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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:

Kris Vegvari LPC, LMHC, NCC, MAC, CADCIH

Provider's Credential type and number:

United States:

Oregon Licensed Professional Counselor: C2462

Washington Licensed Mental Health Counselor: LH60118011

National Board of Certified Counselors, National Certified Counselor: 219004

NAADAC, Master Addiction Counselor: 507695

The Addiction Counselor Certification Board of Oregon, Certified Alcohol & Drug Counselor III: 09-12-75

Provider's Education, Training, Experience:

I completed all but Dissertation (ABD) for a PHD in Clinical Psychology from Walden University and I received my Master of Arts degree in Counseling Psychology from Pacific University. My experiences include, but are not limited to private practice, outpatient, intensive outpatient, clinical case management, crisis intervention, dual diagnosis treatment, trauma treatment, community mental health, the severely mentally ill population, and military substance abuse clinical treatment/management. My specialties include depression, anxiety, and substance use disorders.

Type of Services Offered by Provider:

Adolescent and Adult mental health therapy

Alcohol and Drug assessment and treatment.

Trauma focused treatment using Prolonged Exposure Therapy and Systematic Desensitization interventions

Provider's Therapeutic Orientation and Methods Used:

I use solution-focused therapy, crisis intervention, and cognitive behavioral therapy. When working with trauma patients, I utilize.