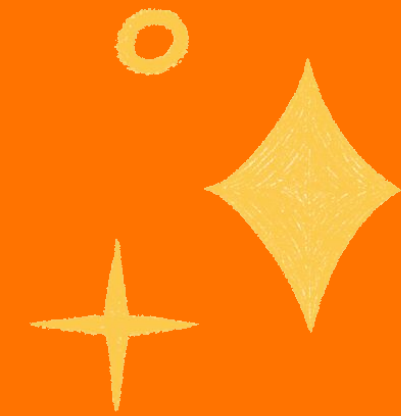


# eMoney Advisor & Headspace Care



# Our Member Support team is here to help

Our member support team is here to help your population throughout their mental health journey.

## Member Support is available:

- Via live-chat within the Headspace App, located in the "Care" tab
- Via email at: [caresupport@headspace.com](mailto:caresupport@headspace.com)
- Hours of operation:
  - 5am-5pm PT, Monday-Friday
  - 8am-5pm PT, Saturday & Sunday
  - 8am-5pm PT, Holidays
- [Member FAQ and Help Desk](#)



# Experience for Enrolled Members

Experience is App-based

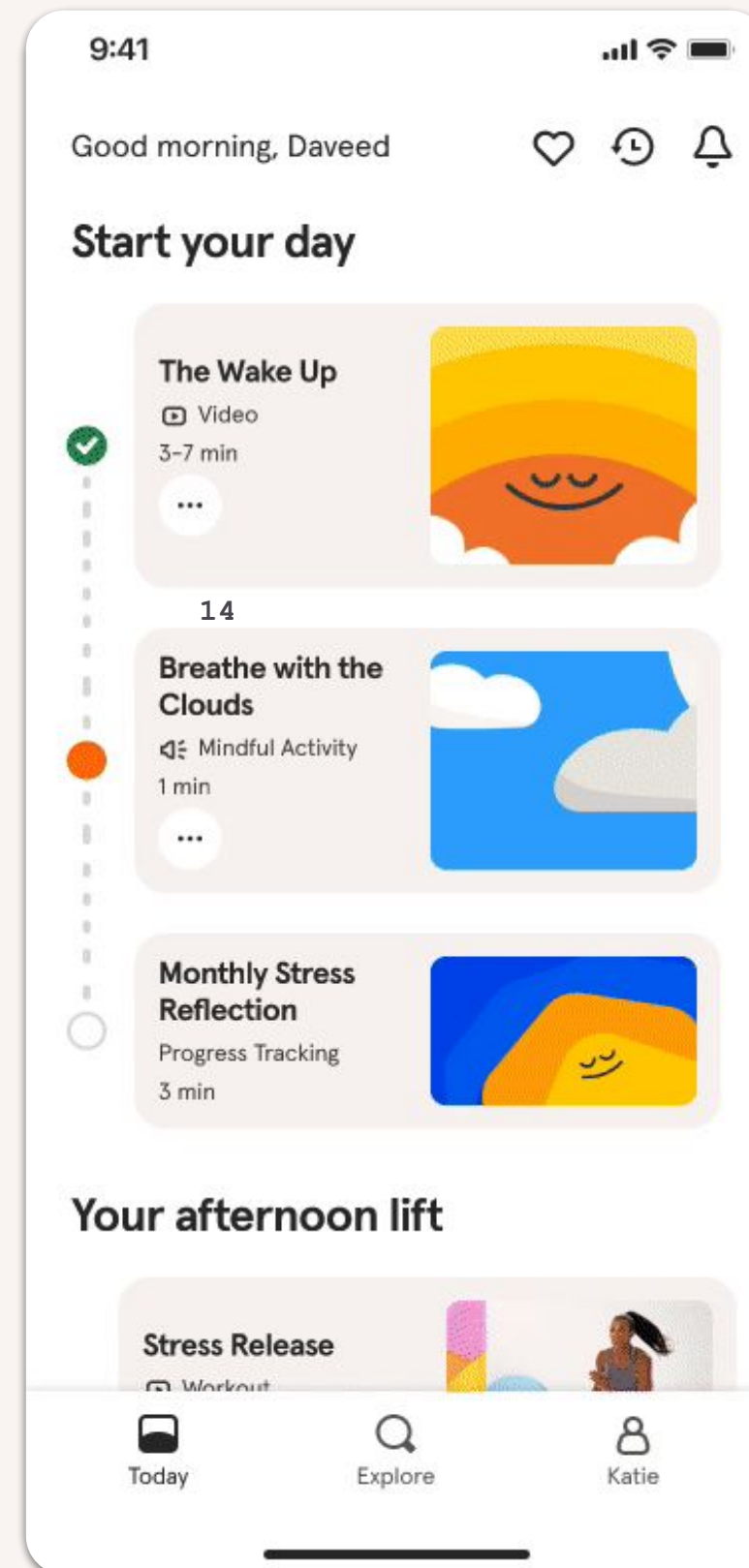


# Existing Member Experience

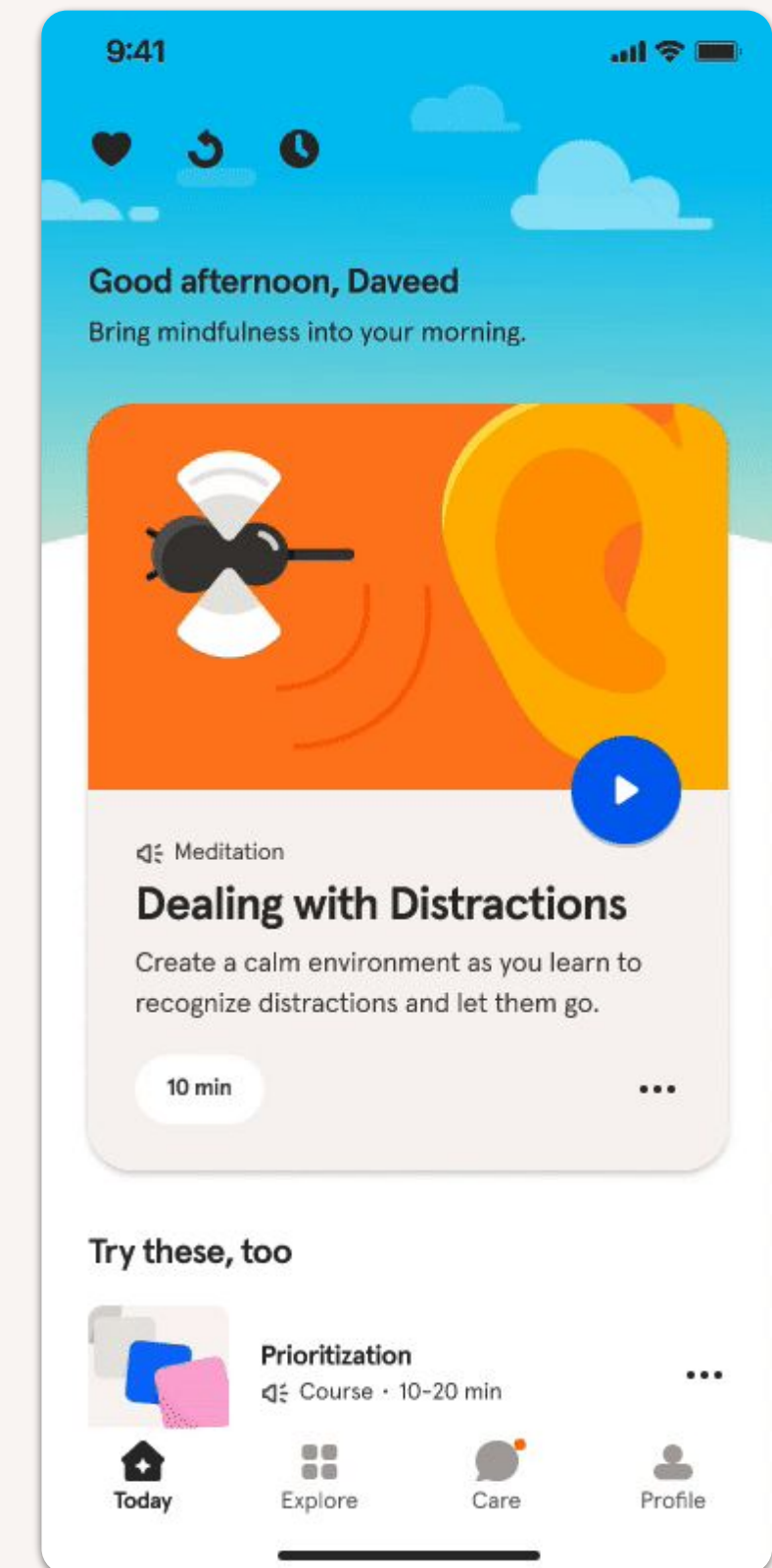
For existing Headspace members receiving the upgraded **Care experience**, the Headspace app will update just like any other app updates\*.

*\*Based on the user's personal phone preferences, the Headspace app will update automatically OR they will need to go to the app store and tap update.*

Automatic app  
update is DISABLED



Automatic app  
update is ENABLED





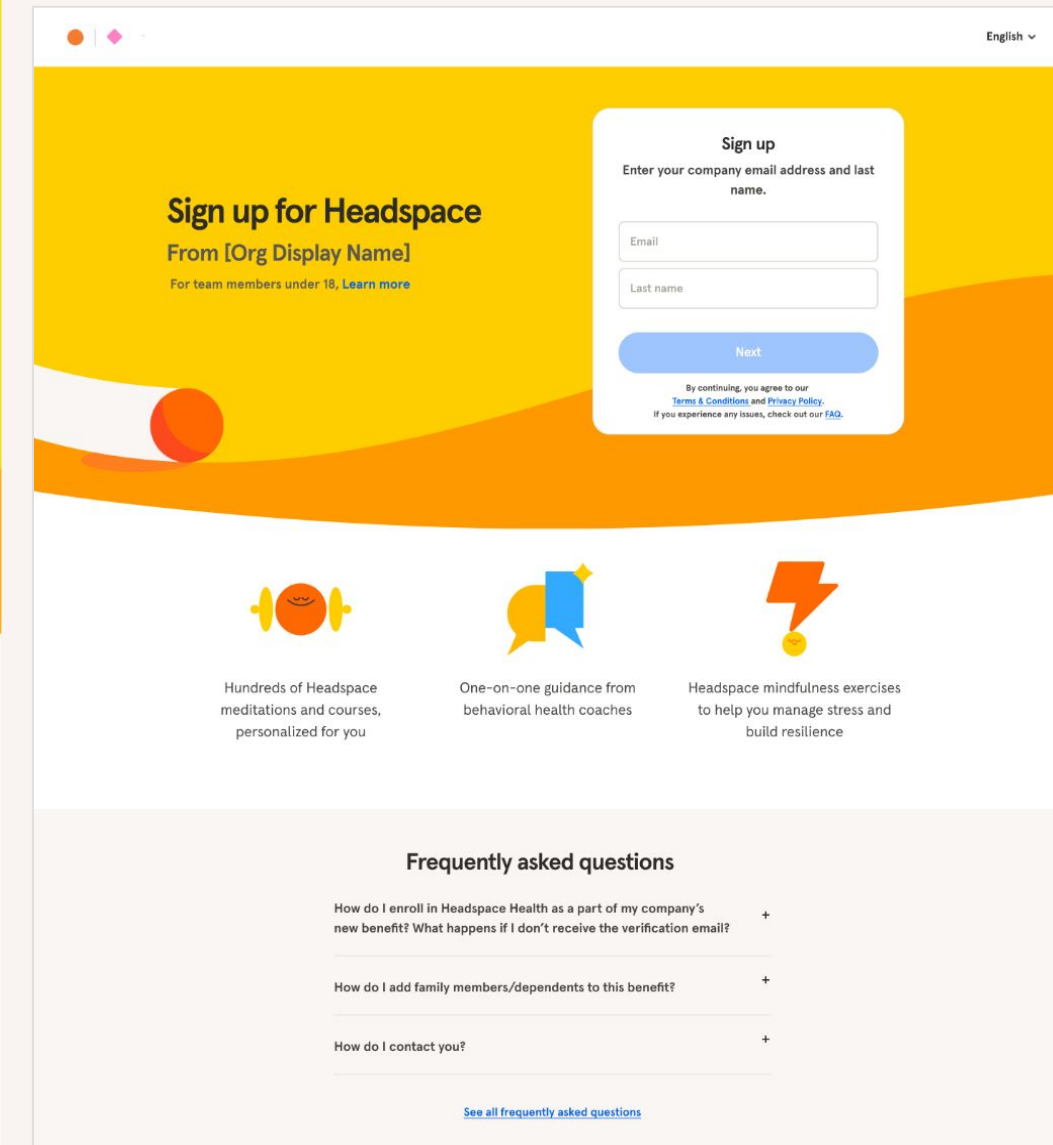
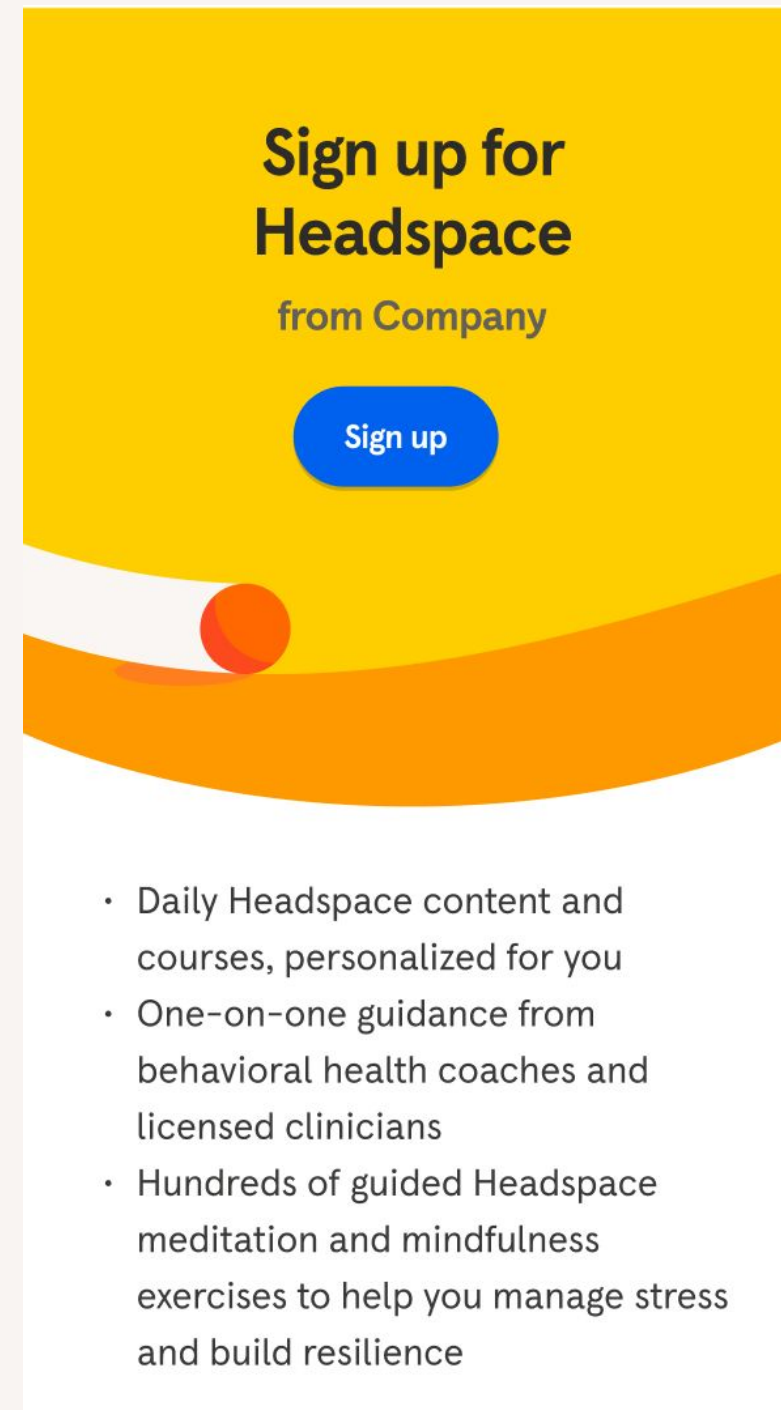
# Enrolling and Onboarding: Headspace for New Members

