Aleena Hellebuyck, MA, LLPC, NCC, CAADC
Licence Number: 6451024261
1982 E Mitchell Rd
Petoskey, MI 49770 231.622.5800

RealLife Counseling of Northern Michigan

Professional Disclosure Statement

Counseling is a collaborative process supporting growth, healing, self-awareness, and healthier relationships. My role is to provide a safe, confidential, and supportive environment while helping clients develop insight and pursue their goals.

I am a Limited Licensed Professional Counselor in Michigan practicing under the supervision of Jake Tracy, MA, LPC, a Michigan Licensed Professional Counselor in good standing. I am also participating in an MCBAP-approved Development Plan toward the Certified Advanced Alcohol and Drug Counselor credential and use the designation CAADC-DP. I earned a Master of Arts in Counseling from Central Michigan University in 2025 and have worked in behavioral health since 2018. My experience includes outpatient counseling, substance-use treatment, Intensive Outpatient Program groups, and Michigan's Juvenile Drug Treatment Court system. My primary clinical focus is couples and family counseling, substance-use disorders, and co-occurring mental-health concerns.

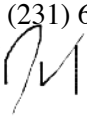
My approach is primarily psychodynamic and relational. I help clients understand how past experiences, attachment patterns, relationships, and less-conscious processes affect current emotions, thoughts, and behavior. Depending on client needs, I may integrate Gottman Method principles, existential, attachment-based, family-systems, mentalization-based, and substance-use approaches. Therapy requires honesty, curiosity, accountability, and self-reflection. Its purpose is to strengthen insight, resilience, relationships, and autonomy, not dependency.

Sessions are generally 55 or 85 minutes, based on clinical need and agreement. Fees are: 55-minute session, $150; 85-minute session, $225. I do not bill insurance directly. Uninsured or self-pay clients will receive a Good Faith Estimate when required and may request one at any time.

Confidentiality is essential. Information will not be released without written authorization except when required or permitted by law, including serious and imminent risk of harm, suspected abuse or neglect of a child or vulnerable adult, a valid court order, or other legal requirements.

Records are maintained in accordance with Michigan law and professional standards. Clients may request access as permitted by law. Copying fees will not exceed legally permitted amounts. Additional fees may apply for records review, summaries, letters, forms, or other documentation. Counseling is not a forensic, custody, or legal evaluation. Court-related records, attorney communications, depositions, testimony, travel, preparation, and other legal services are billed at $200 per hour. Appointments require 24 hours' notice to cancel or reschedule. Late cancellations and missed appointments are charged the full reserved-session fee.

Telehealth is available through secure platforms. Clients consent to telehealth, acknowledge its technological and privacy limitations, agree to participate privately, and will provide their physical location at each session. Email and text are limited to scheduling and administrative communication and should not contain sensitive clinical information. Real Life Counseling does not provide 24-hour crisis services. For emergencies, call 911, go to the nearest emergency department, or contact 988. I do not connect with current clients through personal social media. Professional communication should occur through approved office communication methods.

Clients may participate in treatment planning, provide feedback, decline recommendations, or end services. Concerns may be discussed with me directly or my supervisor. Complaints may also be submitted to: Michigan Department of Licensing and Regulatory Affairs, Bureau of Professional Licensing, Investigations & Inspections Division, P.O. Box 30670, Lansing, MI 48909 | (517) 241-0205. I, Jake Tracy, MA, LPC, 1982 E Mitchell Road, Petoskey, MI | (231) 622-5800, certify that I meet Michigan's requirements to provide counseling supervision. Supervisor Signature:  Date: 7/28/26

Client Acknowledgment: I received and reviewed this statement and understand the services, fees, confidentiality limits, supervision, and office policies.

Client Signature: _____ **Date:** _____