affecting future sessions and care.*
- 2. Laws such as HIPAA that protect my confidentiality of my medical information also apply to teletherapy. There are also mandatory and permissive exceptions to the confidentiality which have been described in the general consent form I received at the start of my treatment.*
- 3. I understand that I must download Zoom to be able to use the Telehealth platform. I also understand that I must have a broadband Internet connection or a capable device with cellular data. If needed, I understand that I may contact Om Counseling if experiencing technology failures and can discuss alternative options for sessions. I understand that there are risks and consequences of Teletherapy including but not limited to the possibility of disruptions of transmissions of information; and/or the possibility of medical information being accessed by unauthorized persons.*

1921 Kasliste Saloom, Suite 202 A, Lafayette, LA 70508

www.omcounseling.net

Ph: (337) 385-9991 Fax: (800) 466-0744



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4. *In addition, I understand that teletherapy services may not be as complete as that of face-to-face services. I also understand that if my counselor deems it better for me to be served with another form of therapeutic services (e.g. face-to-face service), I will be referred to a professional who can provide services for this area.*

5. *I also accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or go to the nearest hospital emergency room for help. If I am having suicidal thoughts or thoughts about harming myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 Hour hotline support. Clients that are at risk to harm themselves or others are not compatible with teletherapy. If this is or becomes the case, my psychologist will recommend a form of more appropriate services.*

6. *I understand that there is also a risk of being overheard by other people if not in a private room. I am responsible for providing the needed equipment such as a computer, telecommunication equipment, internet access for my teletherapy session, arranging a room or place which is free from distractions and/or intrusions, and having sufficient lighting and privacy. It is Om Counseling's responsibility to do the same on their end.*

7. *Finally, I understand that the spreading or sharing of any personally identifiable image or information of me will not occur without my written consent.*

I have read, understood and agree to the information provided above.

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Client (or guardian's) signature: _____

Om Counseling LLC. Provider Signature: _____

Date: _____

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