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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:**

Kelly Kimbel LMHC, MHP

### **Provider's Credential type and number:**

Washington Licensed Mental Health Counselor: LH60206012

### **Provider's Education, Training, Experience:**

I earned a Master of Arts degree in Counseling Psychology. I graduated in December of 1998 from Saint Martin's University. My experiences include but are not limited to outpatient community crisis intervention; intensive outpatient community mental health wrap around services for severely mentally ill adults; providing cognitive-behavioral therapy to adult patients living in skilled nursing facilities; department clinical supervisor and team leader for the Programs for Assertive Community Treatment Program of Mason-Thurston Counties; and department manager for three mental health offices within Thurston County. I am a Licensed Mental Health Counselor and Mental Health Professional in the state of Washington.

### **Type of Services Offered by Provider:**

Children, Adolescents, Adult and Family psychotherapy and counseling, Adult and adolescent Co-Occurring disorder psychotherapy, Adult DBT Group Therapy

### **Provider's Therapeutic Orientation and Methods Used:**

My approach to treatment: providing skills based psycho-education, Cognitive-Behavioral Therapy, Solution Focused Therapy, Dialectical Behavioral Therapy, and family systems approaches. I also use client-centered play therapy with children and adolescents.