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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 mental health provider. This information is provided in addition to the Pathways Mental Health Services' Disclosure and Informed Consent Agreement.

Provider Name and credentials:

Daniel Barash, BA, MA, LMHCA

Provider's Credential type and number:

Washington License Mental Health Counselor Associate, MC60323307

Supervision:

As a Licensed Mental Health Counselor Associate, I am in the process of fulfilling requirements for full licensure under the supervision of an approved supervisor. Currently, I am supervised by Loretta Crawford Kissel, MA-ABS, CMHS, LMHC. I may disclose information about your counseling session as part of my ongoing supervision.

Provider's Education, Training, Experience:

- Pacifica Graduate Institute, MA – Counseling Psychology, Depth Psychology
- The Evergreen State College, BA – Psychology

Type of Services Offered by Provider:

Individuals (adolescents, adults) & couples.

Provider's Therapeutic Orientation and Methods Used:

Therapy occurs through the strength of the counseling relationship. My therapeutic orientation is a blend of person-centered, mindfulness, bioenergetic, and cognitive behavioral approaches. We will collaborate to uncover roots causes for what is impeding you from fulfilling your needs and goals, and utilize strength-based techniques for achieving your highest aspirations.