Experience is web-based

# Member receives email that points to enrollment landing page

Member visits their unique company URL where they can verify eligibility by inputting their credentials.

Or click ‘Sign up now’ and be directed to input their credentials.

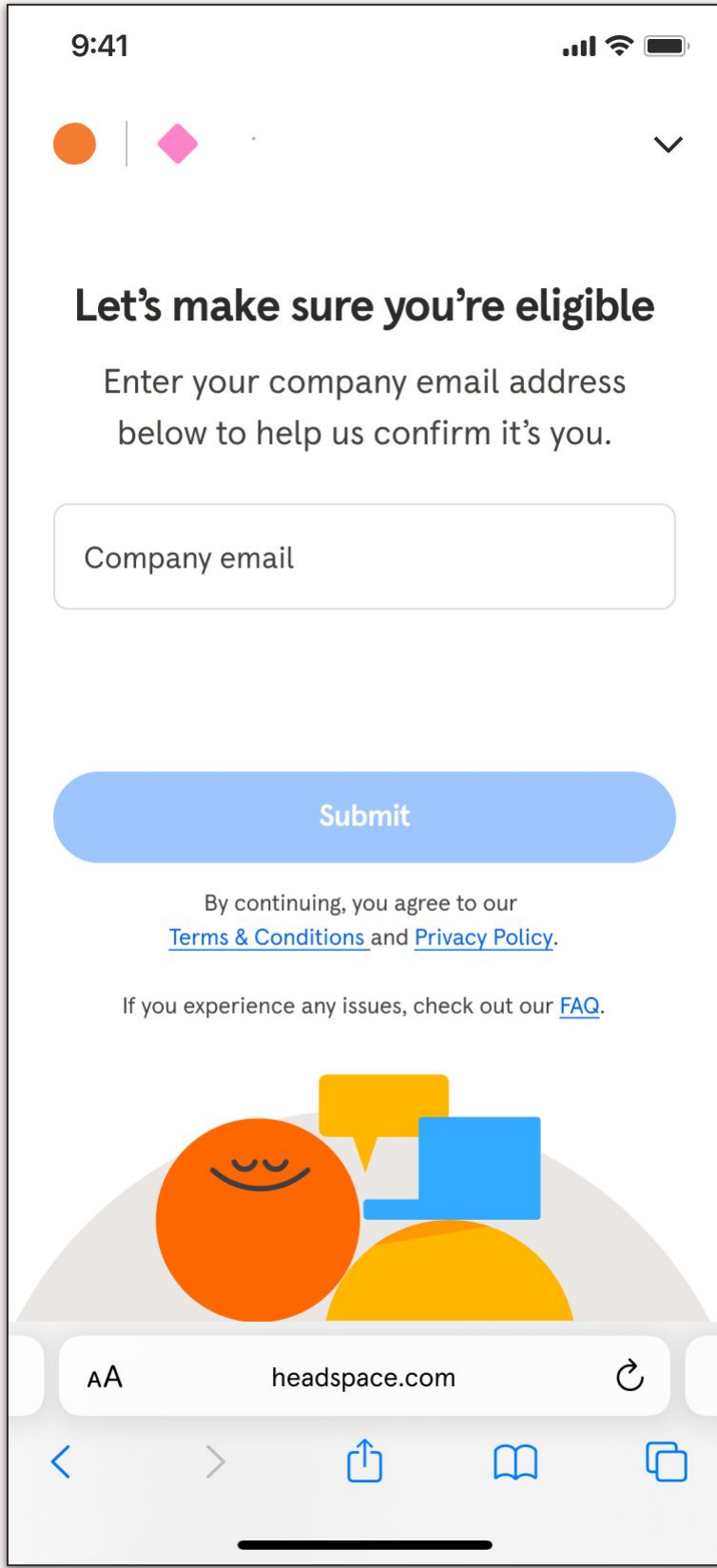


# Member's eligibility is verified

If member selects 'Sign up now' they are then prompted to enter their corporate email address OR employee ID. They then will be prompted to enter their date of birth and Country

If its email, they'll receive an email to their work email address on the eligibility file to verify their account. They'll go to that email to click verify and then move to the next screen on this page

If its ID, as long as it matches what we have on that eligibility file, they'll be able to move to the next screen.



9:41

Let's make sure you're eligible

Enter your company email address below to help us confirm it's you.

Company email

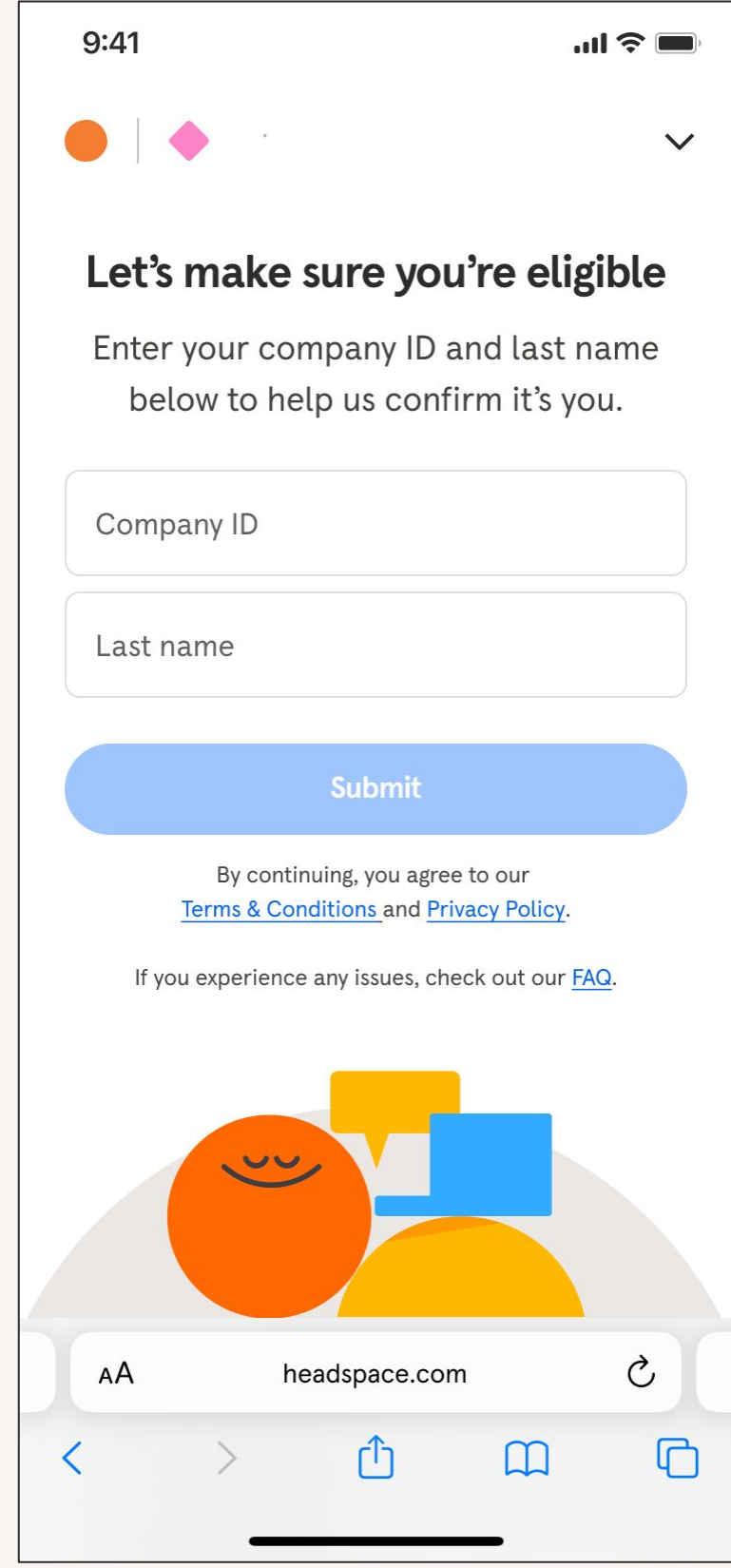
Submit

By continuing, you agree to our [Terms & Conditions](#) and [Privacy Policy](#).

If you experience any issues, check out our [FAQ](#).

AA headspace.com

< > ⬆ ⬇ ⬅



9:41

Let's make sure you're eligible

Enter your company ID and last name below to help us confirm it's you.

Company ID

Last name

Submit

By continuing, you agree to our [Terms & Conditions](#) and [Privacy Policy](#).

If you experience any issues, check out our [FAQ](#).

AA headspace.com

< > ⬆ ⬇ ⬅

# Member confirms DOB and country

To be eligible must be: 13 or older in the US  
or 18 and older outside of the US

9:41

Let's make sure you're eligible

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

Continue

If you experience any issues, please reach out to [teamsupport@headspace.com](mailto:teamsupport@headspace.com).

AA headspace.com

9:41

Let's make sure you're eligible

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

1

2

3

4

5

6

7

8

9

0

Continue

If you experience any issues, please reach out to [teamsupport@headspace.com](mailto:teamsupport@headspace.com).

AA headspace.com

9:41

Let's make sure you're eligible

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

USA

Continue

If you experience any issues, please reach out to [teamsupport@headspace.com](mailto:teamsupport@headspace.com).

AA headspace.com

9:41

Let's make sure you're eligible

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

United States

Continue

If you experience any issues, please reach out to [teamsupport@headspace.com](mailto:teamsupport@headspace.com).

AA headspace.com

9:41

Let's make sure you're eligible

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

USA

Afghanistan

Albania

Algeria

Andorra

Angola

Antigua and Barbuda

Argentina

Armenia

Australia

Continue

If you experience any issues, please reach out to [teamsupport@headspace.com](mailto:teamsupport@headspace.com).

