

**Holly Branch Retreat LLC**  
**APX PSYCHOLOGICAL OF NC, PLLC**  
**PO Box #5314**  
**Mooreville, NC 28117**  
**(704) 787-4272**

A Notice of the Privacy Practices has been provided to you as a requirement of the Health Insurance Probability and Accountability Act (HIPPA). The Notice describes how information about you may be used and disclosed and how you can get access to this information. I have read and understand my health care.

Signature: \_\_\_\_\_

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

Retreat Date: \_\_\_\_\_

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

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Rules & Regulations:

Holly Branch Retreat must enforce some rules and regulations for understanding expectations and a positive experience during your stay.

1. **HBR is a non-smoking facility. Smoking is in designated area only outside of backdoor on slate patio. No smoking is allowed in the building or in any other work area including roadways, trails, and patio decks. Smokeless cigarettes must also follow these rules.**
2. **No loud TV or devices after 11 pm.**
3. **Alcoholic beverages are not allowed on the premises.**
4. **All medications must be prescribed with your name on the labeled bottle.**
5. **No illegal drugs, paraphernalia are allowed on premises.**
6. **No illegal activities, business, or divorce actions can be conducted at HBR. This includes thru use of computer (including negative social interactions on facebook), electronic device, or phones.**
7. **No firearms, mace, knives; or physical protection devices of any sort allowed on the premises.**
8. **No pornographic materials.**
9. **No unauthorized visitors.**
10. **No threatening or abusive language is allowed on the premises.**
11. **Nothing is to be on the premises that would harm yourself or others.**
12. **No Candles, incents or open flame allowed.**
13. **No guests shall take on a therapist role nor offer professional advice or gossip to other guests.**
14. **At no time will any guest continue therapy outside of the therapy room. All therapy issues and personal issues are to be in the presence of Dr. Kavanaugh at all times. Common areas are for generic and light conversations only.**
15. **Guests are not to ask any staff members for any type of therapeutic advice. All mental health therapy is to be directed by Dr. Kavanaugh.**
16. **Bedrooms are for sleeping and changing rooms only. During daytime and evening hours bedrooms are off limits unless authorized by Dr. Kavanaugh.**
17. **Guests must fully understand that we follow Safe Serve Health Department regulations at Holly Branch retreat. The kitchen area including the cabinets the refrigerator the stove the pantries are off limits**

**to all guests so that we can maintain proper Health standards. All guests must stay out of the kitchen area while meals are being prepared. This includes talking to the staff that is preparing their meals. Their concentration is necessary for proper preparation.**

- 18. Guests understand they must remove their shoes within the home.**
- 19. Guests must keep the rooms in tidy condition and all times. All clothing items and personal items must be put away in drawers. All computers phones iPads must be charged in their rooms not on floors or common areas. No personal property of any type should be left in common areas anytime. Guests must be respectful of others space and not bring food in rooms. They must pick up after themselves throughout the common areas and the rooms at all times.**
- 20. Please be advised that any evidence of alcohol withdrawal or substance withdrawal cannot be treated at HBR. HBR is very clear that we are not a substitute for a substance abuse treatment center. Persons with alcohol or substance withdrawal (even for short periods of time) will exhibit extreme emotional agitation for which you will be removed from the program and referred to a hospital or doctor without refund or reschedule or cost to HBR.**

#### Phone Policy:

Phone calls from family and friends must be conducted before breakfast, or after the evening session. HBR urges you to have home contact to the extent that it does not interfere with your stay. Please direct your family and friends accordingly.

All guests must refrain from engaging in agitated and upsetting conversations from home. *(Example: Continued feuding with family members, or spouses or boyfriends.)* No business, no divorce actions nor negative social interactions will be tolerated during your stay at Holly Branch. Failure to follow this guideline will result in loss of all device privileges or discontinuation of the program without refund.

Holly Branch Retreat LLC and their staff will fully enforce the rules and regulations stated above. Any misconduct will result in termination of your stay without refund.

I hereby acknowledge receiving Holly Branch Retreat's Rules & Regulations, and I understand their importance and will follow them strictly.

\_\_\_\_\_ Date \_\_\_\_\_  
Retreat Date \_\_\_\_\_

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Name: \_\_\_\_\_

Retreat Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Name/Phone Number of Emergency Contact and Relationship to you:

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**\*\* Emergency Only\*\***

(Not Billable for Holly Branch Retreat)

Do you carry Health Insurance for medical emergency?      Yes      No

*Note: Please attach clear copy of Insurance card & License Identification*

Please List Food and Other Allergies:

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Do you use an Epi-Pen or an Inhaler?      Yes      No

Brand and Dose: \_\_\_\_\_

Do you have any history of Seizures?      Yes      No

Explain: \_\_\_\_\_

Are you an Insulin Dependent Diabetic?      Yes      No

Brand and Dose: \_\_\_\_\_

Are you allergic to any Pets?      Yes      No

Details: \_\_\_\_\_

**Please List current Medications:**

(List Medication Name, Dose, and What It's Prescribed For)

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**Please Provide Information for your Primary Care Doctor:**

(Note: This is for emergency contact only)

List Name, Address, City, State, and Phone Number

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**Symptoms List:**

Please Put an (X) for all symptoms you are currently experiencing.

