

Retreat Registration

Please complete and return to: Sagestone, PLLC at Fax: (252) 376-1473 or info@sagestonenc.com

WELCOME LETTER

Welcome to your retreat with Sagestone! We're glad you plan to join us.

Our primary goal is to create as safe a place as possible for you to retreat, do your work, and make connection with others. To work toward this, we do our best to let you know what to expect. We want to be as clear as possible about our policies, the facility, and the schedule, so you can be more comfortable while you're here.

We will need to have the enclosed participant information returned to us no later than 3 days after date of registration (if registering within 2 weeks of program start date, information is due 24 hours after date of registration). Failure to return your paperwork by the required date will jeopardize your participation in this program.

Please read the enclosed guidelines. They have been compiled to promote safety and consistency in the community. You will be asked to sign and return a statement indicating that you have read, understand, and agree to follow these guidelines.

SCHEDULE

Sagestone retreats are 3 or 4 days in length. Please confirm exact dates of your program with the Admissions team. Please do not make travel arrangements until you have received notification that you have been clinically approved for the program. You will receive notification of approval after your participant forms have been returned to our office and reviewed by our clinical team.

TRAVEL

Please do not make travel arrangements until you have received notification that you have been clinically approved for the program. You will receive notification of approval after your participant forms have been returned to our office and reviewed by our clinical team.

AIR: Arrival: Please note that your air travel destination is either New Bern, NC or Jacksonville, NC. See the enclosed travel pages for specific travel information.

Please plan to arrive at the airport no later than 12:30 p.m. If driving, you will need to arrive at your accommodation site after 2:00 p.m. and before 4:00 p.m. on the opening day of the program.

Please Note: Sagestone is not responsible for transportation or weather delays during scheduled dates of our program. Departure: Make sure to schedule your departing flight after 2:30 p.m. on the last day of the program.

If you wish to come a day early or stay a day late, see enclosed suggested hotel list.

ACCOMMODATIONS

The retreat you have registered for will be held at a private residence in Emerald Isle, NC 28594. The specific address will be provided prior to the retreat. The property is managed by Emerald Isle Realty and we have subcontracted with them to provide these accommodations.

The program site is approximately 55 miles northeast of the Albert Ellis Airport in Richlands, NC and 52 miles from the Coastal Carolina Regional Airport in New Bern, NC. All female participants will stay at the program site. Male participants will stay offsite locally and come to the residence each day for the program and meals.

Your accommodations are similar to a vacation property rental, with a few exceptions:

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--The rooms accommodate one or two roommates. Please provide roommate requests on your registration form.

--Sagestone and Emerald Isle Realty cannot anticipate, monitor, or control participants' unique sleeping/living habits or their sensitivities to others' habits. If you have any unique sensitivities, such as allergies to hair spray, perfume, etc., snoring or other night sounds, light, etc., it is your responsibility to take care of those sensitivities by bringing to the program items needed to provide for your comfort and safety. Such items might include allergy masks, sleeping masks, ear plugs, headphones, white noise machines, etc.

--As part of your stay, the use of televisions, and other technology is prohibited in the rooms, so that you can focus on the work you are here to do. Phones may not be used during programming hours, but may be checked during meal times and social hours. Please let necessary people at home know that they can get in touch with you in an emergency by calling (252) 515-0557. Have them indicate they are leaving an emergency message for a Sagestone retreat participant.

-- The following are provided: Towels, soap, shampoo, conditioner, and bed linens. We do not offer room attendance services. As with other vacation property rentals, we ask that you take out the trash if it becomes full. While food will be provided, guests will share in cooking and clean up responsibilities to be determined during our opening sessions. Specific needs/requests will be attended to at the start of each day. Please respect your roommates by keeping your living area neat and bed made.

-- This is an intense program. In order to provide safety, privacy, and a sanctuary, assigned sleeping rooms will be considered private spaces and should not be entered without the express permission of those residing there.

-- Check out time on the last day of the program will be announced. You will be asked to have your bags packed before you arrive for your retreat closing session. Additional instructions may be given with regard to linens, and restoring the house the way we found it.

-- Smoking, burning candles, burning incense, smudging, etc. is not permitted inside at any time. Gas fireplaces may be used when you are in the room. Fireplaces are not to be left on all night or unattended.