AA headspace.com

9:41

Let's make sure you're eligible

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

USA

Afghanistan

Albania

Algeria

Andorra

Angola

Antigua and Barbuda

Argentina

Armenia

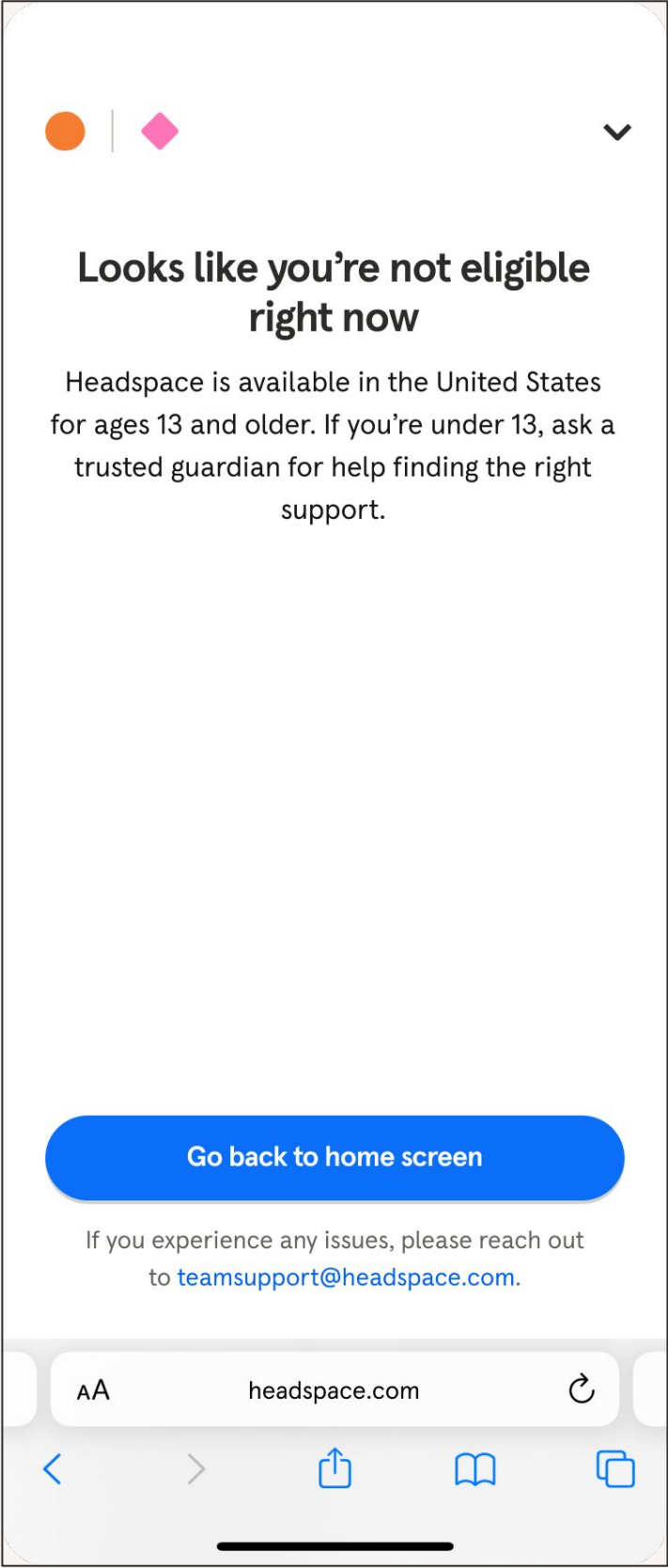
Australia

Continue

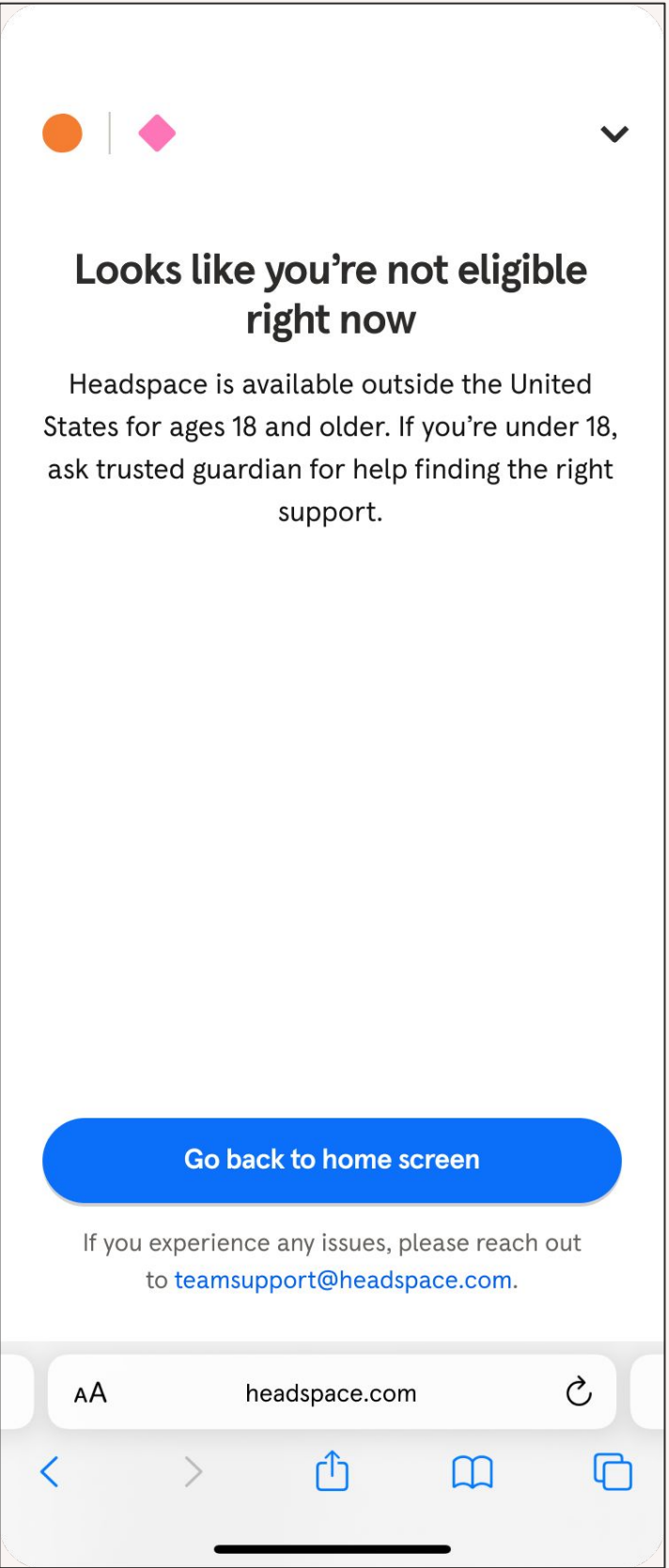
If you experience any issues, please reach out to [teamsupport@headspace.com](mailto:teamsupport@headspace.com).

AA headspace.com

# If someone doesn't meet requirements an error message appears



If a person is:  
Under 13



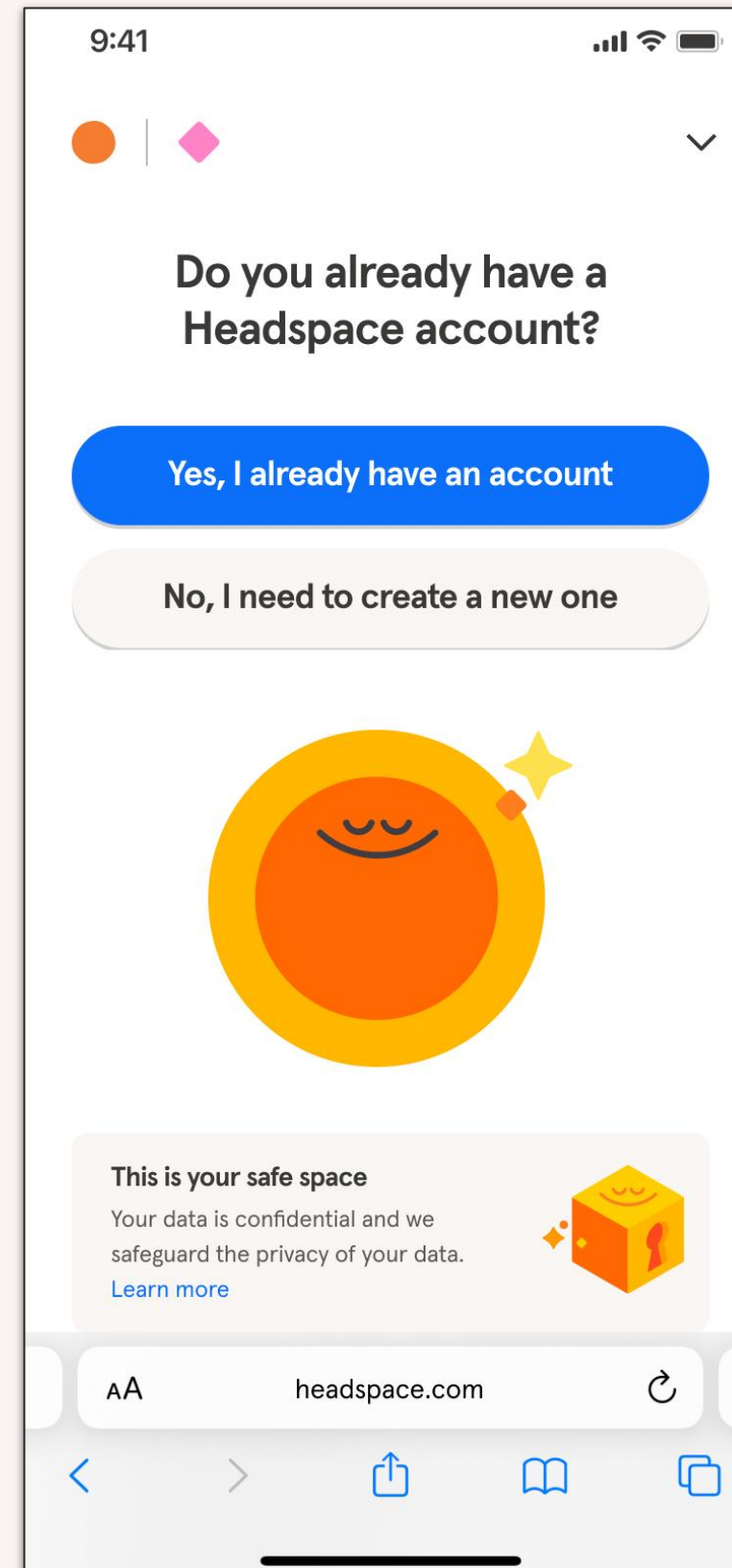
If person is:  
Outside US  
17 and younger



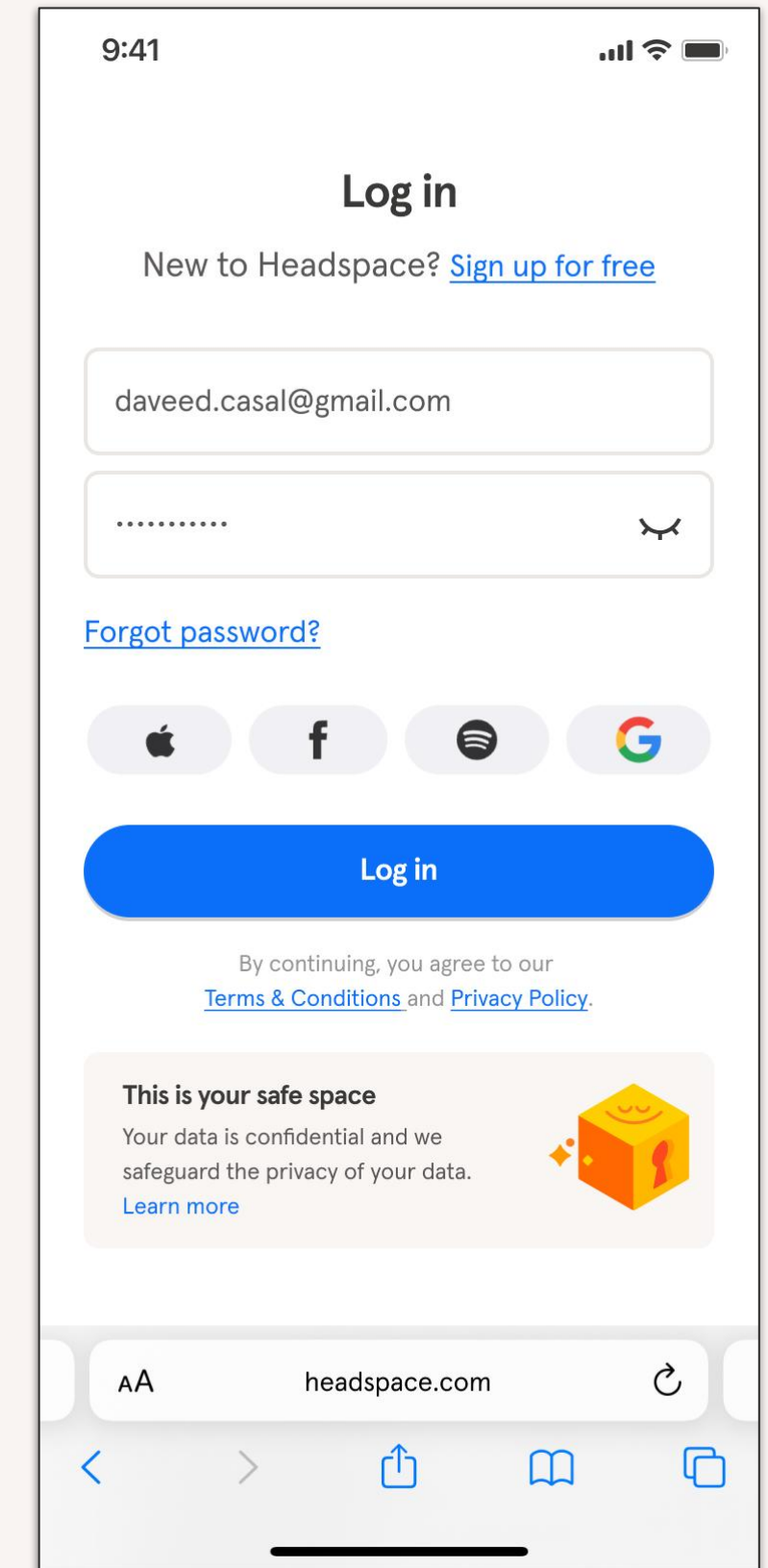
# Member logs into account

## Option 1

Member has existing Headspace account



Member clicks 'Yes, I already have an account'

