



Joyce Dixson-Haskett, LMSW, ACSW, SAP - 25600 Woodward Ave., STE 104 Royal Oak, MI 48067
248-556-4556 phone/248-566-4557 fax

Professional Disclosure

Welcome! The following statement has been created to help you understand who I am as a counselor. It will also give important information on your rights in this counseling relationship. My mission is to assist you in exploring, enhancing and modifying any area of your life that you feel needs change. I am committed to offering you quality services in a safe, nonjudgmental, and nurturing environment.

Education:

- BA in History – University of Michigan
- MA in Social Work – University of Michigan School of Social Work

Licenses:

- State of Michigan for clinical and macro practice
- Nationally accredited by the National Association of Social Workers.

Experience:

- More than 10 years in the field.
- I believe in sound clinical counseling supported by biblical principles.

Process: Intake is a 90-minute session. Regular sessions are 45-50 minutes. The duration of the counseling relationship is determined by the goals established in harmony. The frequency of sessions is agreed upon by the client and clinician. Generally, clients are seen on a weekly basis.

Punctuality and mutual consideration are important and expected from both parties. I will notify you in advance of any changes to your scheduled appointment(s). In return, I ask that you provide at least a 24-hour notice of cancellation(s) or reschedule needs. This will avoid a missed appointment fee of \$25.00. In the event you arrive late for your session, you will still be seen, however, in fairness to other client(s), your session will end at the scheduled time.

The counseling process may be emotionally difficult at times. You may experience varying emotional responses when reflecting on negative or stressful experiences in life. Emotional response is a part of the healing process. Be aware that I will be with you throughout your healing process. I encourage you to make a commitment to be kind to yourself, to be honest with yourself and allow your true emotions to be present. In doing so, we will journey together to ensure a healthy and positive tomorrow.

Confidentiality: All information discussed in sessions are held in confidence. However, the following are **exceptions to confidentiality:**

1. The client or guardian gives written consent to release information to a designated individual or agency.
2. The client makes specific threats to harm themselves or others.
3. The counselor is made aware that a child, elder, or incapacitated person has suffered abuse or neglect.
4. The counselor must release relevant information if called as a defendant or if subpoenaed in a civil, criminal or disciplinary hearing.

Fees: The standard fee for services is \$135.00 for the Intake and \$120. For regular session. A sliding fee scale is utilized when necessary. Many insurances are accepted. Payment is expected at the beginning of each session. There are additional fees for letters, reports and phone interaction with legal parties.

Counseling Services: The counseling process is considered complete when you feel that you are in a better place emotionally or you have accomplished the goal(s) we have set.

Additional information: Feel free to address any concerns about your counseling service(s) with me. If you do not feel that your concerns have been properly addressed, contact:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional License
Legal Affairs Division, Allegations Section
P.O. Box 30670
Lansing, MI 48909
(517)373-9156

Authorization for Service: By signing this disclosure statement, I am authorizing counseling services for myself and/or my child. I have been informed of the counseling process, services provided, exemption to confidentiality and the fee policy. I understand and agree to the conditions specified above.

Client/Guardian Signature

Joyce Dixson-Haskett, LMSW, ACSW, SAP
License No. 6801086037
NASW No. 885203323

Date