



**Margaret Lang-Garnhart, LCSW**  
**Evergreen Counseling Center, PLLC**  
**210 Wirt Street SW, Suite 303**  
**Leesburg, VA 20175**  
**703-727-5209**  
**[sunsong2mp@gmail.com](mailto:sunsong2mp@gmail.com)**

Welcome to Evergreen Counseling Center, PLLC. Below is some information that might answer some of your questions as you inquire about working together with me.

**Credentials, Education and Experience:** I am a clinical social worker, licensed by the state board of Virginia. I completed my undergraduate degree at Fordham University (1990) and my graduate work at Hunter College School of Social Work (1994) in New York City. My career as a social worker began in as in addiction, school and counseling settings in Brooklyn, New York. In 1998, I moved to Virginia where I worked as a counselor for Catholic Charities and then as a facilitator and director of the Nurturing Program, a program designed to promote positive behaviors and strong attachments in families. Since 2008, I have been in private practice, providing individual, group and family counseling to adults, children, adolescents, and families. In addition to my social work practice, I enjoy biking, hiking, the beach, music and time with my family.

**Office Organization, Telephones and Emergency Coverage:** To communicate about appointments, leave a message or speak with me between sessions, please feel free to send me an e-mail at [sunsong2mp@gmail.com](mailto:sunsong2mp@gmail.com) or leave a message for me at: 703-727-5209 and I will reply on the next business day. Generally, I am in the office Mondays-Thursdays and check messages and return calls on those days. In case of emergency, please call 911.

In-Person appointments will be held at:  
210 Wirt Street SW, Suite 303  
Leesburg, VA 20175

**Fees and Billing:**

Psychological Diagnostic Interview/ Intake Examination (90 minutes)	\$150.00
Psychotherapy, Individual, Family and Crisis (per 50 minute session)	\$130.00
Consultation and unlisted psychological services	\$150.00/hr.
Legal Proceedings	\$300.00/hr.

There may be additional items or services that are recommended as part of the treatment that will be scheduled separately and are not reflected in the good faith estimate. For a list of fees for group services, please inquire. Please refer to Surprise Billing Protection form for a more detailed outline of services and fees.

I accept cash, electronic payment transfer and check. Payment is due at the time of service. As I do not accept payment through insurance, fees are the responsibility of the client at the time services are provided. A receipt will be provided at the time of payment.

**Scheduling and Cancellations:** I request 24 hours notice of any cancellation. If you need to cancel and if I am able to fill your session time with another appointment, there will be no missed appointment fee. Otherwise, a missed appointment fee of \$60.00 may be applied. Your appointment times may be given to another client if you fail to come to an appointment.

**Voluntary Participation:** Participation in counseling services at Evergreen Counseling Center, PLLC, is optional. I understand that I can discontinue therapy at any time. I agree inform Margie Lang-Garnhart, LCSW, of my decision should I choose to discontinue sessions. I can return to therapy at a later date as long as appointment times are available and that the offered therapy is clinically appropriate to the needs expressed.

**Risks/Rewards:** While counseling can be very helpful, it can be a considerable investment in time, money and emotional effort. Therapy entails questions/conversations about current symptoms and concerns as well as personal and family history. While therapy may vastly improve the quality of one's life, it is also a considerable investment of time, money, and emotional effort. If, at any point, you do not feel that you are benefiting from counseling, please discuss this with me so that we can work to find a solution. If you wish, I will provide names of other qualified mental health therapists.

**Authorization:** Having read, understood and agreed to the above, I authorize Margaret Lang-Garnhart to provide counseling and/or assessment to \_\_\_\_\_.

Date: \_\_\_\_\_ Signatures:\_\_\_\_\_