



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

INFORMED CONSENT FORM (2025)

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 (please initial):

_____ 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

_____ 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.

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, 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