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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:

Pat Beck, MS, LMHC

Provider's Credential type and number:

Licensed Mental Health Counselor
Credential number: 60725534

Provider's Education, Training, Experience:

I received my Master of Science in Mental Health Counseling (MS) at Capella University.
My experience includes, but is not limited to outpatient, crisis intervention, dual diagnosis treatment, group therapy, gerontology in a skilled nursing facility.
Training includes EFT (tapping technique), crisis response, ASIST suicide prevention, grief/loss treatment.
I am a National Board Certified Counselor (NBCC).

Type of Services Offered by Provider:

Children, Adolescent, and Adult psychotherapy and counseling.

Provider's Therapeutic Orientation and Methods Used:

I use solution-focused therapy, cognitive behavioral therapy, client-centered therapy, and multimodal therapy.