

## **DISCLOSURE AND CONSENT FOR STUDENT OBSERVATION**

### **Legal Entity:**

Moore Consulting Holdings, LLC

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

213 South Dillard Street, Suite 120B

Winter Garden, FL 34787

**Effective Date:** January 17, 2026

### **PURPOSE OF THIS DISCLOSURE**

Progress Counseling Group is committed to clinical excellence, professional education, and the development of future mental health professionals.

This document explains and requests consent for the **observation of counseling services by students or trainees** who are participating in approved educational, training, or clinical development programs affiliated with PCG.

### **DEFINITION OF STUDENT OBSERVATION**

For purposes of this disclosure, **student observation** may include:

- Observation by graduate-level students, interns, practicum students, or trainees
- Observation for educational or training purposes only
- Observation conducted **in person or via telehealth**, where applicable

Students may be enrolled in programs related to mental health counseling, social work, marriage and family therapy, psychology, or related disciplines.

### **SCOPE AND LIMITATIONS OF STUDENT OBSERVATION**

I understand that:

- Students **do not provide therapy, diagnosis, or treatment**
- All clinical services remain under the **sole responsibility of a licensed clinician or pre-licensed clinician practicing under supervision**
- Students are present **only for observation and learning purposes**
- Students may not participate in clinical decision-making unless otherwise permitted by law and clearly disclosed in a separate consent

## **CONFIDENTIALITY AND PRIVACY PROTECTIONS**

I understand that:

- Student observers are required to comply with **HIPAA**, applicable state confidentiality laws, and professional ethical standards
- Students receive training regarding confidentiality and privacy obligations
- Any information observed is treated as **confidential Protected Health Information (PHI)**
- Student observation is considered a permitted activity under HIPAA for **healthcare operations, training, and quality assurance**
- Student observers may be required to sign confidentiality agreements as part of their participation.

## **TELEHEALTH OBSERVATION (IF APPLICABLE)**

If services are provided via telehealth, I understand that:

- Student observation may occur remotely through secure, HIPAA-compliant technology
- Student observers may not be physically present at my location
- Reasonable safeguards are used to protect privacy and confidentiality
- I am responsible for ensuring privacy at my location during telehealth sessions

## **VOLUNTARY PARTICIPATION**

I understand that:

- My participation in student observation is **entirely voluntary**
- I may **decline or withdraw consent** to student observation at any time
- Declining or withdrawing consent **will not affect my access to care, treatment quality, fees, or relationship with PCG**
- I may request services **without student observation** at any time

## **MINORS AND LEGAL GUARDIANS (IF APPLICABLE)**

If services are provided to a minor:

- I certify that I am the **parent or legal guardian** with legal authority to consent on the minor's behalf.

I understand that:

- Consent for student observation of a minor's sessions must be provided by a parent or legal guardian
- Minor confidentiality rights may vary by state law
- Consent may be withdrawn at any time

### **STATE LAW COMPLIANCE**

Student observation is conducted in compliance with:

- **Florida law**, including applicable provisions governing confidentiality, supervision, and professional training
- **North Carolina law**, including licensure, scope of practice, and confidentiality requirements
- The laws of the **state in which the client is physically located at the time services are provided**

### **ACKNOWLEDGMENT AND CONSENT**

By signing below, I acknowledge that:

- I have read and understand this Disclosure and Consent for Student Observation
- I understand the purpose and scope of student observation
- I understand my rights, including the right to decline or withdraw consent

I voluntarily consent to student observation of my counseling services as described above