



**Newsome Psychological Services, Inc.**

[www.newsomepsychologicalservices.com](http://www.newsomepsychologicalservices.com)

101 Creek Crossing Blvd.  
Hainesport, NJ 08036  
**Phone: (609)702-5880**  
**Fax: (609)702-5882**  
March 16, 2020

614 East Landis Avenue, 2<sup>nd</sup> Floor  
Vineland, NJ 08360  
**Phone: (609)702-5880**  
**Fax: (609)702-5882**

Dear Client,

In response to COVID-19 Newsome Psychological Services, Inc. is offering telemental health services which involves doing psychotherapy using the telephone, the Internet and/or internet-based technology as an alternative to in-person psychotherapy.

These services require that we obtain some additional paperwork from you including a telemental health informed consent agreement, a credit card authorization form, and release of information form, all of which are included in this mailing. Our fees for this service will be the same as for in person sessions and **clients must also check with their health insurance company to make sure they know their benefits.**

If you would like to participate in telemental health services with your clinician, please place a check mark or X next to the appropriate choice presented below, complete the enclosed forms and mail the forms and this letter to the address below. Please indicate if you do not want to participate in telemental health services. In this case, you only have to complete and sign this letter and return it to the address below.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I do not wish to participate in telemental health services. Please let me know my options to continue to participate in therapy with NPS, Inc or other mental health provider.

Or

\_\_\_\_\_ I wish to participate in telemental health services. Telemental health participation check list:

- \_\_\_\_\_ Telepsychology consent form
- \_\_\_\_\_ Credit card authorization form
- \_\_\_\_\_ I have checked with my insurance company regarding telemental health services
- \_\_\_\_\_ I have access to computer, tablet, smart phone or smart watch
- \_\_\_\_\_ I have access to secure wifi or internet services
- \_\_\_\_\_ I have a reliable telephone (specific conditions apply to use this method)
- \_\_\_\_\_ Please contact me at (email, smart phone or phone number) for telemental health sessions \_\_\_\_\_

Please feel free to contact us at 609-702-5880 if you have questions regarding any of our services.