--This is a sober space for the duration of the retreat.

MEALS

Your total program cost includes all meals, snacks and beverages. Ingredients and meal items will be provided, but as stated above participants will share in the responsibility of preparation and clean up. Meals are served family style or buffet style. Sorry, we will be unable to accommodate special requests or food plans. If you have medical dietary needs, consult with our office before you sign up to see if our meal plan will work for you, and feel free to bring foods to meet your specific needs (in well labeled containers). Food is not permitted in bedrooms. Please call our office if you have questions concerning food.

WHAT TO BRING

GENERAL DRESS CODE - Appropriate dress includes comfortable, casual wear. Wear shoes outside at all times. T-shirts, sweats, and jeans are all appropriate. Some activities may take place outdoors. Please bring warm clothing during late fall, winter, and early spring months. We suggest layers due to variable temperatures inside and outside. For group, we suggest you be very comfortable.

For health reasons, you will need to wear foot coverings in the large meeting room, group rooms, and common areas of the house (we like fuzzy socks). A checklist is provided for your packing convenience. We are located near several stores, should you forget something. However, you may find you have limited downtime to address these needs.

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General Heavy jacket for fall/winter months	<i>i</i>
Light jacket for fall/winter months	<i>o</i>
Broad brimmed hat	<i>n</i>
Shorts (in modest length please)	<i>a</i>
Blue jeans/casual pants	<i>l</i>
Sunscreen	-Notebooks/pens
Shirts/blouses (at least one long sleeved)	
Insect repellent	<u>PLEASE DO NOT BRING:</u>
Comfortable shoes	-Halter tops or low cut tank tops
One pair of casual shoes/athletic shoes	-Clothing promoting alcohol, drugs, sex, etc.
All daily toiletries (i.e. toothbrush, deodorant, etc.)	-Tops that exposes the midriff or low riding pants
Hair dryer	-Music players, radios, computers (including
Watch	IPads), computer equipment (i.e. blackberries,
Leave Sagestone emergency phone number (252)	anything with a screen, etc.), video cameras, smart
515-0557 with _____	watches
	-Exercise equipment (i.e. weights, roller blades,
	jump ropes, etc.)
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	<i>t</i>

CONFIDENTIALITY

Confidentiality regulations and Sagestone policies protect your right to anonymity as a participant in this program. We expect that you will protect that right for fellow participants. What you choose to say to others about yourself and/or your experience is up to you. Be aware that because Sagestone provides a group process, we cannot guarantee that group participants will keep confidentiality. All licensed counselors and helping professionals who function as our group leaders are required to report certain information where there is a clear and immediate danger to you or someone you could endanger, indication of abuse to a minor and/or confirmed or suspected domestic violence/abuse. (See the page titled INFORMATION CONCERNING YOUR HEALTH RECORDS for more information.)

Please ask permission of participants before you use your camera. Do not post photos on social networking sites without written permission from all participants in photos. Cameras are not allowed during group process or presentations. Sagestone is not responsible for your lack of anonymity in public places between service locations or in the local vicinity.

PAYMENT

This is a prepaid program. Your program fee covers double or triple occupancy lodging, program fees, and meals as stated above.

The full program cost must be paid prior to arrival at the time of registration. We accept payments via Paypal and Square.

CANCELLATIONS

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For all programs, if a cancellation occurs prior to one month before the scheduled program, 50% of the fees paid to date will be returned. Half of the program fee is non-refundable. If a cancellation occurs less than 30 days before the program's start date, the entire amount will be non-refundable.

No refunds are given for any program if a participant does not attend, leaves the program early, or completes the program.

TRANSFERS

No transfers will be permitted for this event.

GENERAL RULES/GUIDELINES - Please read these carefully.

These guidelines have been created to help ensure safety and consistency in the community during your stay here. Past participants, who have been concerned about the thoroughness of the guidelines when first received, have appreciated their value during their experience at the program.

-- If you become aware of a relationship between clients that has developed, or if you currently have a relationship with other clients at this program, report that information to staff as soon as you become aware of it.

--Respect property. Any willful damage of property will be the financial responsibility of the participant.

