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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:

Cecelia Cansino, BS, MS, LMHCA

Provider's Credential type and number:

Washington Licensed Mental Health Counselor Associate: MC60898691

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 Arthur Tolentino, PhD, LMFT, CDP, MAC, SAP. I may disclose information about your counseling session as part of my ongoing supervision.

Provider's Education, Training, Experience:

- Capella University, MS – Clinical Mental Health Counseling
- Indiana University, BS – Social and Behavioral Science

Type of Services Offered by Provider:

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

Provider's Therapeutic Orientation and Methods Used:

I take a Cognitive Behavioral Approach (CBT) to therapy. I believe that our thoughts directly impact our behaviors. With the proper, evidence-based techniques, thoughts and behaviors can be positively influenced for permanent betterment. I focus on the need to set achievable goals and discover true accomplishment through the therapy process. It is my focus to not only address the present problem, but to assist my clients in developing valuable skills to cope with and adapt to life changes.