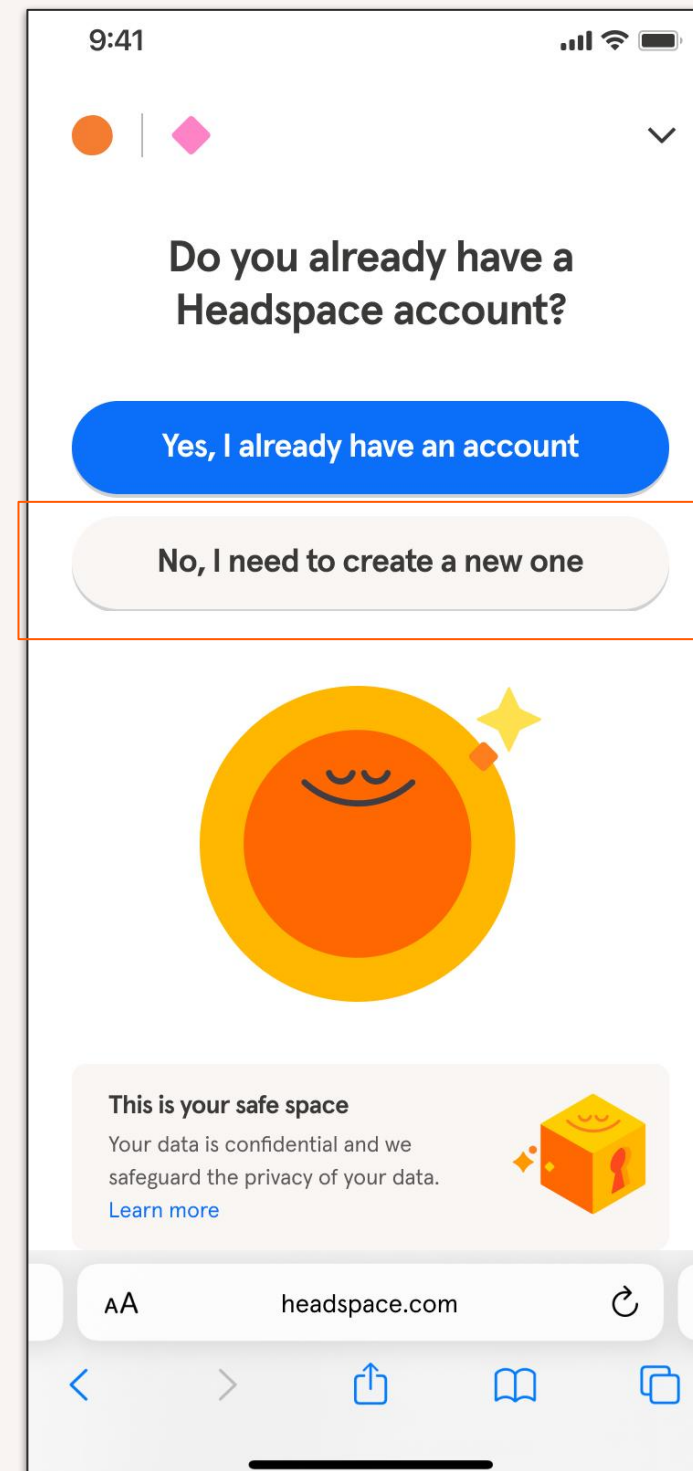


Member logs into existing account with existing credentials

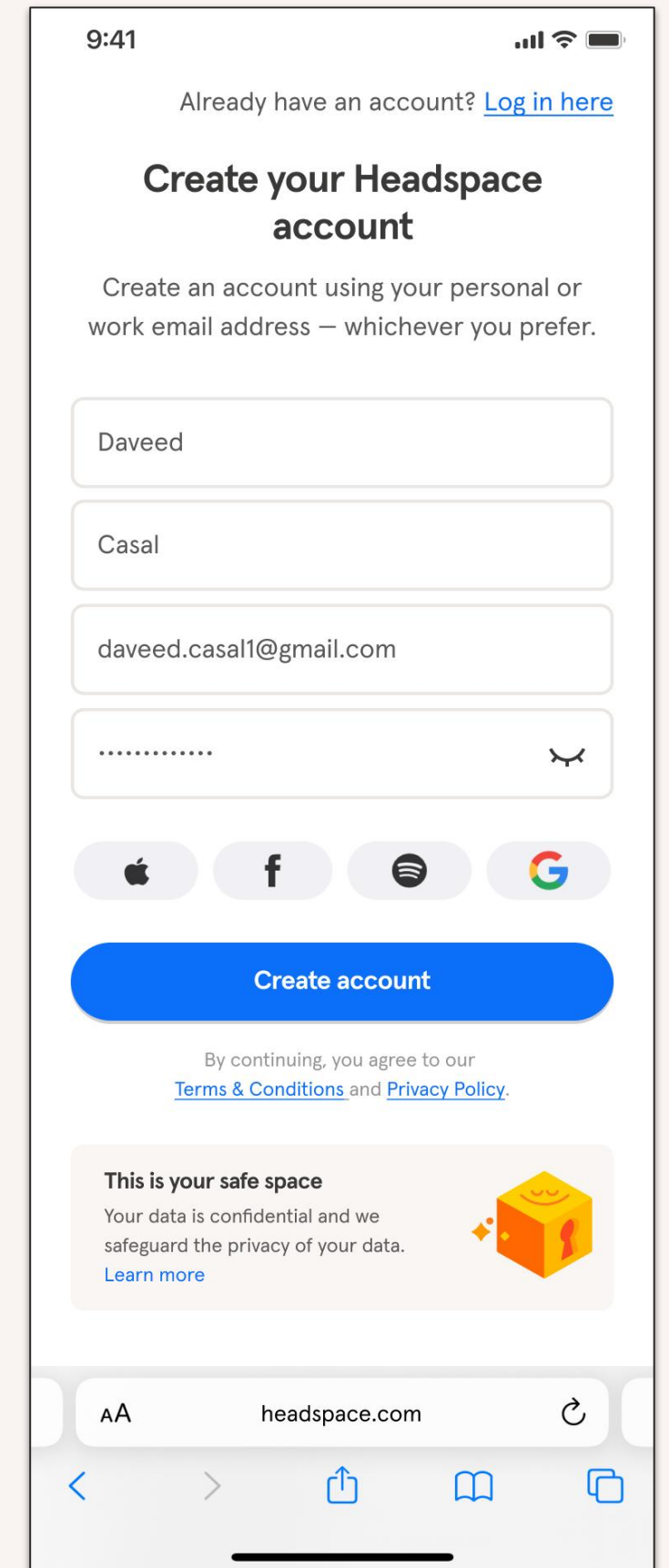
# Member creates account

## Option 2

Member does not have an existing Headspace account - they must create a one.

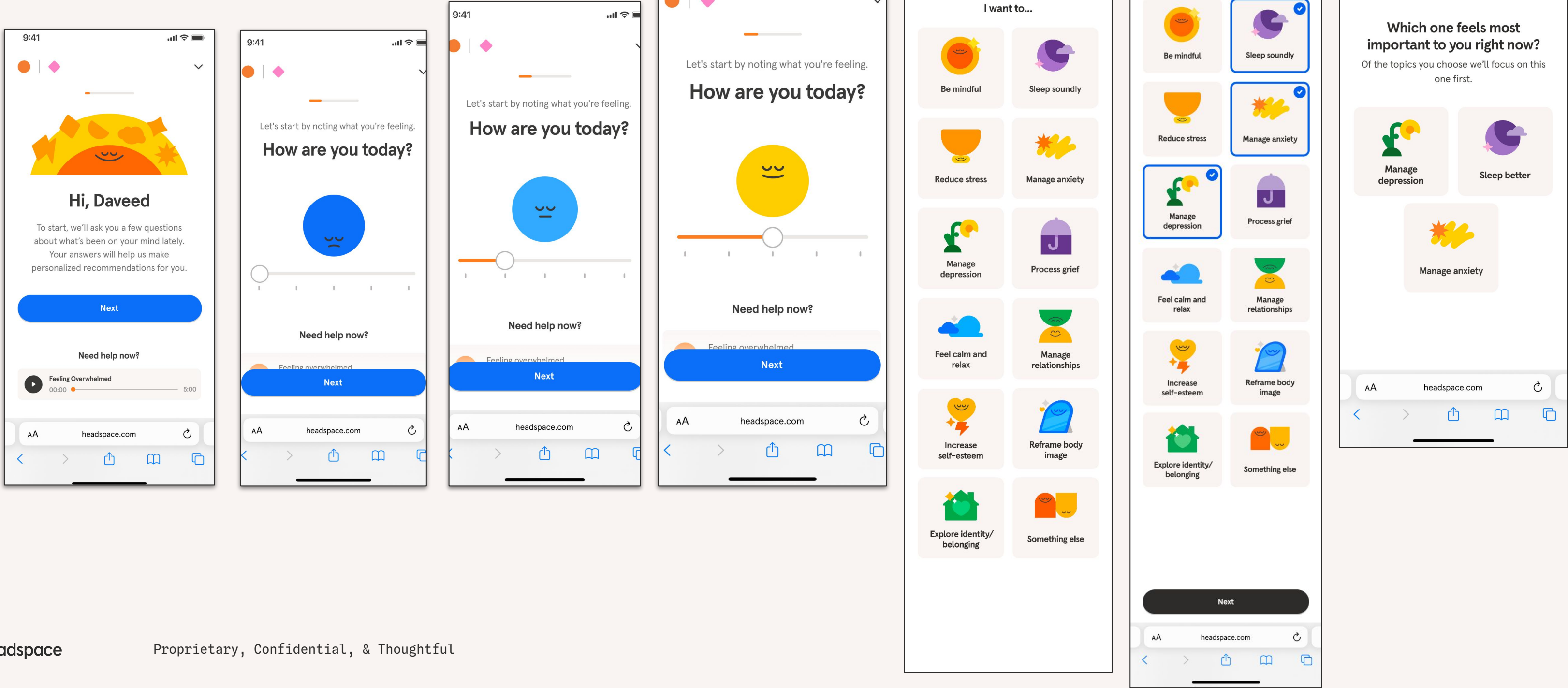


Member selects 'No, I need to create a new one'



