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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:

Kess'a Stephenson-Taylor, BA, MA, LMHCA

Provider's Credential type and number:

Washington Licensed Clinical Mental Health Counseling Associate, #MC61034549

Supervision:

As a licensed Clinical Mental Health Counseling Associate, I am in the process of fulfilling requirements for full licensure under the supervision of an approved supervisor. Currently, I am supervised by Arthur Tolentino, PhD, LMFT, CDP, MAC, SA. I may disclose information about your counseling session as part of my ongoing supervision.

Provider's Education, Training, Experience:

- Antioch University New England, MA, Clinical Mental Health Counseling
- The Evergreen State College, BA, Psychology

Type of Services Offered by Provider:

Individuals (children, adolescents, adults), couples, families, and groups.

Provider's Therapeutic Orientation and Methods Used:

My approach stems from Cognitive Behavior Therapy and Dialectical Behavior Therapy, centering around tracing maladaptive behaviors to their origins in maladaptive thinking patterns as a response to outside stimulus and previous experiences. It is my belief that by changing one's method of thinking, a more beneficial approach to situations can be obtained.