



Kranz Psychological Services, PLLC

Evaluations – Counseling – ABA – Medication Management

Kranz Psychological Services Practice Policies (2026)

1. Practice Logistics and Appointments

Office Hours & Contact: KPS is open from 8:00 a.m. to 5:00 p.m. Monday through Friday. The office number is (903) 200-1433.

Scheduling: Clients are seen by appointment only. Appointments can be scheduled by calling the main office number. Counseling appointments generally last 53 minutes (for a 1-hour appointment) and 27 minutes (for a 30-minute appointment). For children, this includes the time spent during which the parent wishes to communicate information to the provider.

Appointment Reminders: KPS will call/text and remind you of scheduled appointments and leave a message if no one is available. Reminder calls are a courtesy. If you do not receive a reminder call, you are still responsible for attending your appointment.

Cancellation and Late Policy: KPS does not "overschedule." Missed appointments result in loss of time for the provider and take time away from other clients that could have been seen.

- If you are unable to keep your appointment, you must notify the office **24 hours in advance**.
- Without 24-hour notice, KPS will charge you the full cost of your session. KPS does NOT file with insurance companies for missed appointments, and the charge is the sole responsibility of the client.
- If you are more than 15 minutes late to your 1-hour appointment (7 minutes late for a 30-minute appointment), you will be charged the full cost of your session, and your appointment will be rescheduled.
- After two late arrivals or missed appointments, you will no longer be able to schedule appointments at KPS and will be referred outside the office.

2. Crisis Management and Emergency Protocol

KPS is not a crisis center and does not provide 24-hour emergency services. Our clinical staff are generally available only during regular business hours (M-F, 8:00 a.m. to 5:00 p.m.) and for scheduled appointments.

- **Life-Threatening Emergency:** If you or someone else is in immediate danger of harm (including suicidal or homicidal intent), please call **911** or go to the nearest emergency room.
- **Mental Health Crisis (Non-Emergency):** If you are experiencing a mental health crisis but are not in immediate danger, you may contact the **National Suicide & Crisis Lifeline by calling or texting 988**. This service is available 24 hours a day, 7 days a week, and is confidential.
- **Non-Emergency Contact:** For routine, non-emergency clinical matters, please leave a detailed, confidential voicemail at (903) 200-1433. Messages will be returned as soon as possible, typically within one business day. We cannot ensure the confidentiality of emails for clinical content.

3. Confidentiality and Its Limits

Within the limitations discussed below, all information that you share during counseling sessions or participation in psychological services will be kept confidential and will not be released to anyone without your written consent.

Exceptions to Confidentiality (Required Disclosure): There are certain circumstances in which KPS may be required to break confidentiality. These include:

- A situation in which you are a danger to yourself or others.
- Suspicion of child abuse/neglect.
- In response to a legitimate court order.
- When mental health treatment is ordered by or under the supervision of the courts.
- By virtue of the PATRIOT Act of 2001, KPS may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services.



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Insurance and Release of Information: Insurance companies or managed health care organizations require release of records and/or information for them to pay for services rendered. Your signature below authorizes KPS to release information requested by your insurance company or its representative.

- KPS policy is to release the minimal amount of information necessary to satisfy their request. However, KPS has no control over how the information released is utilized by the insurance company or its representative.
- Unless you specify otherwise, the professional/support staff of KPS may consult with each other to ensure quality care and optimal outcome or to provide emergency coverage when your provider might not be available.
- Unless you specify otherwise, KPS may send texts or leave voicemails for the client (or their legal guardian) to schedule appointments, reschedule appointments, or establish new services. As KPS is a multispecialty practice, these texts or voicemails may reference a specific service (i.e., counseling, medication management, or evaluation) that you have received in the past or will receive in the future.

4. The Therapeutic Relationship and Professional Boundaries

The client/provider relationship is designed to be professional and therapeutic.

Dual Relationships: Providers cannot engage in romantic/sexual relationships, business relationships, or social activities with clients.

