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831

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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:

Lisa A. Hanna MA, LMHC

Provider's Credential type and number:

United States:

Washington Licensed Mental Health Counselor: LH60658917

Provider's Education, Training, Experience:

I received my Bachelor of Arts in Law & Justice from Central Washington University and a Master of Arts in Counseling Psychology from St. Martin's University. My experience includes outpatient mental health treatment for adults, adolescents and children. Treatment of co-occurring disorders, diagnostic evaluation for mental health symptoms, group therapy for Dialectic Behavioral Therapy, trauma treatment in community mental health.

Type of Services Offered by Provider:

Children, Adolescent, Adult and family psychotherapy and counseling.

Provider's Therapeutic Orientation and Methods Used:

I used solution-focused therapy, cognitive behavioral therapy, and family system approaches. I also use client-centered method in Play Therapy when working with children and adolescent. I utilize Cognitive Behavioral Therapy, Dialectic Behavioral Therapy and Expressive Therapies.