



Katie Aagaard, LCMHCA
Professional Disclosure Statement

Professional Disclosure Statement and Informed Consent

I am pleased that you have selected to receive counseling through me, Katie Aagaard, a Licensed Clinical Mental Health Counselor Associate (LCMHCA) at the Counseling Center at Concord (CCC). My license number is A22450. This information is designed to inform you about my background and to ensure that you understand our therapeutic relationship, the therapeutic process, and what you can expect from me as your counselor. Please take time to read all of this information carefully and ask any questions.

Professional Education & Qualifications

I am a Licensed Clinical Mental Health Counselor Associate in the state of North Carolina. I received my Master of Arts in Clinical Mental Health Counseling from Gordon-Conwell Theological Seminary in 2026. I have been providing clinical services in the counseling field since 2024 and work with issues including anxiety, depression, self-esteem issues, life transitions, grief, stress management, ADHD, parenting issues, family of origin issues, and spiritual concerns. I am trained in spiritual integration and can incorporate your faith into therapy upon request.

Counseling Background & Approach

I serve children (ages 3+), adolescents, young adults, and adults in individual counseling. I will agree to work with any client regardless of ethnicity, gender, sex, race, religion, sexual orientation, gender identity, socioeconomic status or disability. Counseling is a collaborative process by which we work together to identify and work through any obstacles that may be limiting self-awareness and personal growth. Using a person-centered approach, I will support you as you set your therapeutic goals and work towards them. I utilize Child-Centered Play Therapy with child clients, and integrate Expressive Arts, Motivational Interviewing, and Cognitive Behavioral interventions.

Supervision and Consent to Video Record

As an LCMHCA, I receive supervision from Dawn Franks, LCMHCS and Amy R. Work, LCMHC-QS, RPT-S. As part of my supervision, I am required to provide audiotapes/videotapes of my sessions for review by my supervisor. If you consent to having our sessions audiotaped/videotaped, know that your confidentiality will be maintained,



and no identifying information will be included in the recording. In signing this document, you agree to not record any of our sessions without my knowledge. You may contact my supervisors with any questions or concerns:

Dawn Franks, LCMHCS dawnfranks1990@yahoo.com 704-786-9205

Amy R. Work, LCMHC-QS, RPT-S amywork@renewedcounseling.net 704-218-9184

Length of Sessions and Fees

Sessions will typically last for a therapeutic hour, which is 53 minutes. Child sessions utilizing play therapy last 45-50 minutes and the remaining time left within the therapeutic hour can be used to talk with the parents, set up scheduling, etc. My session rate is \$100 per session. An intake session with parents (for minor clients under age 18) and all follow up parent sessions are billed at the session rate. I require a parent follow up session (this includes parent coaching and skills training) for every 4-6 child sessions. Any additional phone, email, or documentation time (outside of basic record keeping) will be billed at \$100 per hour after the first 10 minutes. Payment is due at time of service with cash, check, or credit card held on file. Currently, I do not take insurance (although I am in the paneling process, so this will change in the months ahead).

When I schedule a time with you it is reserved exclusively for you (or your child). For our mutual benefit, any changes or cancellations to session day, time, or length need to be communicated at least 24 hours in advance to accommodate your request. If a change is requested with less than 24 hours' notice, I cannot guarantee that I will have the opportunity to review your request or availability to make the change. Your options will be to either keep the established time or cancel the session. If a session is canceled with less than 24 hours' notice this will be considered a "late cancellation" and a fee will be charged. There is a 10-minute grace period before a session is considered missed or forfeited ("no show"). If you arrive more than 10 minutes after your session time, I cannot guarantee that I will be able to facilitate our scheduled session. (Partial sessions are not an option.)

Use of Diagnosis

By signing below, you are giving permission for the Counseling Center at Concord (CCC) to provide evaluation and/or treatment services, as outlined in the assessment and/or treatment plan. Any diagnosis will be discussed with you and will become a permanent part of client records.



Confidentiality

All information spoken, written, or disclosed in any matter throughout the duration of our counseling relationship and anytime thereafter will be held confidential and become part of the clinical record, which is accessible to you upon request. No records will be sent or shown to others without a signed release from you. However, there are a few exceptions when I cannot legally or ethically hold the information confidential, such as:

1. **Danger to self or others:** If I have reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim. If I feel that you may harm yourself, I am required by law to do all that I can to protect you from harm, including but not limited to, notifying your emergency contacts, calling emergency services, etc.
2. **Child/Dependent Abuse:** If at any time you disclose, or I suspect, that a child or vulnerable adult has been, or will be, abused or neglected, I am required by law to inform Child Protective Services within 48 hours and Adult Protective Services immediately.
3. **Working with Minors:** When I consult with parents regarding minors, information regarding sessions will only be shared if the welfare of the minor requires such information to be disclosed.
4. **Litigation and legal proceedings:** In the rare event that a *court order* requires the release of case records or direct testimony, professional counselors are required to abide by judicial orders.

Concerns and Complaints

If you are dissatisfied with any aspect of our work at any time, please bring this to my attention so we can make adjustments. If we cannot work through the concerned issues and/or if you feel I am in violation of any of these codes of ethics you may file a complaint with my supervisor, listed above.

I abide by the ACA Code of Ethics (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf> (<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>)). If after reviewing these codes and communicating your concern/complaint with me and my supervisor, you feel that I am in violation of any of these codes of ethics, you may file a complaint against me with the organization listed below:



North Carolina Board of Licensed Clinical Mental Health Counselors

P.O. Box 77819

Greensboro, NC 27417

Phone: 844-622-3572 or 336-217-6007

Fax: 336-217-9450

E-mail: Complaints@ncblpc.org

Appropriate Referrals

If I am unable to meet your needs, I will refer you to another counselor or community resource that may be a better fit.

Consent

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT. I further acknowledge that I consent to counseling services provided by Katie Aagaard, LCMHCA. I understand that I may withdraw myself (or my child client) at any time from treatment and refuse any treatment offered.

Client _____ Date _____

Counselor _____ Date _____