

Jake Tracy, MA, LPC, NCC
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Professional Disclosure Statement
Real Life Counseling of Northern Michigan, PLLC

As an experienced professional with a masters degree in counseling from Spring Arbor University and an undergraduate degree in education from Grand Valley State University, I work with children, teens, and adults. I have worked in multiple schools, churches, camps and nonprofit agencies helping students 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. Specified duration and frequency of the sessions will be clearly articulated 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 \$110.00 a session for individual counseling and is due at time of service. Private paying clients are sometimes 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.

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 10:00 am to 6:00 pm Monday through Friday, and will return emails, and missed phone calls as soon as possible. This document constitutes your permission for use of limited electronic communication including text and email. Written communication from this office will never 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: _____