

REGISTERED INTERN DISCLOSURE AND CONSENT

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

DISCLOSURE OF PRE-LICENSED CLINICIAN STATUS

This document serves to inform clients of the training status and credentials of certain clinicians practicing at Progress Counseling Group who are **pre-licensed clinicians practicing under supervision**, in accordance with applicable state law.

Depending on the state in which services are provided, pre-licensed clinicians may include, but are not limited to:

Florida

- Registered Mental Health Counselor Intern (RMHCI)
- Registered Clinical Social Worker Intern (RCSWI)
- Registered Marriage and Family Therapist Intern (RMFTI)

North Carolina

- Licensed Clinical Mental Health Counselor Associate (LCMHCA)
- Licensed Clinical Social Worker Associate (LCSWA)
- Licensed Marriage and Family Therapist Associate (LMFTA)

Pre-licensed clinicians have:

- Completed a **master’s-level graduate program** in their respective discipline
- Met state requirements for registration or associate licensure
- Are practicing under the **supervision of a fully licensed and board-approved clinical supervisor** in the same discipline

- Participate in **regular, ongoing clinical supervision** as required by Florida or North Carolina law

Supervision is intended to:

- Protect client welfare
- Promote clinical skill development and competence
- Ensure ethical and professional standards of care
- Fulfill licensure requirements

SUPERVISION & INFORMATION SHARING

I understand that, as part of required supervision:

- My clinician may consult with and discuss my case with their supervising clinician
- Clinical information may be reviewed for supervision, training, quality assurance, and compliance purposes
- Such review is permitted under **HIPAA** and applicable state confidentiality laws and occurs under professional and ethical obligations of confidentiality

Supervision applies to services provided **in person and via telehealth**. The supervising clinician may not be physically present during my sessions.

STATE-SPECIFIC DISCLOSURES

Florida

- Registered Interns practice under Chapter 491, Florida Statutes
- Supervision is required and regulated by the Florida Department of Health
- Clients have the right to request information about the supervising clinician

North Carolina

- Associate licensees practice under the authority of the North Carolina licensing boards applicable to their discipline
- Clinical services are provided under **supervision and scope limitations** defined by North Carolina law
- Clients may request the name and license information of the supervising clinician

- Certain client rights and confidentiality protections may vary by circumstance and law

Services are provided in compliance with the laws of the **state in which the client is physically located at the time of service.**

CLIENT RIGHTS

I understand that:

- I am **not required** to receive services from a pre-licensed clinician
- I may request to be seen by a **fully licensed clinician** at any time
- I may request the **name, license type, and license number** of my clinician's supervising clinician
- My decision to request a licensed clinician or supervisory information will **not result in penalty or denial of services**

CONSENT

By signing below, I acknowledge that:

- I have been informed that my clinician is **pre-licensed and practicing under supervision**
- I understand the role and purpose of clinical supervision
- I consent to supervision of my case as required by Florida or North Carolina law
- I have had the opportunity to ask questions and receive clarification

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.