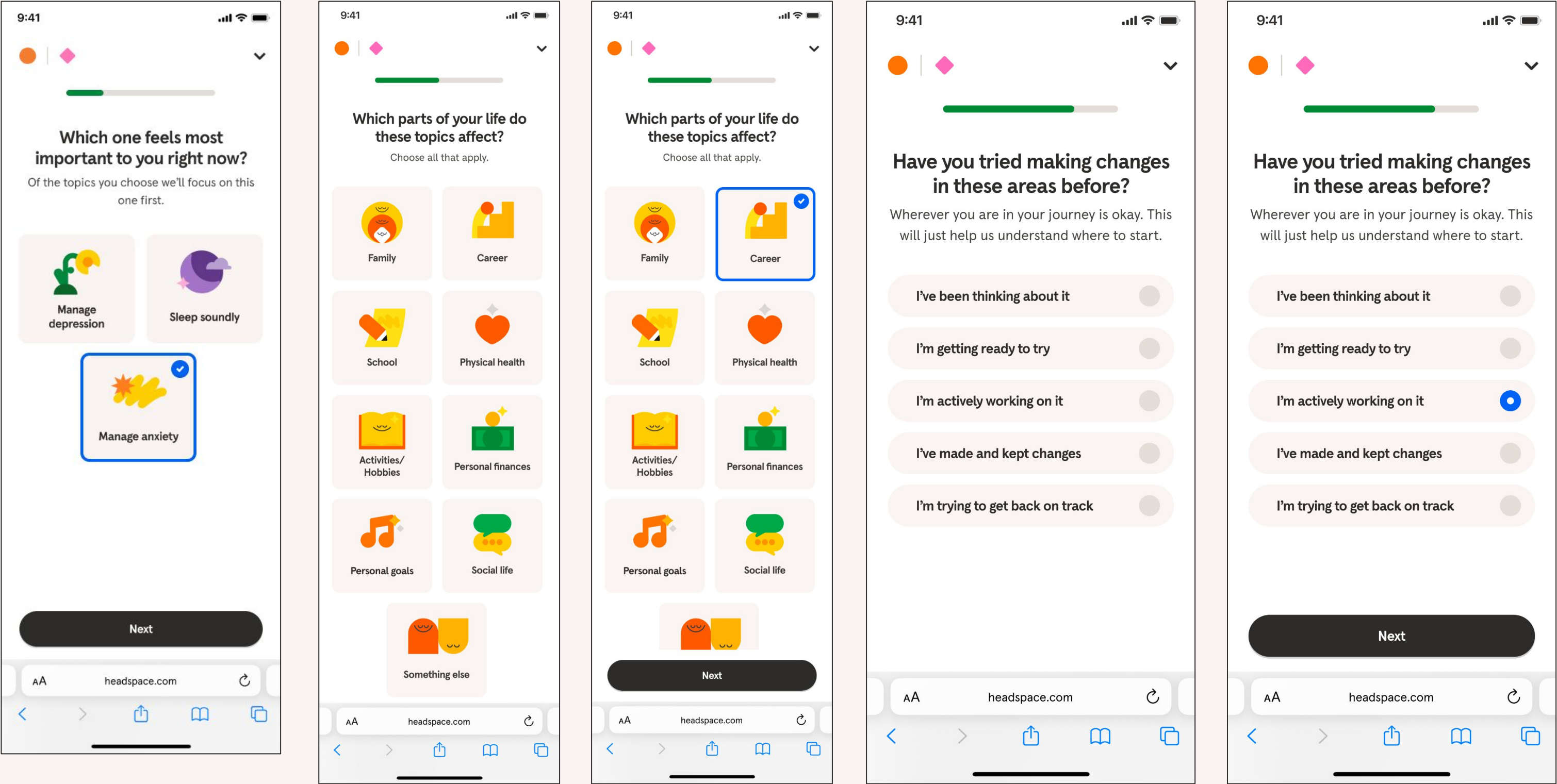
Member creates a new account

# Employee is now enrolled and onboards via short-assessment





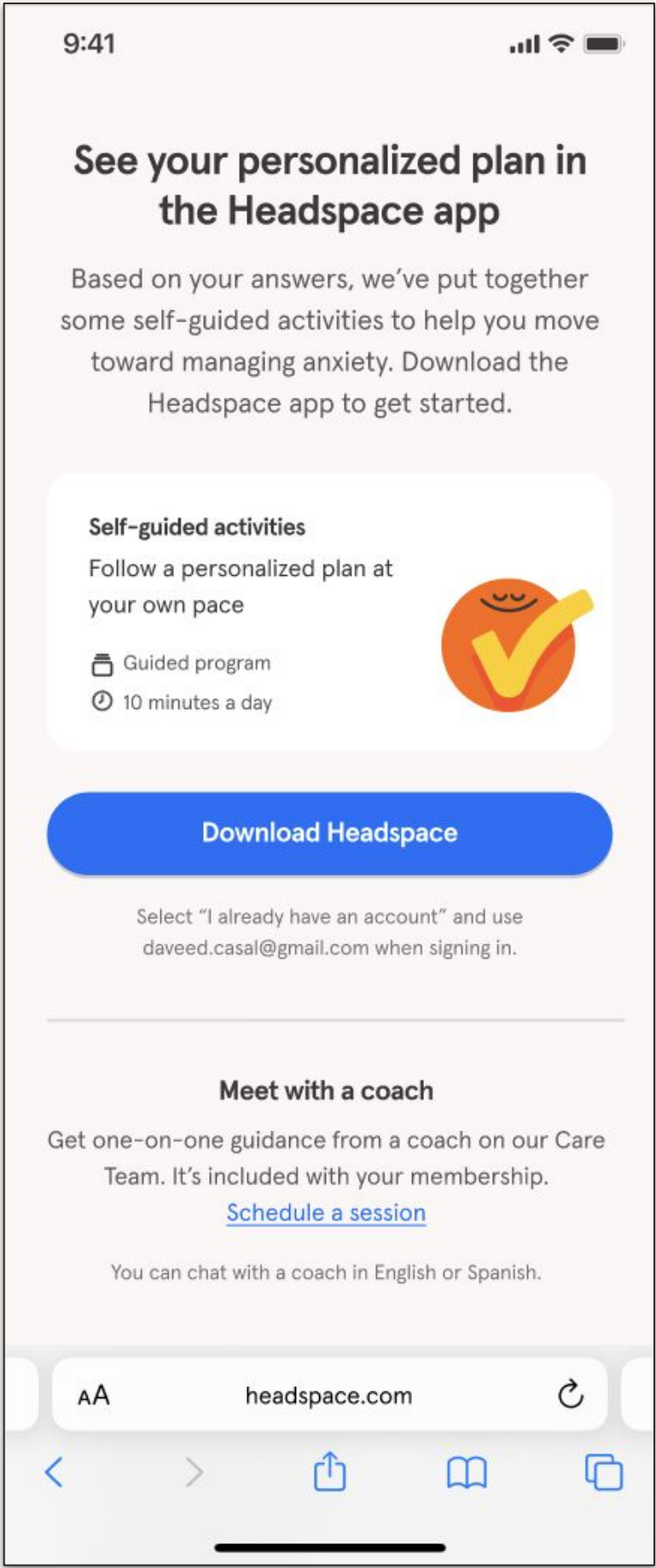
# Member onboards via short-assessment



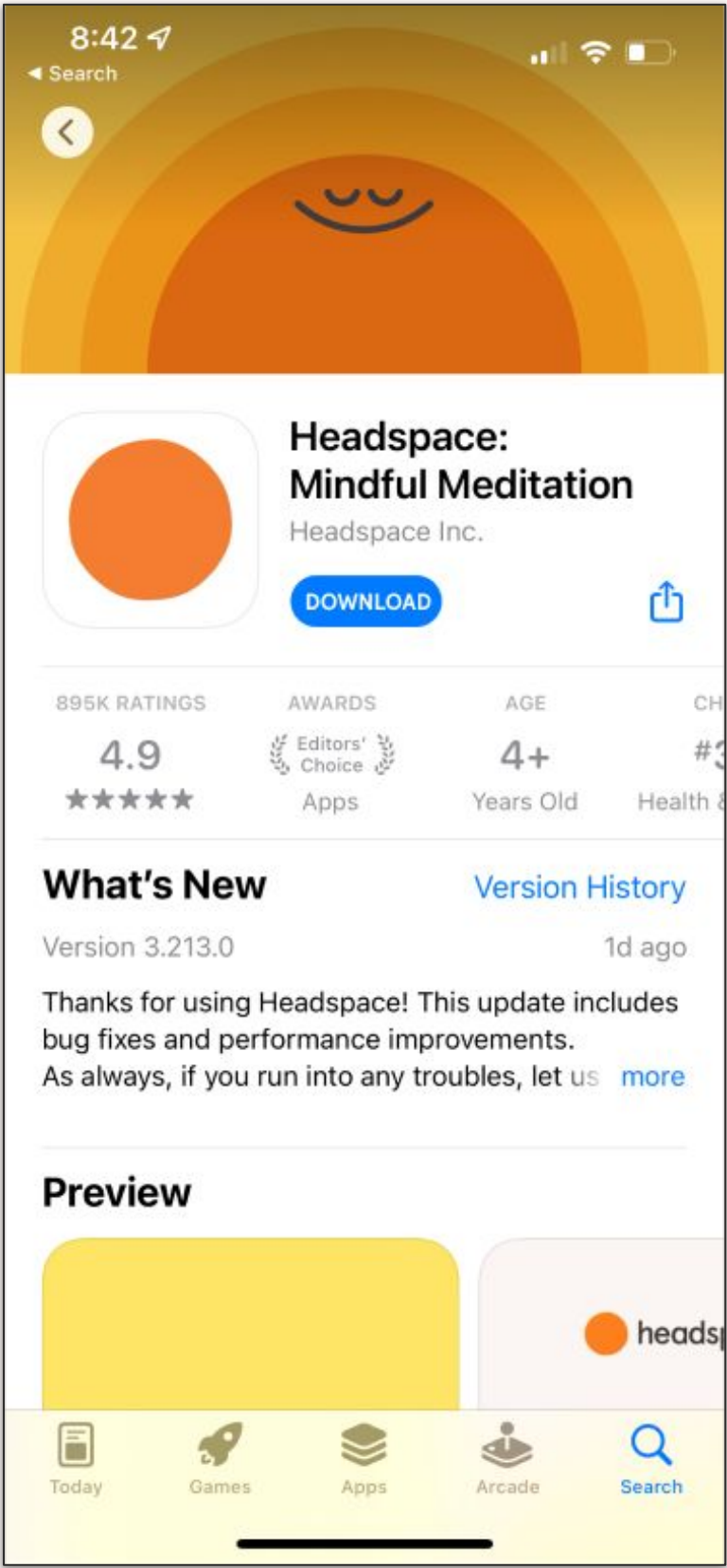
# Member is provided a personalized care plan

## Option 1

Based off of their onboarding assessment, the member is prompted to download Headspace.



Member selects 'Download Headspace'

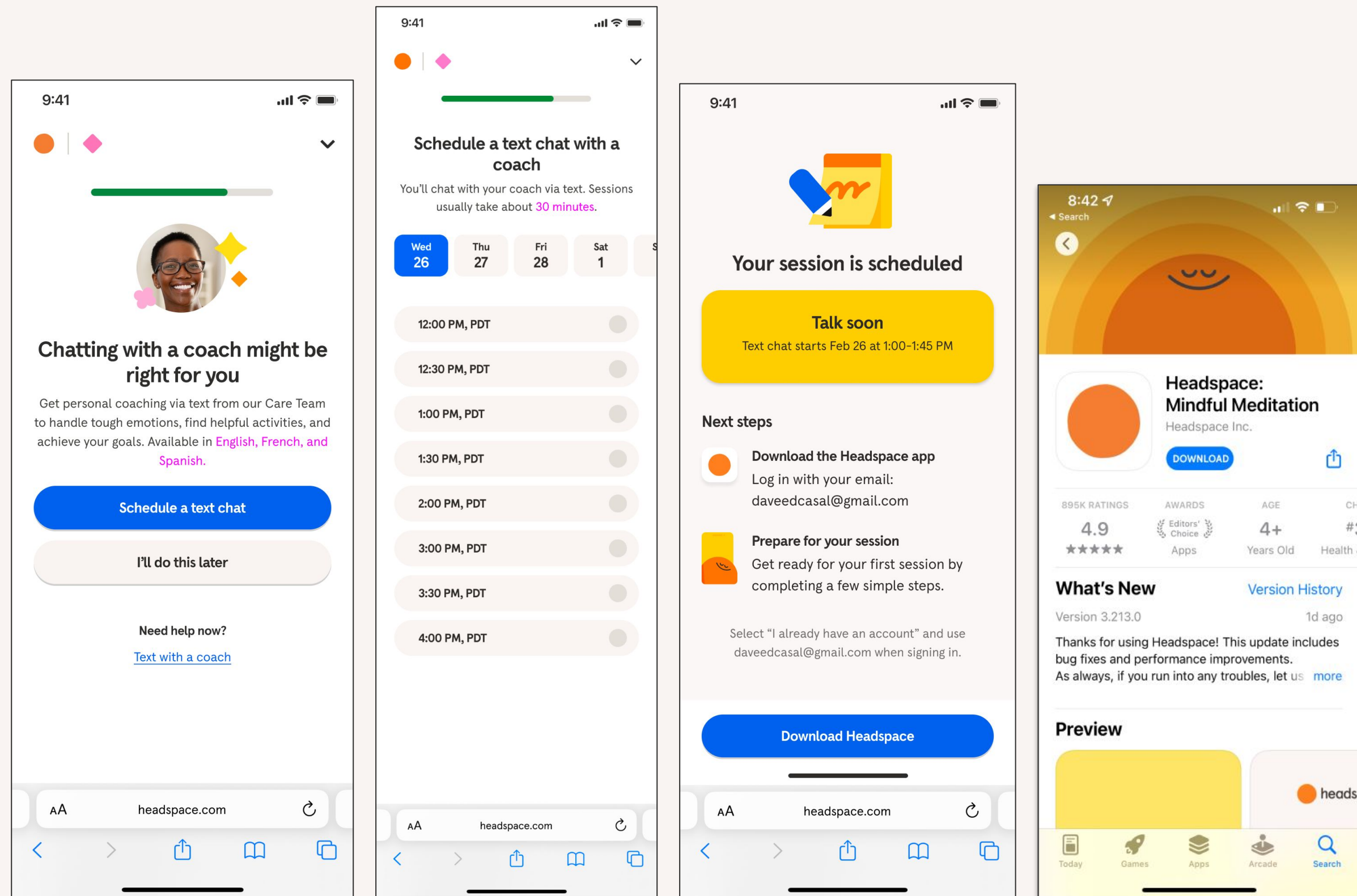


Member downloads Headspace

# Member is provided a personalized care plan

## Option 2

Based off of their onboarding assessment, the member is prompted to schedule a coaching session.