Digital and Social Media Boundaries:

1. **Social Networking:** Providers cannot accept friend or contact requests on social networking sites.
2. **Contact Methods:** Providers cannot communicate with clients via personal cell phone, personal email, or text. Providers cannot communicate directly with clients through any method other than company email (ends in kranzpsychservices.com) or the main office phone. Doing so could potentially compromise your confidentiality and blur the boundaries of the therapeutic relationship.
3. **Provider Online Presence:** While KPS may have professional websites or public profiles (e.g., LinkedIn) strictly for business purposes, the licensed professional will not “friend,” “follow,” or interact with current or former clients on any personal or professional social networking site (including but not limited to Facebook, Instagram, Twitter/X, and LinkedIn).

5. Mental Health Services

Purpose, Risks, and Benefits: The purpose of mental health services (such as psychotherapy, counseling, evaluations, and other mental health services) is to more fully understand yourself and help you learn more effective problem-solving skills. Use of these services can lead to a new perspective, a clearer sense of goals and values, greater personal effectiveness, and more effective relationships with others. There are potential risks as well as benefits. For example, you may recall unpleasant experiences or experience uncomfortable emotions. Some people report feeling worse before they feel better. It is possible that changes made while receiving services can lead to stress in significant relationships. While it is our responsibility to provide professional, competent, and ethical services, KPS cannot promise or guarantee any specific outcome from these services. However, KPS will work in cooperation with you to reach your personal goals.

Treatment Plan and Termination: The process of therapy requires a commitment of time and energy from both you and the provider. The goal is to form a healthy therapeutic relationship. To this end, KPS will develop a treatment plan and review the goals, direction, and progress of therapy.

- **Client Right to Terminate:** You have the right to discontinue services at any time. There is no obligation other than to pay for services that have already been rendered. KPS can provide you with names of other qualified professionals.
- **Provider Right to Terminate (Exceptions):** In most cases, the client decides when services will end. The two exceptions are: 1) If we have contracted for specific short-term therapy, services will terminate at the end of that contract. 2) If you are aggressive or threatening, either verbally or physically, or harass the provider or provider’s family or acquaintances, or arrive under the suspected influence of a substance, KPS reserves the right to terminate services unilaterally and immediately. If services are terminated, KPS will offer you referrals to other sources of care but cannot guarantee that they will accept you for continuing therapy.

6. Policies Regarding Minor Clients

Attendance and Documentation: Minor clients must be accompanied by their legal guardians for the initial appointment, and the appropriate legal paperwork outlining custody arrangements must be provided in cases where: 1) parents are divorced or 2) a child is placed with a legal guardian other than custodial parents.

- For clients that are minors or incapacitated adults, initial paperwork and Release of Information must be filled out by a parent/guardian with Managing Conservatorship (legal custody). All other relations to the child or incapacitated adult must provide legal documentation in the form of a notarized letter of Medical Consent or legal Power of Attorney.

3118 H G Mosley Pkwy. Longview, TX 75605
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Unaccompanied Children: KPS is not responsible for children left unattended. Children must be accompanied by a parent or guardian at all times (unless they are with their provider) and are not allowed to play in the hallways, bathrooms, or outside. Children cannot be left unattended in a vehicle during a parent's or sibling's appointment. For minor clients, please make arrangements for siblings so that the child being evaluated is able to complete their portion of the evaluation without distraction. For adult clients, please make arrangements for your children as we do not provide childcare during the evaluation.

Divorced/Separated Parents:

- **Neutral Position:** When the child is the client, we assume a neutral position where parents are concerned. We do not choose sides.
- **Parental Communication:** Per our office policy related to client confidentiality, we do not communicate with ANY individual for whom we do not have a release to do so. This includes stepparents, grandparents, neighbors, teachers, and attorneys. Any biological/adoptive parent is able to access the child's information upon request. Should a legal guardian prefer to communicate with our office via their attorney, KPS must have an authorization on file.
- **Communication Responsibility:** Each parent is responsible for communicating to the other parent the information related to the child's medical appointments in a way that conforms to whatever legal orders are in place, and KPS will not referee between parents.
- **Appointments:** Interpretations and initial visits are generally conducted with both parents and the child together. Parents are able to schedule separate initial and/or interpretation visits but will be responsible for the full cost of those visits in the case that they are not covered by insurance. If a disruption arises in the office or during any appointment due to conflict between parents, the visit will be immediately terminated, and both parents rescheduled separately.

