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Professional Disclosure Statement  
Real Life Counseling of Northern Michigan, PC

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As an experienced professional with a master's degree in counseling from Spring Arbor University and an undergraduate degree from Grand Valley State University, I work with children, teens, couples, and adults. I have worked in a variety of professional settings helping clients thrive. I currently own and practice as a licensed professional counselor and counselor supervisor with Real Life Counseling of Northern Michigan.

The counseling process can last from one session to many months, depending on the unique needs of the client. Session frequency and duration will be advised by the counselor. Counseling is never a one-way street, clients are held accountable for their decisions and must be dedicated to their own growth for our process to be effective. Our 55 minute sessions begin at our scheduled time and are often scheduled back to back with other sessions.

Under normal circumstances, my fee is \$150 a session and is due at or before the time of service. The therapeutic process could be affected if a client develops a significant overdue balance, which may result in pausing treatment until the debt is paid. Under some circumstances, privately paying clients can submit a receipt to their insurance company for full or partial reimbursement. The reimbursable amount is based on the client's healthcare provider and plan. Real Life Counseling employs a sliding fee scale based on family income and size. If RLC is submitting for insurance provider reimbursement, this document constitutes your consent of communication concerning the client to the appropriate insurance providers for reimbursement.

With both minors and adults, topics discussed within the counselor/client relationship will be held in strict confidence in most cases. In some situations including an individual harming one's self or others, or uncovering reasonable evidence of abuse or neglect, the counselor is required by law to report to the proper authorities. If information is subpoenaed by the court, the counselor has a legal obligation to disclose said information. Persons above the age of 13 may seek limited counseling without the consent of a parent or guardian. However, complete confidentiality will be granted to minors only if consent has been granted by the parent or guardian to withhold information from them. The parental signature on this document constitutes the aforementioned explicit consent. All Real Life Counseling clinicians maintain documentation of our sessions secure in our Electronic Medical Records. Therapy is not meant to last forever. Termination of treatment will be a decision carefully discussed between the therapist, the client, and, if applicable, the guardian.

Our office can be contacted from 9:00 am to 6:00 pm Monday through Friday and will return emails and missed phone calls as soon as possible from the office. This document constitutes your permission for the use of limited electronic communication, including text and email. Written communication from this office is private and will not contain identifying or treatment information. Furthermore, you consent to be contacted by SMS text message. Message and data rates may apply. You can reply STOP to opt out of further messaging.

If you can not make an appointment, 24 hour prior notice is required. If you miss an appointment without prior notice, you will remain financially accountable for the entire session fee. Additional information is outlined in the attached No Show Policy. If a client would like to file a complaint regarding my counseling services, written complaints should be sent to the following location:

Michigan Department of Licensing and Regulatory Affairs  
Enforcement Division, Allegations Section P.O.Box 30670 Lansing, MI 48909 (517) 373-9169

I have read and understand the aforementioned description of services, accountability, and confidentiality and agree to enter into the counselor-client relationship.

Client(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature (if the client is a minor): \_\_\_\_\_

Date: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_