Member clicks  
'Schedule a text  
chat'

Member selects a day  
and time, and clicks  
'Book [Day, Time]'

Member is prompted  
to Download  
Headspace

Member downloads  
Headspace

# Logging into Headspace

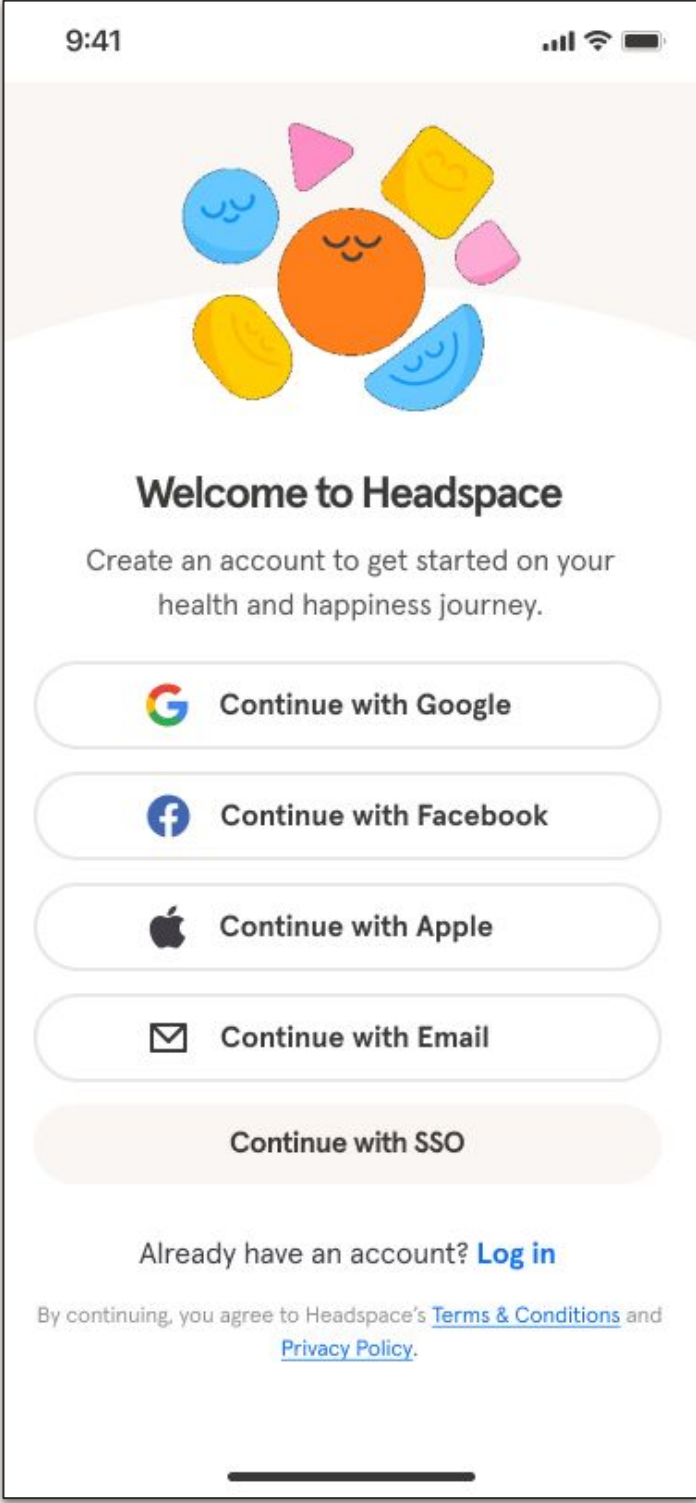
Experience is from the Headspace app



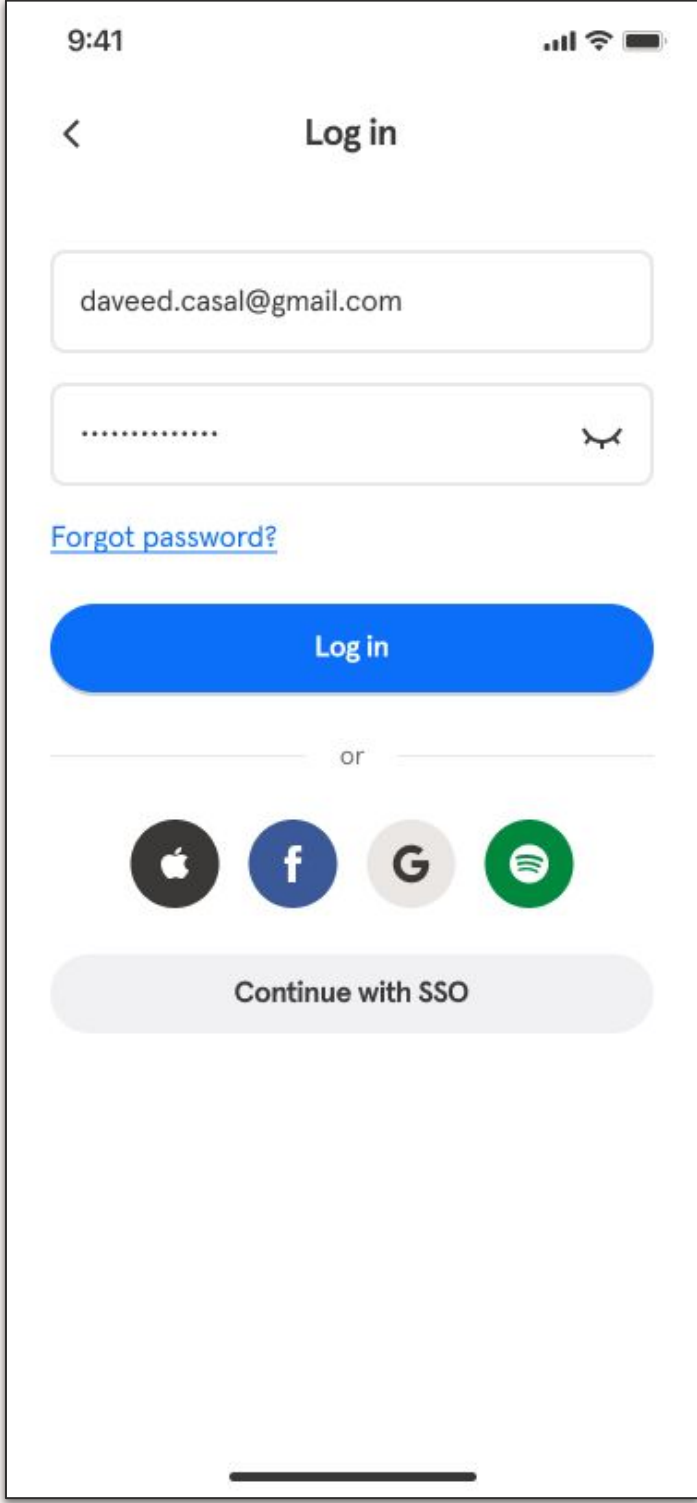
# Member opens Headspace app and logs in



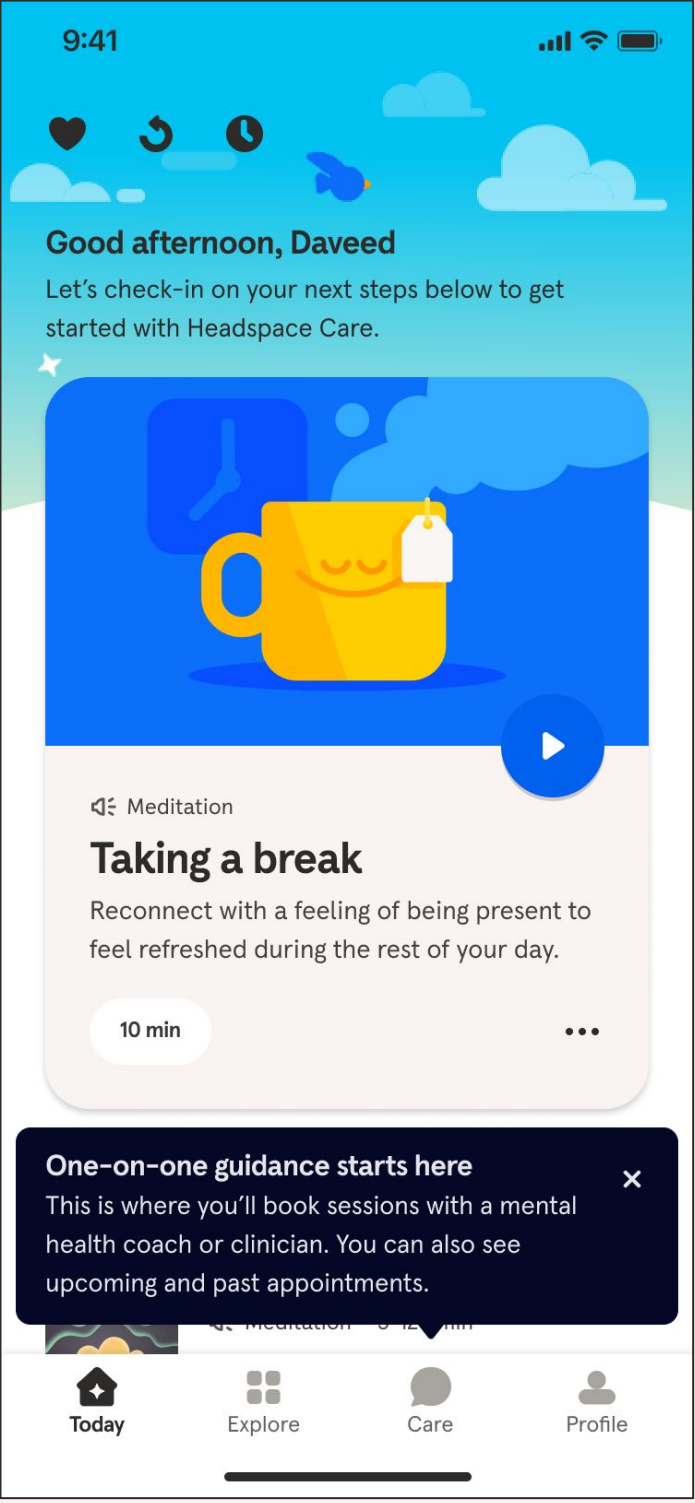
Member sees load page



Member clicks 'Log in'



Member inputs credentials

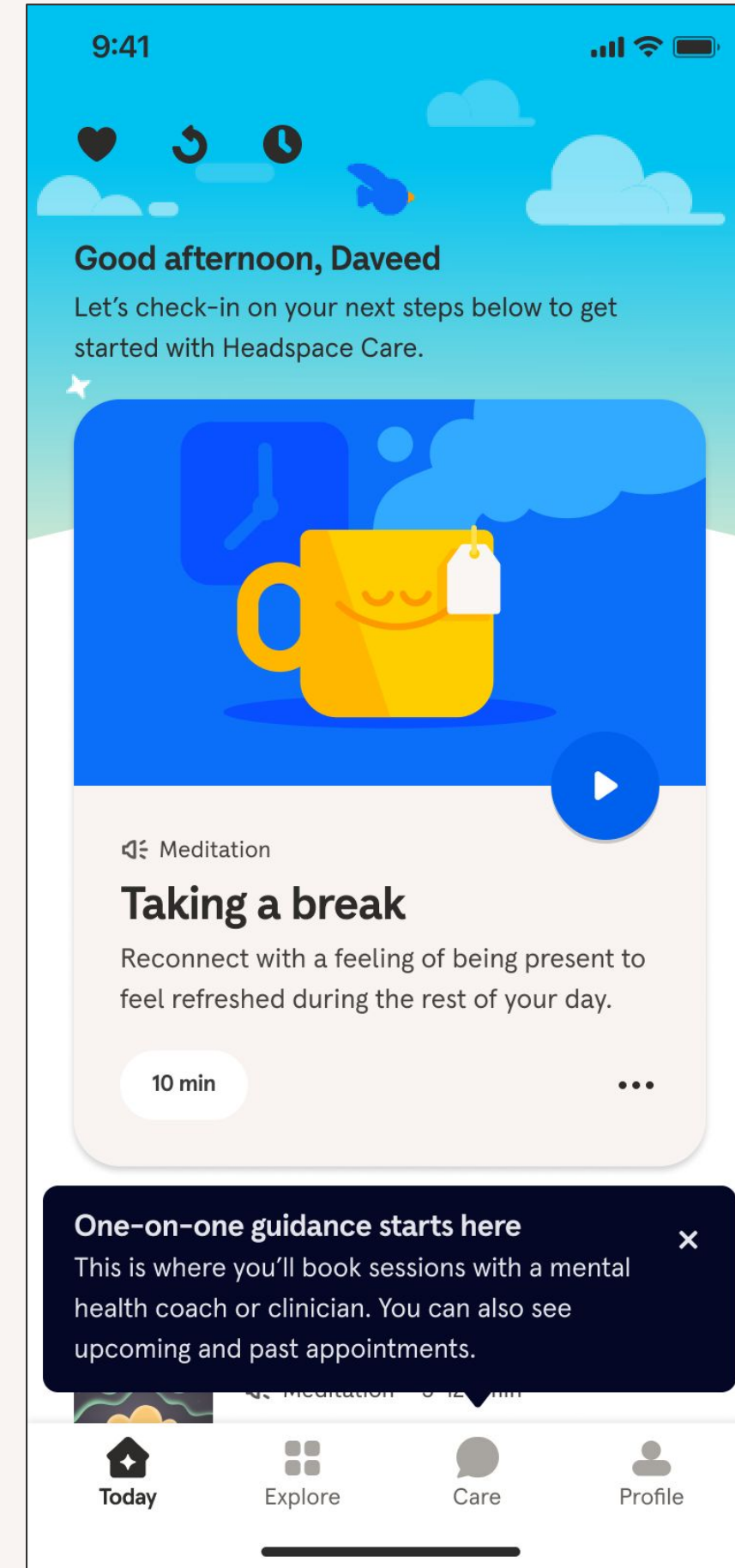


Member is logged in



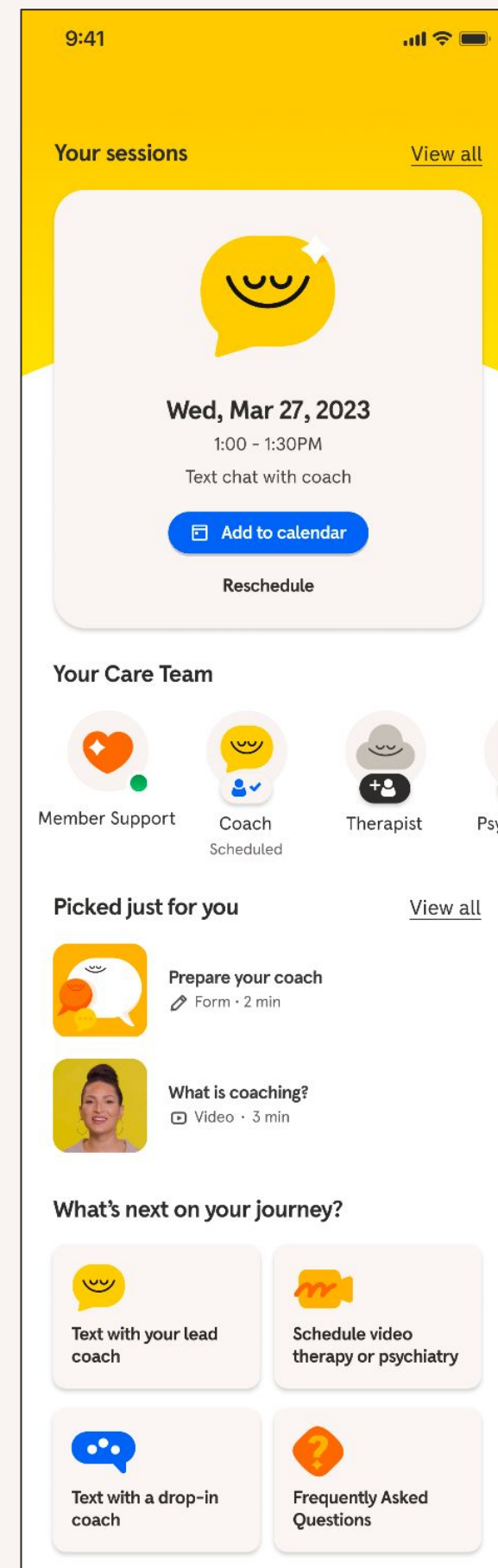
# Guided tooltip to direct them to Care tab

Member is then guided on how to use Headspace and navigate the app.