--CHEMICALS DURING PROGRAM AND MEDICAL NEEDS

Mood altering chemicals, including alcohol, are not allowed. If we perceive that you are intoxicated during programming you will forfeit your program fees, you will be asked to leave and would forfeit your right to participate in the program.

All nicotine and/or vape use in any form is prohibited within the residence. Please use designated areas outside of the residence and use appropriate receptacles for butts.

All prescription drugs are to be cleared in advanced by the clinical supervisor. We reserve the right to request your medications remain locked in your vehicle. If you bring non-prescription medications to the program that we feel will interfere with your work or your ability to get the most out of this experience, you may be asked to allow us to hold this medication for the duration of the program.

If you have severe allergies of any kind please come with the necessary approved medication in the unlikely event of any reaction(s). Also, any change in dosage or medication needs to be reported to the supervisor on the first evening of the program.

Do not self-medicate, share medications (prescription or non-prescription), or provide health assistance to other participants, unless directed to do so by staff. In an emergency, call 911 and then call staff.

If you have any questions prior to the program regarding any prescription or non-prescription drugs you need to take, please check with Sagestone. During the program, please check with the program supervisor.

Please be advised that Sagestone cannot provide direct medical assistance. If you need to see a doctor, the on-call staff member will be able to help you access medical assistance. Cost of transportation to and from medical assistance is not included in regular program fees.

--CONTAGIOUS/INFECTIOUS CONDITIONS

We believe it is both safe and appropriate that individuals with certain medical and physical conditions be permitted to participate in our programs. Such contagious/infectious conditions may include, but are not limited to: known and unknown cold and flu viruses, hepatitis, HIV, bacterial infections, etc. All

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participants and staff should exercise reasonable caution in their interactions with each other to minimize their exposure and the exposure of others to infectious diseases. We strongly suggest that individuals avoid sharing personal grooming items, such as razors, toothbrushes, etc., and that each person assume responsibility for throwing away their own tissues and other similar items.

--EXERCISE

Please be gentle with yourselves. If you are experiencing any discomfort or ailment, please notify the staff as soon as possible. Please limit walking or running to ½ hour per day. For walking, we require you go in groups of three or more, and please never be alone. Also, be aware that there are water critters, snakes, ticks, fleas and other wildlife/insects in North Carolina.

--Participants may be asked to assist with certain tasks, such as helping set up for presentations to help facilitate the program.

--We will be providing snacks and refreshments for your breaks. Snacks are to be consumed only in the areas outlined during the first orientation session. They are not to be taken to sleeping areas. All participants must be a part of every meal whether or not they choose to eat.

-- REMINDERS

We may take pictures throughout the week. There will be release forms to sign if you agree to have your picture used by Sagestone. Please report any damage to a staff member. Sagestone is not responsible for lost or stolen property.

EXPECTATIONS

WE EXPECT THAT YOU WILL:

- Be honest about matters that relate to you, and be an active participant in your process, including education and group sessions.
- Be considerate and respectful of the rights of fellow participants, Sagestone staff, and others' property.
- Help keep your room and community rooms clean.
- Attend all scheduled meetings, sessions, meals and events..
- All sessions will start on time; participants are expected to be on time.
- Complete all reading, writing and other assignments.
- Contact a staff member if you have concerns regarding your or others' safety or well-being.

SUMMARY

This program can be a safe place to feel, share, and be vulnerable. In order to preserve and enhance safety, we will not hesitate to discharge someone, if necessary, for the welfare of the whole group. Grounds for discharge will include: a. Possession, sale or use of drugs and/or alcohol. d. Inappropriate behavior, interfering with another's experience. b. Actual or threatened verbal and/or physical assault. e. Dishonesty. c. Violating program guidelines. f. Refusal to participate in program.

INSTRUCTIONS FOR COMPLETING AND RETURNING YOUR PAPERWORK:

You may fax, mailing, or email your registration back to us. You may fax your paperwork to (252) 376-1473
Or email to : info@sagestonenc.com

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Contract Participation Agreement

I have read, understand, and agree to all the expectations and policies required by Sagestone and any Sagestone subcontracted service providers, as stated above in this Welcome Letter and throughout this document.

Participant Signature

Date

Participant printed name

I request to share a room with: _____
We will try to honor requests to the best of our ability but cannot guarantee room assignments.