7. Psychological Results

A client **MUST** attend the follow-up visit in order to receive their copy of the psychological evaluation results. Other professionals may not release the results to the client without the information being explained/interpreted by the licensed psychologist/licensed psychological associate whose name appears on the report (Ethics Codes 611.0045 and 465.22).

8. Service Delivery Methods

A. Telehealth Services

While telehealth has potential benefits, including convenience and easier access to care, there are potential risks including interruptions, unauthorized access, and technical difficulties. KPS policy regarding telehealth visits includes the following:

- If the client is in a vehicle, the vehicle must be stationary and in park. If the provider determines that the vehicle is in motion, the session will be rescheduled.
- Telehealth is **NOT** an emergency service. In the event of an emergency, a client should contact 911.
- To maintain confidentiality, clients may not share their telehealth appointment link with anyone unauthorized to attend the appointment.

B. AI-Assisted Documentation Policy

The purpose of using AI documentation tools is strictly administrative: to increase accuracy in session recall, reduce the time spent on manual documentation, and allow the licensed professional to remain more present and engaged during the session.

- **Function and Limitation:** The AI tool captures the verbal content of the session (audio) and converts it into a secured transcript, which is then summarized into a draft clinical progress note (e.g., SOAP, DAP, or BIRP format). The AI does not provide clinical diagnoses, interpret therapeutic dynamics, or make treatment recommendations. It is a tool for administrative support only.
- **Clinician Responsibility:** The licensed professional is required to review, edit, and fact-check every draft note provided by the AI. The licensed professional retains full clinical responsibility and liability for the final note entered into the client's medical record.
- **Consent:** Unless you specify otherwise, you consent to the use of AI for recording and note generation. You may decline the use of AI, and refusal will not result in any change to the quality of care, session fee, or therapeutic relationship. The licensed professional will revert to manual note-taking methods. You may withdraw consent at any point during a session or future sessions. The recording/transcription process will cease immediately upon revocation.
- **Data Deletion:** The original audio recording of the session is automatically and permanently deleted from the vendor's servers immediately after the AI draft note has been generated and transferred to our secure EHR system, typically within 24 hours of the session conclusion.
- **Final Note Retention:** Only the licensed professional's final, reviewed, and approved clinical progress note is retained in the client's official medical record, subject to standard clinical and legal retention requirements.



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C. Recording of Sessions (Client & Therapist)

Client Recording Prohibition: Clients are strictly prohibited from making any audio, video, or photographic recordings of therapy sessions—whether in-person, over the phone, or via telehealth platforms—without the express written consent of the therapist.

- **Practice Premises:** The use of any device to record (audio, video, or photo) in the waiting area, restrooms, hallways, or other common areas of the office suite is strictly prohibited to protect the confidentiality of all clients.
- **Consequences:** Discovery of unauthorized recording in any area of the practice premises may result in immediate termination of services and referral outside the practice.
- **Exceptions:** In rare and specific circumstances (e.g., memory retention for a single session), a client may request a written exception 24 hours prior to the session. Exceptions will never be granted for recording in the waiting area or common spaces.

Therapist Recording: The therapist will never record a session for supervision, training, or consultation purposes without the client's full, informed, and written authorization using a separate, specific consent form. The client has the right to refuse consent for therapist recording without prejudice to their ongoing treatment.

9. Financial Considerations

Payment: Specific fees will be discussed with you before services are rendered. Payment is expected when services are rendered. For your convenience, cash, Visa, MasterCard, and personal checks are accepted.

Deposit (Evaluations): A \$200 deposit is required at the time an evaluation is scheduled (this does not apply to counseling services). This will either be refunded to you when full payment is received by your insurance company, or it will be applied to your balance. This deposit is nonrefundable if you miss your initial appointment.