- |   |   |
|---|---|
| <input type="checkbox"/> Severe Nightmares          | <input type="checkbox"/> Sleeplessness                  |
| <input type="checkbox"/> Low Appetite               | <input type="checkbox"/> Oversleeping                   |
| <input type="checkbox"/> Anorexia/Bulimia           | <input type="checkbox"/> Domestic Violence              |
| <input type="checkbox"/> Weight Issues              | <input type="checkbox"/> Family Problems                |
| <input type="checkbox"/> Suicidal Thoughts          | <input type="checkbox"/> Sexual Abuse                   |
| <input type="checkbox"/> Lack of Motivation         | <input type="checkbox"/> Substance Abuse                |
| <input type="checkbox"/> Low Feelings of Self Worth | <input type="checkbox"/> Obsessive Anxiety              |
| <input type="checkbox"/> Mood Swings                | <input type="checkbox"/> Obsessive Compulsive Disorder  |
| <input type="checkbox"/> Job Stress                 | <input type="checkbox"/> Post Traumatic Stress Disorder |
| <input type="checkbox"/> Relationship Problems      | <input type="checkbox"/> Dissociative Disorder          |
| <input type="checkbox"/> Anger Issues               | <input type="checkbox"/> Hearing Voices/Seeing Things   |
| <input type="checkbox"/> Violent Behavior           |   |

Have you recently been Psychiatrically hospitalized or recently stayed at a Rehabilitation Center? If, yes; please briefly identify where and length.

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What would you hope to gain from staying at the Holly Branch Retreat?

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Do you have any medical diseases or conditions that you are currently being treated for?

*(Please list all surgeries and conditions)*

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Are there any immediate family members treated or untreated for emotional problems, use of substances? Please identify the relationship.

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Do you presently have thoughts about harming yourself or harming others?

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Do you have any problems with the law (convictions) or pending cases?

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Do you use illicit or non-prescribed drugs? If so, please identify.

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Have you ever had a problem with alcohol or drugs?

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Please identify level of education you have obtained.

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Are you satisfied with your job status at this time?

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Are you having problems with relationships?

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Do you have any belief in a higher power or spiritual belief system? If so, please identify (Not necessarily religious affiliation)

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What types of activities do you enjoy?

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Do you currently have friends or family that is supportive?

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In a few words, how would you describe yourself?

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**By signing this form; I agree that this information is accurate to the best of my knowledge. I understand that withholding necessary information for my care may negatively impact the desired outcome for services, which Holly Branch Retreat is not liable. I understand that HBR is a voluntary Retreat, and not a substitute for Inpatient Crisis or Psychiatric Hospitalization.**

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**Signature/Date**

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

**I further understand that if a Psychiatric Emergency occurs, HBR will have me transported to CMC Randolph on Billingsley in Charlotte, NC or other local Emergency Hospital for safety and/or treatment by their team staff. I authorize release of any clinical information obtained by HBR to be provided to Medical Staff for purposes of Continuity of Care. My emergency contact will also be notified of my condition and location.**

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**Release of Information**

Client Name: \_\_\_\_\_

I request and authorize HBR / Dr. Lauren Kavanaugh to release any personal health information or clinical data in the event of an emergency to Medical Hospital Treatment Personnel to offer immediate care to me during the course of my stay at Holly Branch Retreat.

\_\_\_\_\_  
Signature/Date

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**Name** \_\_\_\_\_  
(Please Print)

**Cell Number** \_\_\_\_\_

**Date** \_\_\_\_\_

**Retreat Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Please take the time with the following information to make your stay as enjoyable as possible --:**

1. Please list all allergies (food, perfume, and other)

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2. Breakfast: Please describe breakfast foods that you like:

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3. Lunch: Please describe lunches you prefer.

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4. Dinner: Please describe the type of dinner you prefer.

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5. What types of fruits do you enjoy?

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6. What vegetables do you enjoy?

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7. What meats do you enjoy?

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8. What fish do you enjoy?

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9. What desserts do you enjoy?

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10. What snacks do you enjoy?

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11. What beverages do you enjoy?

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12. What activities do you have interest in?

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13. Please choose your 3 amenity preferences. Tell us which one you will prefer:

➤ Massage \_\_\_\_\_

➤ Facial \_\_\_\_\_

➤ Yoga \_\_\_\_\_

➤ Reflexology \_\_\_\_\_

15. Do you have any problems with walking around or with stairs? Do you have any medical conditions that affect your balance? How would you rate your overall medical health?

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16. Please rate your activity level?

*Example: Do you prefer quiet time, or do you prefer always being on the go?*

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Questions

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Special Request

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Please send these by Email or to the address above no later than one week prior to your stay.

Thank you,  
Staff  
Holly Branch Retreat LLC, a dba of  
APX Psychological of NC PLLC