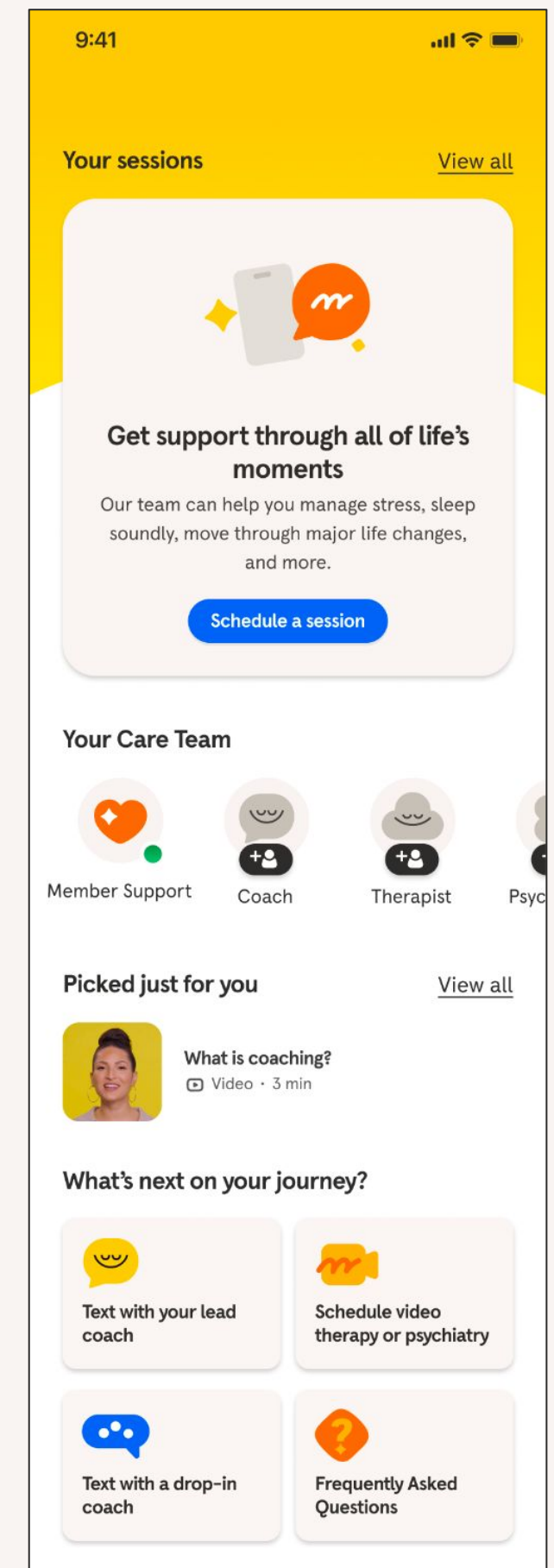


# Navigate to Care tab

Member has completed onboarding and is brought to the Care Tab



If a member has already scheduled a coaching session, they will be notified it on the Care tab

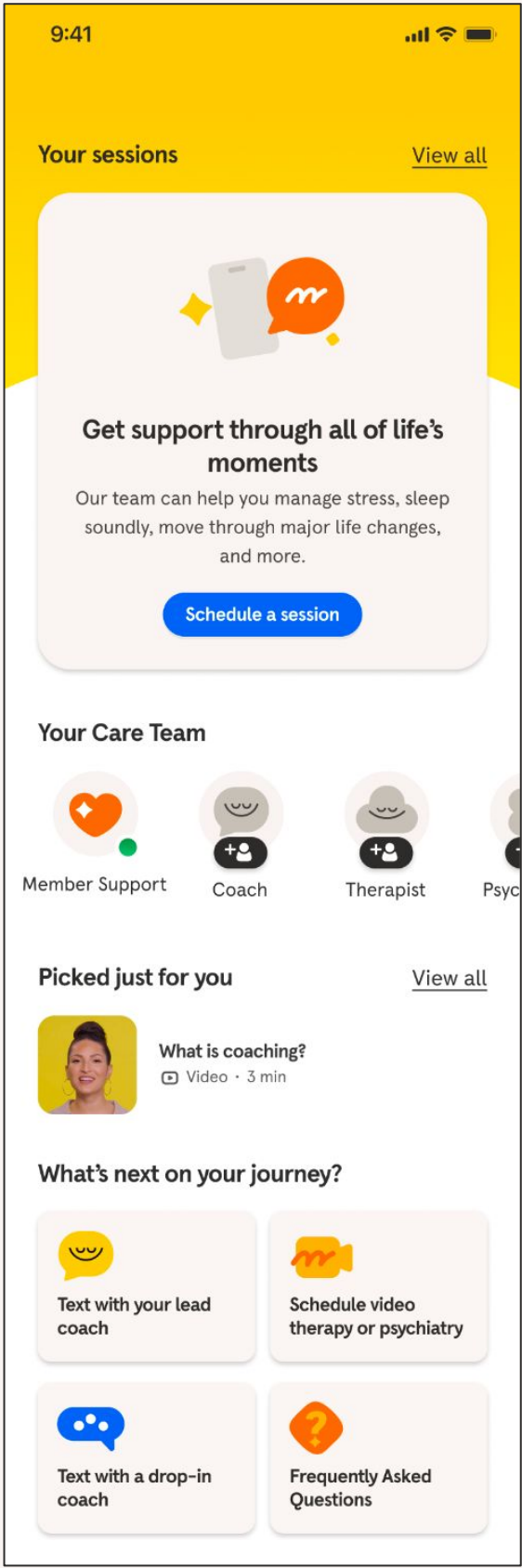


If a member has not scheduled a coaching session, they will have options to schedule a coaching session

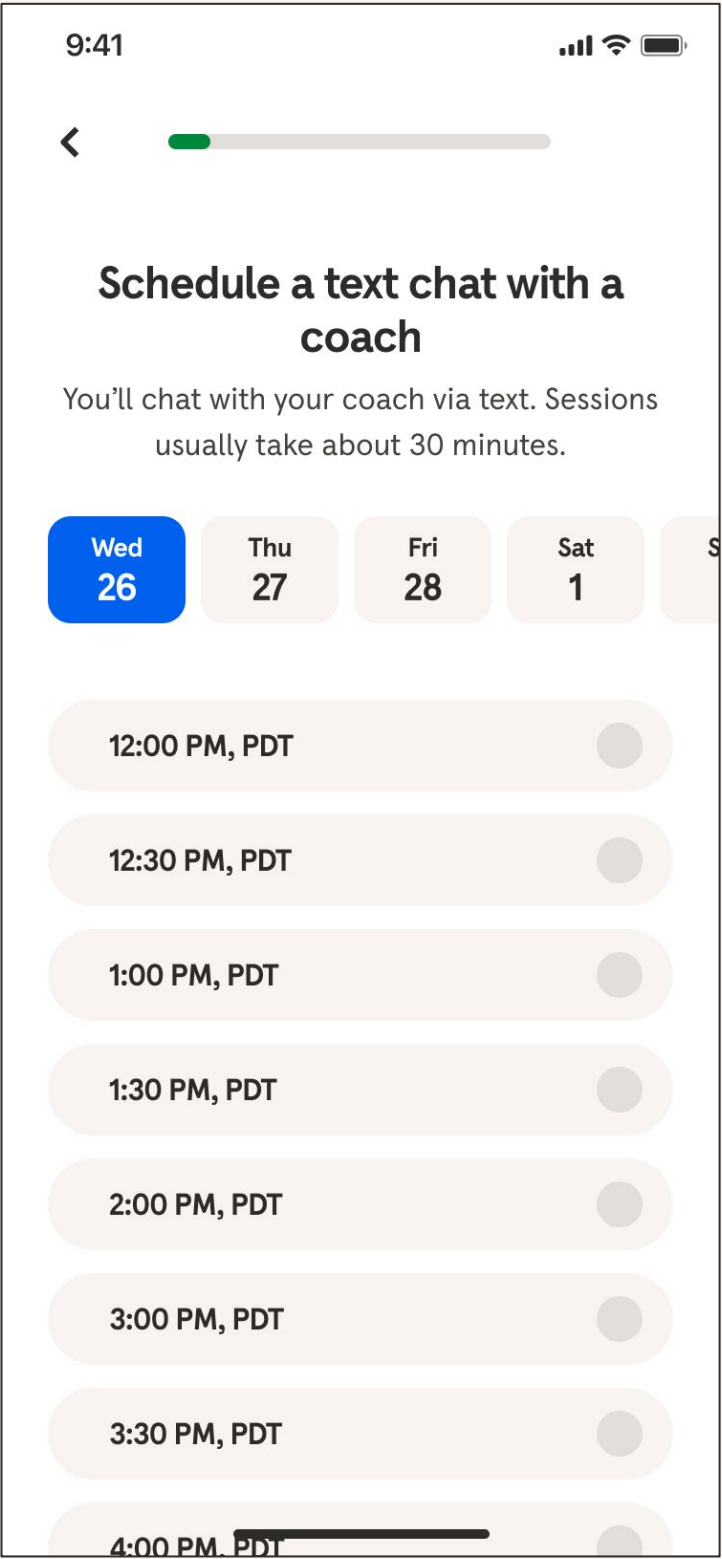
# Schedule a coaching session

If a member has already scheduled coaching, they will be notified of it on the Care tab

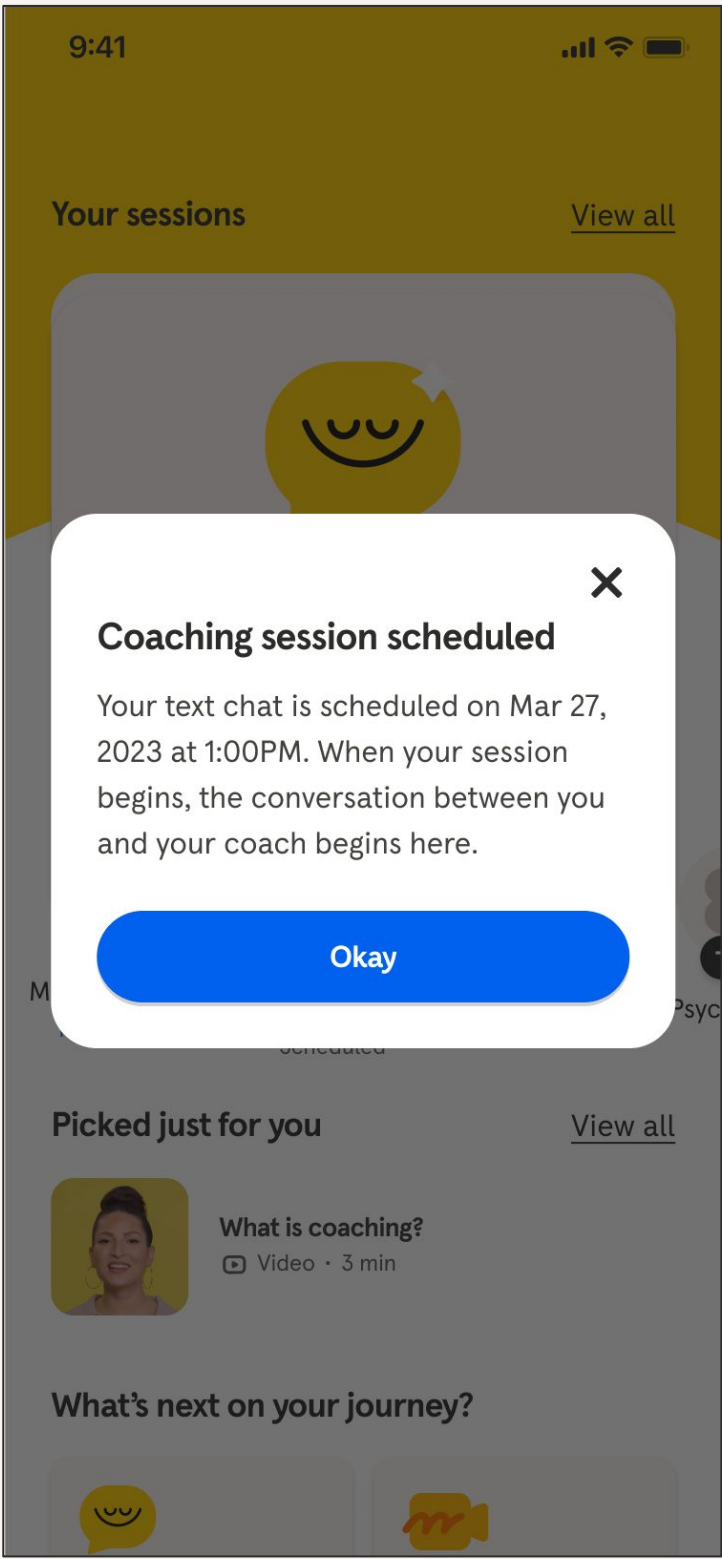
If a member has not yet scheduled a coaching session, the member can schedule through the Care tab at any time



If a member has not scheduled a coaching session, they can do so by selecting 'Schedule a session'



Member selects day and time to schedule their session



Session is confirmed

# Complete Coaching Intake Questionnaire

Member completes a Coaching Intake Questionnaire

9:41

×

### Prepare your coach

🔗 Form · 2 min

Tell your Care Team a little about yourself before your session on <date>.

