Jenna Morris
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Petoskey, MI 49770
231.622.5800

RealLife Counseling of Northern Michigan

Professional Disclosure Statement

As a Counselor-in-Training at Central Michigan University, graduating in May 2027. I treat individuals who are experiencing life transitions, relationship challenges, navigating divorce or family estrangement, or dealing with anxiety, depression, or burnout. I have 18 years of experience teaching yoga, breathwork, meditation, and facilitating group trainings.

I believe that all clients have the ability to live a fulfilling life, and much of that comes from self-discovery. My approach is warm and empathetic while bringing levity to the therapeutic process. I believe in thoughtfully challenging my clients to aid them in discovering and living their best possible life.

Sessions last 55 minutes and will involve outlining current challenges, past behavior that may have led to these challenges, and setting goals for how you wish your behavior will change. Typically, homework will be given at the end of each session and will be reviewed at the beginning of each subsequent session.

The standard fee for each session, due at or before the time of service, is $150.00. Real Life Counseling offers a sliding scale based on family size and income. Prolonged overdue balances may impact or interrupt the therapeutic process. A 24-hour notice is required for any cancellations or rescheduling. Text and email reminders for scheduled sessions are sent 1-2 days prior to your scheduled appointment. If you miss an appointment without prior notice (No-Show) or fail to cancel at least 24 hours in advance, the client will remain financially responsible for the full session fee.

I will adhere to and abide by the ACA ethical standards, the ethical standards of the State of Michigan and the standards required by law. Therefore, all information discussed during counseling is confidential in nature and will not be discussed with any other party without express written consent except in the following cases: If a client makes a threat of physical harm against another person or has a plan for harming themselves, in which case I am required by law to inform the police and/or the threatened party.

If a client is under the age of 18 and discloses being either physically abused, sexually abused, or neglected, I am required per the Child Welfare Act of 1972 to file a report of suspected abuse or neglect to the appropriate state agency. Similarly, if an adult discloses committing physical abuse, sexual abuse, or neglect of a child or an elderly person, I am required to contact the appropriate state agency.

I practice as a clinician under the clinical supervision of Jake Tracy, MA, LPC (License #6401015019). During supervision, I may be required to discuss information regarding your case as required in accordance with licensing rules by the State of Michigan. The supervisor will abide by the ACA ethical standards for confidentiality.

Our office is available from 10:30 am to 5:30 pm, Monday through Thursday, or by appointment. We 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.

Our Practice does not provide 24/7 crisis intervention services. If you experience a mental health emergency outside of regular session hours, please call 911, go to the nearest hospital emergency room, or call/text the National Suicide & Crisis Lifeline at 988.

In the event you would like to file a complaint regarding your counseling services, please contact the Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Professional Licensing - Board of Counseling, P.O. Box 30670, Lansing, MI 48909, Phone: (517) 241-0199.

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: _____

Supervisor Signature: _____ Date: 10.15.26