

**Theraplatform: DISCLOSURE, INFORMED CONSENT & FINANCIAL AGREEMENT
[ENGLISH]**

(In-Person and Telehealth Services | Multi-State Practice | AI-Supported Operations)

Legal Entity:

Moore Consulting Holdings, LLC

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

Administrative Office:

213 South Dillard Street, Suite 120B

Winter Garden, FL 34787

Practice Phone: (877) 885-5850

Service Locations:

Progress Counseling Group operates **multiple outpatient counseling offices in multiple U.S. states**, including but not limited to **Florida and North Carolina**, and provides services via **in-person and telehealth modalities**.

Effective Date: January 17, 2026

IMPORTANT NOTICE

Progress Counseling Group is **not a 24-hour or emergency treatment provider**.

If you are experiencing a medical or mental health emergency, **call 911 or go to the nearest emergency room immediately**.

1. CONSENT FOR TREATMENT (ALL CLIENTS)

I voluntarily consent to receive outpatient mental health counseling and related services from Progress Counseling Group.

I understand that:

- Services may be provided at **any PCG office location** or via telehealth
- Counseling involves the application of mental health theories, techniques, and interventions
- The **nature, goals, potential risks, and benefits** of counseling have been explained to me

- Reasonable alternatives, including **no treatment**, are available
- No guarantees can be made regarding outcomes
- I may **withdraw consent and discontinue services at any time** without penalty
- I may request a different provider or seek a second opinion at any time

2. CONSENT FOR TREATMENT OF MINORS (IF APPLICABLE)

If services are provided to a minor:

- I certify that I am the **parent or legal guardian** of the minor named below and that I have legal authority to consent to treatment.

I understand that:

- Parental or guardian access to a minor's records is governed by **state-specific law**
- Certain information may be withheld when disclosure could reasonably be expected to cause harm or when otherwise permitted or required by law
- Confidentiality rights for minors **vary by state**
- I consent to treatment on behalf of the minor and agree to all terms of this document.

3. MULTI-STATE PRACTICE & LICENSURE DISCLOSURE

Progress Counseling Group clinicians are licensed in one or more U.S. states.

I understand that:

- Services are provided in compliance with the laws and licensing requirements of the **state in which I am physically located at the time of service**
- Providers may only render services in states where they are properly licensed or legally authorized
- If I relocate or travel to another state, I must notify PCG prior to receiving services

4. TELEHEALTH INFORMED CONSENT (ALL CLIENTS)

I consent to receiving mental health services via telehealth.

I understand that:

- Telehealth services use secure electronic communication technologies

- Telehealth services are legally considered to occur **where I am physically located**
- I must be located in a state where my provider is authorized to practice
- Telehealth may involve risks such as technical interruptions or equipment failures
- I am responsible for ensuring privacy at my location
- I am responsible for safeguarding my login credentials
- Telehealth may not be appropriate for all clinical situations
- Either I or my provider may discontinue telehealth services if deemed clinically inappropriate

Emergency Protocol:

In the event of a crisis during telehealth services, I agree to contact **911 or local emergency services** immediately.

5. USE OF ARTIFICIAL INTELLIGENCE (AI) & AUTOMATION DISCLOSURE

Progress Counseling Group utilizes **artificial intelligence (AI)-enabled tools and automated technologies** to support certain **administrative, operational, quality, and communication functions** of the practice.

Scope of AI Use

AI tools **may be used** for:

- Scheduling and appointment reminders
- Intake and administrative workflows
- Documentation support and data organization
- Quality assurance, auditing, and compliance monitoring
- Operational analytics and reporting
- Client communication routing and prioritization

Clinical Decision-Making

I understand that:

- **AI tools do NOT independently diagnose, treat, or make clinical decisions**

- **Licensed clinicians remain solely responsible** for all clinical judgment, treatment planning, and care decisions
- AI-assisted outputs, if used, are reviewed by human staff and are **not a substitute for professional judgment**

Data Protection

I understand that:

- AI tools used by PCG are subject to **HIPAA and applicable privacy laws**
- AI vendors are required to operate under **HIPAA-compliant Business Associate Agreements (BAAs)** where PHI is involved
- My information is not sold or used to train public or consumer AI systems

6. CONFIDENTIALITY & LEGAL LIMITS

Mental health services are confidential and protected by federal and state law.

Confidential information may be disclosed **without my authorization** when required or permitted by law, including:

- Risk of serious harm to myself or others
- Suspected abuse, neglect, or exploitation of a child, elderly person, or disabled person
- Court orders, subpoenas, or lawful investigations
- Payment, billing, healthcare operations, and compliance activities
- As described in the HIPAA Notice of Privacy Practices

7. HIPAA NOTICE OF PRIVACY PRACTICES (ACKNOWLEDGMENT ONLY)

I acknowledge that:

- I have received or have been offered a copy of the **Progress Counseling Group HIPAA Notice of Privacy Practices** - <https://progresscounselinggroup.com/privacy-policy/notice-of-hipaa-privacy-practices/>
- I understand my rights regarding Protected Health Information (PHI)
- I understand PCG's legal duties under HIPAA
- **I understand that signing this form is NOT a condition of receiving treatment.**

8. COMMUNICATIONS CONSENT (PHONE, EMAIL, TEXT)

I consent to receive communications related to:

- Scheduling and appointment reminders
- Care coordination
- Billing and administrative matters
- Communications may occur via:
 - Phone calls or voicemail
 - Email
 - Text message (SMS), including AI-assisted routing or messaging systems

I understand:

- Message frequency varies
- Message and data rates may apply
- I may opt out of non-clinical messages by replying **STOP**
- Electronic communications may carry some privacy risk

9. PAYMENT & FINANCIAL RESPONSIBILITY

I understand that:

- Services are provided on a **fee-for-service** basis
- Fees are disclosed prior to services
- Payment is due at the time of service unless otherwise arranged
- Copayments, coinsurance, and deductibles are my responsibility
- Insurance coverage determinations are made solely by my insurer
- Use of insurance requires disclosure of diagnostic and treatment information, which becomes part of my medical record
- If insurance benefits cannot be verified in advance, I authorize PCG to charge my payment method on file once benefits are determined.

10. CREDIT CARD AUTHORIZATION

I authorize Progress Counseling Group to:

- Securely store my payment method on file
- Charge my payment method for:
 - Session fees
 - Outstanding balances
 - Late cancellations or no-show fees
 - Returned payment or valid dispute fees
 - A **\$40 administrative fee** may apply to returned or disputed payments.

11. NO-SHOW & LATE CANCELLATION POLICY

I understand and agree that:

- Appointments canceled with less than **24 hours' notice** may incur a **\$125 no-show fee**
- No-show fees are not billable to insurance
- Repeated missed appointments may result in termination of services

12. TERMINATION OF SERVICES

Either party may terminate services at any time.

PCG may terminate services for reasons including, but not limited to:

- Repeated missed appointments
- Non-payment
- Clinical appropriateness
- Safety, boundary, or compliance concerns
- When appropriate, referrals will be provided.

13. ACKNOWLEDGMENT & SIGNATURE

By signing below, I acknowledge that:

- I have read and understand this document
- I have had the opportunity to ask questions
- I understand PCG's use of AI-supported systems

- I voluntarily agree to all terms above