If you have any questions, please feel free to let us know. We look forward to having you join us in Emerald Isle!

Sincerely,
Tamara Liaschenko, MA LPCA LCASA
Greta Enriquez, MA LPCA
and the Sagestone Team

PROGRAM CHECKLIST - For Staff Use

Please review this checklist when returning your program materials:

1. Welcome Agreement _____
2. Medical and Personal History Form _____
3. Behavioral Contract Agreement _____
4. Health Records Information Form _____
5. Program Payment Information _____

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Date of Program: _____
Name: _____ Date of Birth: _____
Age: _____ Female Male Other
Address: _____
City, State Zip: _____
Best Contact Phone Number: _(____)____ - _____ Email: _____
Ethnicity/Race: _____ Preferred Name and Pronouns: _____
Dietary Restrictions (Vegetarian, Low Sodium, etc.) or Food Allergies: _____

Emergency Contact Name: _____
Emergency Contact Phone Number: _(____)____ - _____

Referral Source

How did you hear about the Codependency Retreat: _____
Are you or a relative currently receiving services from Sagestone, LLC? Yes No
Name of Relative: _____
Name of Therapist (if known): _____

Professional Support

If you are currently under the care of a Psychiatrist, Psychologist, Counselor, Social Worker, Life Coach, Interventionist, Treatment Center, or any other professional mental health organization, please provide name(s), contact information, and relationship(s), and sign below.

- 1) Name: _____ Relationship: _____
Address: _____
Phone: (____)____ - _____ Fax: (____)____ - _____ Email: _____
- 2) Name: _____ Relationship: _____
Address: _____
Phone: (____)____ - _____ Fax: (____)____ - _____ Email: _____
- 3) Name: _____ Relationship: _____
Address: _____
Phone: (____)____ - _____ Fax: (____)____ - _____ Email: _____

The purpose of this information is to assist Sagestone in my participation and experience during the program. (Requesting information is a routine part of our admission procedure.) I understand that I may be asked to sign an authorization to exchange information via electronic mail, facsimile, and/or USPS, about me, including my therapeutic and medical history in order to facilitate aftercare plan to the same person(s) above, and to exchange any information about my work during the Sagestone program. Should I be asked to sign a release/authorization I understand I may refuse, and that I may revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization. **The information provided to Sagestone will be held strictly confidential and will not be released without my express written consent, as required by law.**

Participant Signature: _____ Date: _____

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Family Information

Please list all family members, and any other individuals living with you:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the reason(s) for attending the Retreat at this time:

Please list any concerns or goals you have during this program:

What strengths do you have?

What do you want to change?

Are you currently prescribed (and taking) any medications? Yes No

If yes, please list below:

Name of Rx	Reason for Rx	Frequency and Route
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any mental or behavioral health diagnoses? Yes No If yes, please explain:

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Did anyone in the family have physical, emotional, and/or addiction problems? Yes No

If yes, please describe: _____

How did this affect you? _____

Occupation

Are you currently employed? Yes No

Full-time Part-time Per Diem/On Call Homemaker Retired Other

Where? _____ Position: _____ How long? _____

Religion/Spirituality

In what religion, if any, were you primarily raised? _____

What is your religious practice currently? _____

How would you describe your current relationship with your religion or spiritual practice?

Good Fair Poor None Could Be Better

What are your present spiritual goals or needs, if any?

Legal

Have you had any legal problems in the past 2 (two) years? Yes No If yes, please describe:

In the past 2 (two) years, have you been convicted of any offense? Yes No

If yes, please describe: _____

Are you currently involved in any legal proceedings? Yes No

Divorce Child Care/Custody Civil Proceedings Probation Parole

Other: _____

Do you anticipate that any of these proceedings will interfere with your participation?

