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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:

Jeremy C. Bolden, MSW, LICSWA

Provider's Credential type and number:

Social Worker Associate Independent Clinical License: SC 60970302

Supervision:

As a Independent Clinical Social Worker Associate, I am in the process of completing my hours under the supervision of an approved supervisor. I have a current supervision agreement with Dr. Arthur Tolentino PhD and Loretta Crawford, LMHC, and I may disclose information about your counseling session as part of ongoing supervision and consultation.

Provider's Education, Training, Experience:

I earned a Master of Social Work from the University of Southern California in April of 2019. While completing my degree, I was an intern for Pathways Mental Health Services working as a counselor for individual adults.

Type of Services Offered by Provider:

I provide individual and couple counseling for adults and adolescents.

Provider's Therapeutic Orientation and Methods Used:

My approach to treatment is a holistic approach based in cognitive behavioral therapy, and mindfulness techniques. I believe in order to illicit the growth and change an individual desire', we must consider all that makes up the individual. I believe the therapeutic alliance is the most important aspect of the services I provide and strive to provide my clients with a warm, safe and welcoming space to work on the issues that brought them to counseling.