



Kranz Psychological Services, PLLC
Evaluations – Counseling – ABA – Medication Management

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION TO BE RELEASED: I hereby authorize and request Kranz Psychological Services, PLLC (3118 HG Mosley Pkwy, Longview, TX 75605) to disclose or receive the following information (please initial which information you desire to be released):

- ___ Psychological Evaluation ___ Treatment Plan
___ Initial Assessment ___ Individual Progress Notes
___ Verbal Two-Way Communication with Staff ___ Group Progress Notes

PURPOSE FOR DISCLOSURE: _____

TO AND/OR FROM: _____

(Name, Address, Fax, and Phone of any party to which disclosure it is made)

CONDITIONS OF AUTHORIZATION:

- 1. EXPIRATION: This Authorization will expire on the following date, event, or condition: _____. (If no date is specified, authorization will expire one year from the date signed.)
2. REVOCATION: I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance upon it.

I HEREBY RELEASE KPS FROM ANY LEGAL RESPONSIBILITY AND LIABILITY THAT MIGHT ARISE FROM THIS AUTHORIZATION.

Client's Printed Name and DOB

Client Signature OR Parent/Guardian Signature (if client is a minor) Date

NOTICE TO RECIPIENTS OF CONFIDENTIAL INFORMATION

This information has been disclosed to you from records whose confidentiality is protected by Federal and State law. Unauthorized disclosure is prohibited.

- MENTAL HEALTH RECORDS (Texas Law): This information is released subject to the confidentiality provisions of the Texas Health and Safety Code, Chapter 611, and Texas Rules of Evidence, Rule 510.
• INTELLECTUAL/DEVELOPMENTAL DISABILITY RECORDS (Texas Law): This information is released subject to the confidentiality provisions of the Texas Health and Safety Code, Chapter 595.
• PENALTIES: Violations of these laws may be subject to civil and criminal penalties, which now align with those under HIPAA.