Yes No If yes, please explain: _____

Therapeutic History

Do you have an addiction disorder? Yes No

Have you ever been treated for an addiction disorder? Yes No

If yes, more than once? Yes No Number: _____ Where: _____

When: _____ For how long: _____

Length of sobriety or abstinence: _____

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Have you ever received individual, couples, family, or group outpatient counseling? Yes No

1) Counselor/Center: _____ When: _____ Length of treatment: _____

Reason: _____

2) Counselor/Center: _____ When: _____ Length of treatment: _____

Reason: _____

Have you ever been hospitalized for a psychiatric reason? Yes No

If yes, more than once? Yes No

Dating and Sexual History

Orientation: Heterosexual Homosexual Bisexual Other: _____

Strategy: Monogamous Polyamorous Celibate Other: _____

Are you currently in an intimate relationship(s)? Yes No

For how long with current partner(s): _____

Have you experienced traumatic events in your relationships (divorce, abandonment, abortion, cheating, prostitution, impotence, victim of sexual abuse or violence, perpetrator or sexual abuse or violence)? Please explain, briefly.

Chemical History

Alcohol: Yes No How much: _____ How often: _____ Last use: _____ First use: _____ Last intoxication: _____ Current pattern of alcohol use: daily binge weekends none

What type of alcohol do you prefer: _____ Number of years of heavy use: _____

Longest period of abstinence: _____

Drugs:

Have you ever used any drug not prescribed to you by a physician? Yes No

Have you ever used any drug prescribed to you in a manner not indicated: Yes No

Number of years of heavy use: _____

Longest period of abstinence: _____

Due to alcohol or drugs, have you ever experienced:

Blackouts Delirium Convulsions Seizures Hallucinations Legal Problems

Do you believe your drinking or drug use has or had a negative effect on your:

Family Life Social Life Physical Condition Emotional Condition Job/Employment

Finances Reputation

Have you ever made a resolution to quit alcohol and/or drugs, but were unable to keep it?

Yes No If yes, please explain: _____

I believe I am an alcoholic and/or addict: Yes No Possibly Don't Know

I agree to abstain from any mood altering substances, including alcohol, for the duration of the retreat.

Yes No Please, initial: _____

Nicotine History

Do you currently use tobacco products or products that contain nicotine? Yes No

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If yes, what type of tobacco or nicotine product do you use? _____

For how long: _____ Current use/amount: _____

Do you currently have:

Suicidal thoughts? Yes No Homicidal thoughts? Yes No

Suicidal plans? Yes No Homicidal plans? Yes No

Engage in Self-Injurious Behaviors: Yes No

If yes to any of the above, please describe: _____

If yes, does anyone know about the thought(s), plan(s) or behavior(s)? Yes No

If yes, do you agree to refrain from hurting others or yourself while at the Retreat? Yes No

Please, initial: _____

Have you previously had:

Suicidal thoughts? Yes No When: _____ Homicidal thoughts? Yes No When: _____

Suicidal plans? Yes No When: _____ Homicidal plans? Yes No When: _____

Suicidal attempts? Yes No When: _____ Homicidal attempts? Yes No When: _____

Engaged in Self-Injurious Behaviors? Yes No When: _____

If yes to any of the above, please describe: _____

Compulsive Behaviors and Emotional Factors

How much concern or worry do you have about yourself regarding any of the following:

	Extreme	Frequent	Periodic	Minimal/None
Overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undereating/Dieting/Restriction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purging/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Binge eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise or Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight or body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship dependence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Thoughts/Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being Perfect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money or Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation or Isolating Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nicotine Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health or Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working or Busyness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Worth or Self-Esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality or Faith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been able to discuss painful life events, even if you have felt uncomfortable? Yes No

Do you experience “zoning out” or sleepiness when you think or talk about certain events? Yes No

If yes, please describe: _____

Are you able to re-ground yourself on your own? Yes No

Have you ever experienced lost time and/or have no memory of what happened, when not using drugs and/or alcohol? Yes No If yes, please explain: _____

Are you currently in, or have you engaged in the past, any 12-step or Peer Support programs?

Yes No Type of Program: _____ For how long: _____

Please give a brief description of any difficulties you feel or experience in family/other relationships:

Is there anything else that you believe we should know about you and/or your family, so that we can assist you during your Retreat?

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Behavioral Contract

While attending the Sagestone program, I agree to abide by the conditions of the following contract:

- No intentional sexual contact with another person
- No intentionally seductive behavior
- No use of alcohol
- No use of illegal or illicit substances in the state of North Carolina
- No sharing of prescription medications with other participants
- No intentionally aggressive or threatening

Engaging in any of the above behaviors will be grounds for immediate dismissal from the program without refund of program cost.

Participant Name (print): _____

Participant Signature: _____ Date: _____