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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, Mental Health Counselor, LMHCA

Provider's Credential type and number:

Washington Licensed Mental Health Counselor: MC 60819784

Supervision:

I am a mental health counselor in pursuit of my licensure. My supervisor is Loretta Crawford, clinical supervisor of PMHS.

Provider's Education, Training, Experience:

I am earned a Master of Arts degree in Psychology Mental Health from Saybrook University in a program that has historically been know as LIOS. Since 1990 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 approach to treatment are: Internal Family Systems Therapy, Family Systems Therapy, Bowenian Family Therapy, Solution Focus Therapy, Cognitive Behavioral Therapy, Structural Therapy and Narrative Therapy.