



I received a Master's degree in Clinical Mental Health Counseling from Central Michigan University in May 2026. I hold a Limited License in the state of Michigan. I am also a National Certified Counselor through the National Board for Certified Counselors.

I offer counseling services for individuals, couples, families, and groups. My specializations include trauma, relationships, neurodivergence, gender, and sexuality. I am an advocate for members of marginalized populations. My approach is relational, existential, and compassion-focused. My goal is to support you with openness and without judgment, and to join you in exploring connection, meaning, and wellness in your life.

Real Life Counseling offers services in person and online. Client needs vary widely; our counseling process may be brief or long-term. Session frequency and duration will be advised by the counselor. For counseling to be effective, clients are responsible for attending and actively participating in sessions. Termination of treatment will be carefully discussed between me, the client, and, if applicable, the guardian.

All information discussed in session is strictly confidential. In accordance with the ACA Code of Ethics as well as Michigan law, however, under specific circumstances, I may need to breach said confidentiality. If the abuse or neglect of a person under age 18, over age 65, or with a disability is disclosed, it must be reported. If a credible threat to harm oneself or another person is made by a client, this may also be reported to the appropriate authorities or parties involved. I must also share client information if it is subpoenaed by the court. Additionally, in accordance with Michigan licensing rules, I am required to discuss client information in a supervisory format; the supervisor must abide by the ACA standards for confidentiality. Documentation of our sessions is stored securely on our HIPAA-compliant EMR software.

Clients 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 obtained from the parent or guardian to withhold information from them. The parental signature on this document constitutes the aforementioned explicit consent.

The normal fee for each session, due at or before the time of service, is \$150. Real Life Counseling also offers a sliding fee scale based on household size and income. To see if you qualify for the sliding scale, visit RealLifeCounseling.com for more information. Payment can be made by card, check, or cash. If a client accrues a significant overdue balance, in the interest of the efficacy of the therapeutic process, treatment may be paused until the debt is paid.

This document constitutes your permission for the use of limited electronic communications, including voicemail, text, and email. Written communication from this office will not contain identifying information or details of treatment related to current or former clients. This document constitutes your 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 cannot make a scheduled appointment, 24-hour prior notice of cancellation is required. If you miss an appointment without prior notice, you will remain financially accountable for the entire fee of the session.

I practice under the supervision of a licensed professional counselor whom clients may contact directly with questions or concerns. My site supervisor is Jake Tracy (LPC, License #6401015019); he can be contacted at (231) 622-5800.

Written complaints regarding my counseling services may be sent to the following location:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Investigations & Inspections Division, P.O. Box 30670 Lansing, MI 48909 (517) 241-0205

In case of a crisis, please contact 911, 988, or go to the nearest emergency room.

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: _____