

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

(HIPAA Release of Information)

Legal Entity:

Moore Consulting Holdings, LLC

d/b/a Progress Counseling Group (“PCG”)

213 South Dillard Street, Suite 120B

Winter Garden, FL 34787

Phone: (877) 885-5850

Effective Date: January 17, 2026

1. PURPOSE OF THIS AUTHORIZATION

This Authorization allows Progress Counseling Group to **use and/or disclose your Protected Health Information (PHI)** to the person(s) or organization(s) identified below, as permitted under the Health Insurance

Portability and Accountability Act (**HIPAA**).

This Authorization is **voluntary** and is **not a condition of treatment**, payment, enrollment, or eligibility for benefits, except as permitted by law.

2. RIGHT TO REVOKE

I understand that:

- I may revoke this Authorization **at any time** by submitting a written request to PCG
- Revocation will not apply to information already disclosed prior to receipt of revocation
- Revocation may be limited if the Authorization was required for insurance or legal purposes

3. REDISCLOSURE NOTICE

I understand that information disclosed under this Authorization **may no longer be protected by HIPAA** once received by the authorized recipient, depending on applicable law.

4. NO CONDITIONING OF TREATMENT

I understand that:

- My decision to sign or not sign this Authorization **will not affect my ability to receive treatment**, except as allowed by law
- I am entitled to receive a copy of this signed Authorization

5. MINORS & LEGAL REPRESENTATIVES (IF APPLICABLE)

If the client is a minor or legally incapacitated adult:

- I certify that I am the **parent, legal guardian, or legally authorized representative**
- I understand that certain records may be restricted under state law
- I have authority to sign this Authorization on the client's behalf

6. ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that:

- I have read and understand this Authorization
- My questions have been answered
- I voluntarily authorize the use and disclosure of my Protected Health Information as described above