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## **INDIVIDUAL PROVIDER INFORMATION ADDENDUM TO THE DISCLOSURE AND INFORMED CONSENT AGREEMENT**

As part of your participation in our counseling program, we would like to provide you with specific information about your behavioral health provider. This information is provided in addition to the Pathways Mental Health Services' Disclosure and Informed Consent Agreement.

### **Provider Name and credentials:**

Patrick Maley, Clinical Intern

### **Provider's Credential type and number:**

Washington Licensed Mental Health Counselor: N/A

### **Supervision:**

As a Marriage and Family Therapy intern, I am in the process of completing my degree under the supervision of an approved supervisor. I have a current supervision agreement with Loretta Crawford Kissel, MA, LMHC and I may disclose information about your counseling session as part of ongoing supervision.

### **Provider's Education, Training, Experience:**

I am earning a Master of Arts degree in Psychology Mental Health. I plan to complete school in December of 2017. For 27 years I have worked for the Olympia Food Co-op where I have had extensive training and experience in: hiring, group process and facilitation, consensus decision making, anti-oppression strategy, and customer service.

### **Type of Services Offered by Provider:**

Adult, teen, children, couples and family psychotherapy and counseling.

### **Provider's Therapeutic Orientation and Methods Used:**

My approaches to treatment are: Internal Family Systems Therapy, Family Systems Therapy, Bowenian Family Therapy, Solution Focus Therapy, Cognitive Behavioral Therapy, Structural Therapy and Narrative Therapy.