Lauren Schlueter
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231.622.5800

Professional Disclosure Statement
Real Life Counseling of Northern Michigan, PC

I am a Central Michigan University graduate student, receiving a Master's degree in Clinical Mental Health Counseling in May 2026. My prior counseling experience includes volunteer crisis text/chat counseling with The Trevor Project.

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, so the 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 myself, 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, as a counselor in training and 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 site.

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 family income and size. If you believe you may qualify for a sliding scale, you can check our website RealLifeCounselor.com for more information. Payment can be made by card, check, or cash. In the event that 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.

Our office can be contacted from 9:00am to 6:00pm Monday through Friday, and we will return emails and missed calls as soon as possible. This document constitutes your permission for 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.

Clients can contact my supervisor directly with questions or concerns. My site supervisor is Jake Tracy (LPC, License #6401015019), and he can be contacted at (231) 622-5800.

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

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: _____