Insurance Filing and Responsibility:

- KPS is not responsible for precertification of services with your insurance company and does not guarantee that our providers are included in your insurance provider networks.
- KPS will file insurance claims electronically for you. If our office files your insurance, you will still be responsible for the policy's deductibles, co-payments, and balance after insurance payments are made. **THERE IS NO GUARANTEE OF PAYMENT WHEN FILING WITH AN INSURANCE COMPANY.**
- Any charges not paid within 30 days from the date of the service by the insurance company will become the responsibility of the client.

Credit Card on File and Collections: KPS requires a credit card to be on file. The payment authorization form allows KPS to utilize your payment method on file for any session fees or balances, including copays/coinsurance, late cancellation fees, and no-show fees without any additional information or prior notification.

- If necessary, we reserve the right to use a collection agency or the courts for nonpayment of your bill. The dates of service and necessary financial information will not be considered confidential if such means must be pursued.

A. Good Faith Estimates

You will be provided a good faith estimate of expected charges. The information provided in a good faith estimate is only an estimate, and the actual items, services, or charges may differ from what is included in the good faith estimate. A good faith estimate is not a contract and does not require any individual to obtain the items or services from any of the providers or facilities identified in the good faith estimate. There may be additional items or services recommended as a part of your course of care that are scheduled/requested separately and are not reflected in the good faith estimate. A good faith estimate and/or authorization does not guarantee insurance payment or verify insurance eligibility.



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B. Fees and Policies Regarding Records Requests

KPS charges \$25.00 for the first 30 pages of records and \$0.50 per page thereafter, plus the actual cost of shipping if the client requests that the records be mailed. If an affidavit is requested to certify that the information is a true and correct copy of the requested records, a fee of up to \$15.00 may be charged for executing the affidavit.

C. Fees and Policies Regarding Litigation Services

Your clinician's involvement in legal proceedings (e.g., court appearances, custody hearings, etc.) related to patient care is often harmful to the therapeutic relationship. As a result, we respectfully request that you do not involve your clinician in any type of legal proceedings if such proceedings become relevant during or after your treatment at KPS. If we are required to be involved in legal affairs (e.g., via subpoena), please be aware that you will be held responsible for all fees issued by KPS for such services. Payment of all relevant fees is due before services are rendered. Current fees for KPS involvement in legal affairs are as follows:

- **Deposition:** \$250 per hour (LPC/LPC-A/LCSW/LPA) / \$500 per hour (Licensed Psychologist). This includes time spent traveling to and from the office.
- **Court Appearance Retainer:** You agree to pay the following retainer at least 10 days prior to any court appearance. This retainer covers six hours' appearance and two hours' preparation. The retainer is fully refundable until five days before the scheduled appearance. Half of the retainer will be refunded if the appearance is cancelled fewer than five days but more than forty-eight hours in advance of the scheduled appearance. With less than forty-eight hours' notice, any retainer balance is non-refundable.
 - \$2500 per day of required court appearance/testimony for a LPC/LPC-A/LCSW/LPA
 - \$5000 per day of required court appearance/testimony for a Licensed Psychologist
- **Attorney/Legal Communication:** For written or verbal consultation/communication with your attorney or other legal representative, you agree to pay:
 - \$22.50 per 15 minutes of time spent communicating for a LPC/LPC-A/LCSW/LPA
 - \$35 per 15 minutes of time spent communicating for a Licensed Psychologist
- **Attorney Fee Reimbursement:** In addition to the contracted fees for your provider's time and appearance, if your provider believes it is necessary to retain an attorney to represent his/her interests, you agree, by your signature, below, to reimburse our office for your provider's attorney fees, up to a maximum of one thousand five hundred dollars (\$1,500).

10. General and Non-Discrimination

KPS does not discriminate on the basis of race, religion, national origin, sexual orientation, or physical disability. We reserve the right to refer you to another provider who is more appropriate to meeting your needs if the services you have requested fall outside the scope of your provider's expertise.

11. Policy Review and Agreement

Agreement and Signature: I have read, understood, and accept the policies and procedures and conditions outlined in the Kranz Psychological Services "Practice Policies." If the client is a minor, the signature below indicates I am the parent/legal guardian of the child and have managing conservatorship. 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.

Client Name

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

Date