



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

**2023 INFORMED CONSENT FORM**

I have read, understood, and accept the policies and procedures and conditions outlined in the Kranz Psychological Services, PLLC (KPS) "Practice Policies": These include the areas of:

- General information about the office
- The nature of psychotherapy and the benefits/risks
- The nature and limits of confidentiality
- Financial considerations for services rendered, including the no-show/late cancellation policy

I have read, understood, and accept the policies and procedures and conditions outlined in the Kranz Psychological Services "Privacy Practices."

If the client is a minor, the signature below indicates I am the parent/legal guardian of the child and have managing conservatorship.

I hereby authorize KPS to furnish information to the insurance carriers concerning my illness and treatment. I hereby assign to KPS all payments for services rendered to myself or my dependents.

A copy of this agreement/policies will be given to you if desire, with the original placed in your file at Kranz Psychological Services, PLLC.

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Client's Name

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Parent/Guardian Signature (if client is a minor)

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Date

3118 H G Mosley Pkwy

Longview, TX 75605

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