

Chris Covington MS, LPC-S
TRINITY CHALLENGE, LLC
14903 Robin Road
Haslet, Texas 76052

PROFESSIONAL DISCLOSURE STATEMENT

Qualifications: I earned my Master's degree in Counseling from the University of North Texas and my Bachelor's degree in Psychology from Abilene Christian University. I am also licensed in the state of Texas as a Professional Counselor Supervisor (LPC-S) since 2012. I have received additional training in animal assisted therapy from Equine Assisted Growth and Learning Association (EAGALA), PATH International and Certified Horsemanship Association (CHA), as well as, certification as a Level 2 Challenge Course Practitioner to facilitate team building and leadership training.

Experience: My license, additional trainings and certifications have prepared me to work with both children and adults in individual, family and group therapy. I have worked with clients dealing with anger, anxiety, autism, depression, grief, OCD, victims of trauma, and suicidal thoughts, as well as, social stressors and interpersonal issues in relationships, parenting, school and work. I have utilized the therapeutic nature of animals, and more specifically horses, with my clients since 2008 along with experiential learning techniques to meet the needs of my clients. I also have training and experience offering mental health services to service members and military veterans.

Nature of Counseling: I practice as a reality counselor. In the counseling relationship, I encourage clients to assume as much responsibility as possible for meeting their own needs and choosing effective behaviors. The first step is to identify new strategies, you should be the architect of you own transformation, while I am here to help guide you through the process. The next step in the journey is committing to the plan. Getting real in reality therapy is one of the core elements of this technique. The ultimate goal is to help you define your wants, evaluate your behaviors, and make concrete plans for fulfilling your needs.

Conditions of Counseling

Counseling Relationship: Unless you prefer otherwise, I will call you by your first name. Please call me Chris. During the time you and I work together, we usually will meet weekly for approximately 45-minute sessions. Although our sessions may be psychologically deep, ours is a professional relationship rather than a social one. Therefore, please do not invite me to social events, bring me gifts, ask to barter or exchange services, ask me to write references for you, or ask me to relate to you in any way other than the professional context of our counseling relationship. You will benefit the most if our interactions address your concerns exclusively.

I conduct all counseling sessions in English or with a translator for whom you arrange and pay. I do not discriminate on the basis of race, gender, religion, national origin, disability, or sexual orientation. If significant differences, such as in culture or belief system, exist between us, I will work to understand those differences.

Effects of Counseling: At any time, you may initiate with me a discussion of possible positive or negative effects of entering or not entering into, continuing, or discontinuing counseling. I expect you to benefit from counseling. However, I cannot guarantee any specific results. Counseling is a personal exploration that may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job, and/or your understanding of yourself. You may feel troubled, usually only temporarily, by some of the things you learn about yourself or some of the changes you make. In addition, counseling can, at times, result in long lasting effects. For example, one risk of couple counseling is the possibility that the marriage may end. Although the exact nature of changes resulting from counseling cannot be predicted, I intend to work with you to achieve the best possible result for you.

Client Rights: Some clients achieve their goals in only a few counseling session, whereas others may require months or even years of counseling. As a client, you are in complete control and may end our counseling relationship at any time. If you choose to end the counseling relationship, I ask that you participate in a termination session. You also have the right to refuse or to discuss modification of any of my counseling techniques or suggestions that you believe might be harmful.

I render counseling services in a professional manner consistent with accepted ethical standards. If at any time for any reason you dissatisfied with my services, please let me know. If I am not able to resolve your concerns, you may report your complaints to:

Texas State Board of Examiners of Professional Counselors Complaints Management and Investigative Section
P.O. Box 141369
Austin, Texas 78714
(512) 834-6658

Appointments, Cancellation, and Crises: Our in person contact will be limited to counseling sessions you arrange with me.

In the event that you are unable to keep an appointment, please notify me at least 24 hours in advance, whenever possible. Likewise, if you intend to discontinue counseling, please inform me immediately so that I may schedule a new client.

If you are in a life-threatening emergency, please call 911 or MHMR Crisis Line (800-762-0157). Veterans, please call 1-800-273-TALK (8255) and press #1. I am not able to provide emergency services or psychiatric medications; if you or I believe you need a greater level of service than I can provide I will consult and arrange referral to a mental health professional that is better able to meet your needs.

Confidentiality: Discussions between you and me, and even the fact that you are in counseling with me, are confidential. For this reason, if I see you in public, I will protect your confidentiality by greeting you only if you greet me first. Further information about confidentiality is addressed in the *Notice of Privacy Practice and Informed Consent*.

Records: Files are closed once the counseling relationship ends. Records for adult clients are destroyed seven years after the file is closed. Records for minor clients are destroyed seven years after the client turns 18 years of age.

Referrals: I recognize that not all conditions presented by clients are appropriate for treatment at this facility. For this reason, you and/or I may believe that a referral is needed. In that case, I may provide some alternative professionals who may be available to assist you.

By signing below you indicate that you have read this disclosure, that your questions have been answered and that you understand the above information. Your signature also indicates that you are consenting to receive counseling services.

Print Client's Name

Signature of Client (or parent/legal guardian of a minor)

Date

Counselor's Signature

Date