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Professional Disclosure Statement  
Real Life Counseling of Northern Michigan, PLLC

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As an experienced professional with a masters degree in counseling from Spring Arbor University and an undergraduate degree in from Grand Valley State University, I work with children, teens, couples and adults. I have worked in a variety of schools, churches, camps and nonprofit settings helping clients thrive. I currently practice as a licensed professional counselor 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 \$135 a session, and is due at or before time of service. The therapeutic process could be effected if a client develops a significant overdue balance, which may result in pausing of treatment until the debt is paid. Under some circumstances, privately paying clients are able to submit a receipt to their insurance company for full or partial reimbursement. The reimbursable amount is based on the client's individual health care provider and plan. Real Life Counseling employs a sliding fee scale based on family income and size. In the event that RLC is submitting for insurance provider reimbursement, this document constitutes your consent of communication concerning the client to the appropriate insurance providers for the purposes of 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. Also if information is subpoenaed by the court, the counselor has a legal obligation to disclose said information. 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.

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.

I can be contacted from 10:00am to 6:00pm Monday through Friday, and will return emails, and missed phone calls as soon as possible from the office. This document constitutes your permission for use of limited electronic communication including text and email. Written communication from this office will not contain identifying or treatment information about current or former clients.

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 fee of the session. Additional information is outlined in the attached No Show Policy. In the event that 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 client is a minor): \_\_\_\_\_

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

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

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