



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

INFORMED CONSENT FORM (2026)

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

- General information about the practice, office, and appointments
- Crisis management and emergency protocols
- The nature and limits of confidentiality
- The nature of the therapeutic relationship and professional boundaries
- The nature of psychotherapy and the benefits/risks
- Policies regarding minor children
- Financial considerations for services rendered, including the no-show/late cancellation policy
- Payment authorization

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, 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.

Agreement and Signature: I have read, understood, and accept the policies and procedures and conditions outlined in the Kranz Psychological Services Practice Policies, Privacy Practices, and Informed Consent. If the client is a minor, 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