The next few questions will help them get to know you, use respectful language, and make sure you feel comfortable during your sessions.

Begin

9:41

<

×

### What would you like to be called?

This is how your coach will refer to you.

Preferred first name

Next

q w e r t y u i o p

a s d f g h j k l

⬆ z x c v b n m ⬇

123 🌐 🎤 space return

9:41

<

×

### What are your pronouns?

Choose all that apply.

She / her

He / him

They / them

Ze / hir-zir

Something else

I'd rather not say

Next

9:41

<

×

### What is your gender identity?

Choose all that apply.

Female

Male

Trans male / trans man

Trans female / trans woman

Queer / gender non-conforming

Something else

I'd rather not say

Next



# Coaching Intake Questionnaire (Cont.)

Member completes a Coaching Intake Questionnaire

9:41

<

×

Which of these best describes your race or ethnicity?

Choose all that apply.

Asian / Pacific Islander

✓

Black / African American

✓

Hispanic / Latina/o / Latinx

Native American / Alaskan Native

Middle Eastern / North African

White / Caucasian

Something else

I prefer not to say

Next

9:41

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×

Where can we reach you in case of an emergency?

Please enter the location where you'll be when you use Headspace Care. We may use this information if your Care Team believes you are in immediate danger.

Address Line 1

123 Main Street

i

Address Line 2

City

Canton

State

OH

▼

Zip code

44701

Country

USA

▼

▼

🇺🇸

+1

(909) 555 - 3221

Next

9:41

<

×

One last thing

To use Headspace Care, you'll need to read and agree to the policies below.

Privacy Statement

Describes the personal information we collect and how it is used and protected.

>

Notice of Privacy Practices

How your health information may be used and shared, and your privacy rights.

>

Telehealth Consent

Understanding and consent to the benefits and risks associated with telehealth services.

>

Electronic Communication

Understanding and consent to the use and risks of email and text messaging.

>

Terms of Service

The rules that govern your use of the Headspace Care service and mobile app.

>

✓

I accept and agree to the policy and terms

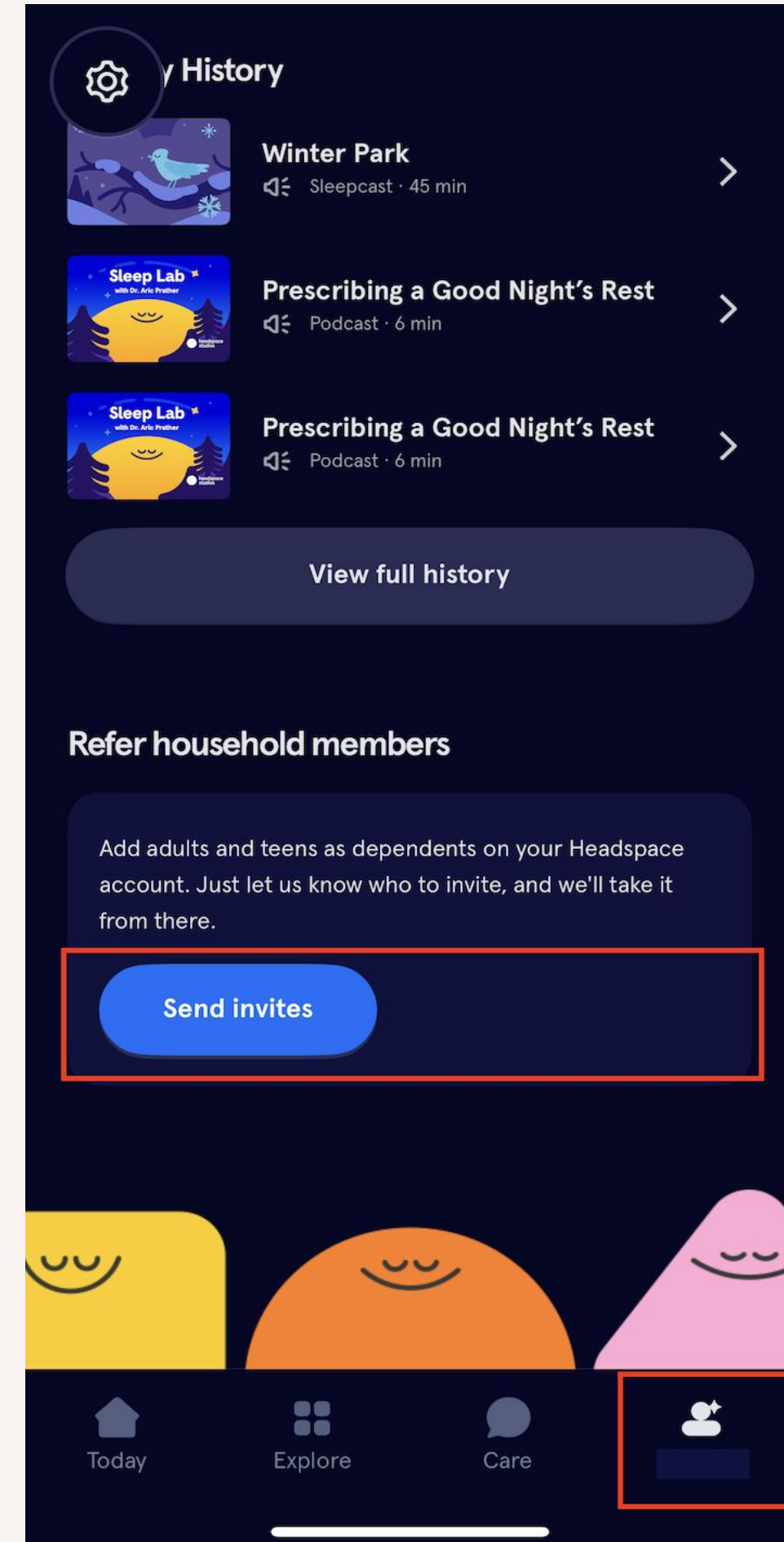
Finish



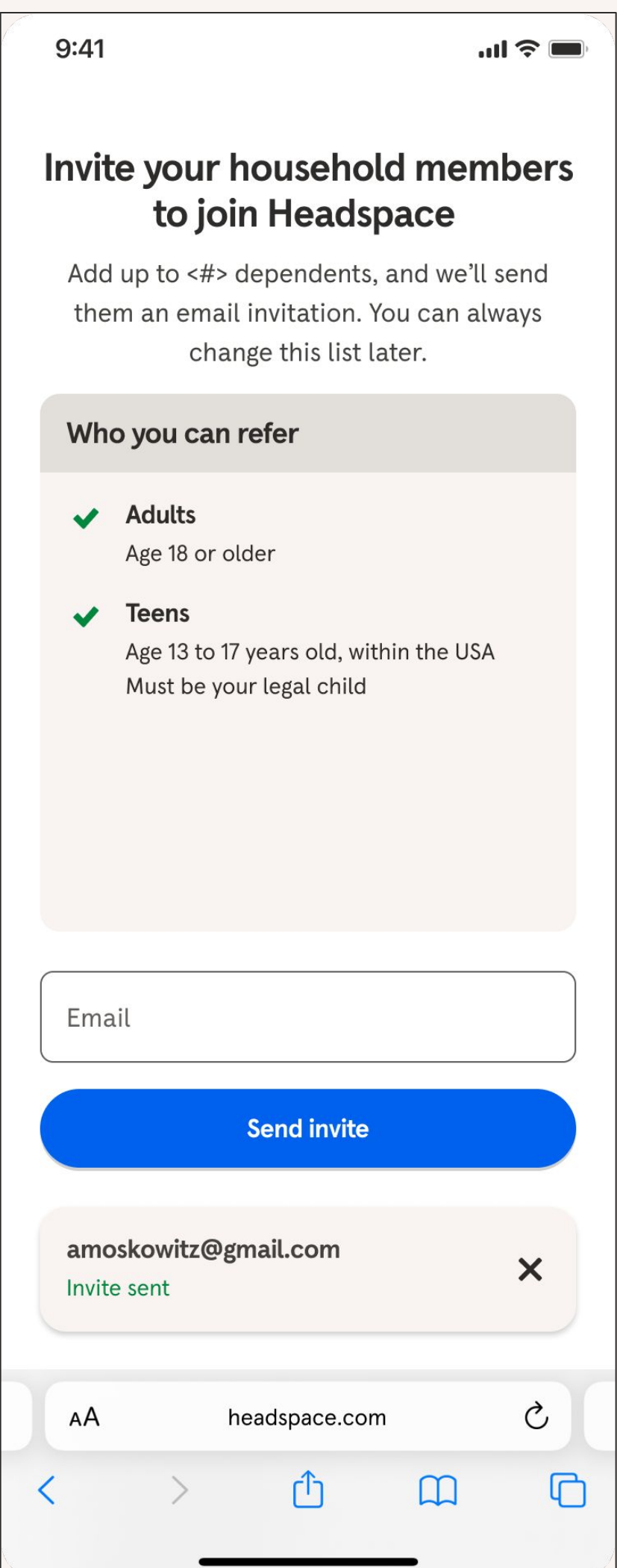
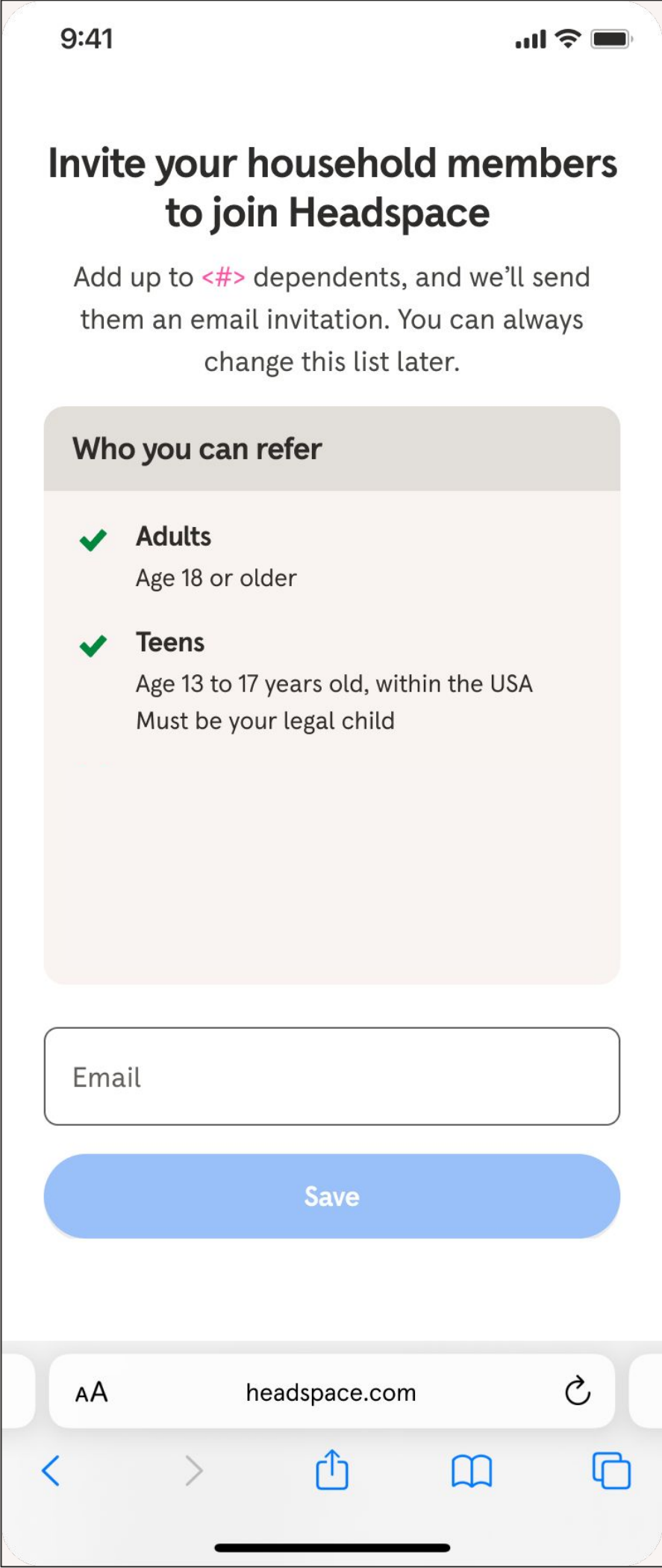
# Adding Dependents



# Member will be prompted to add a dependent via email and in their profile tab



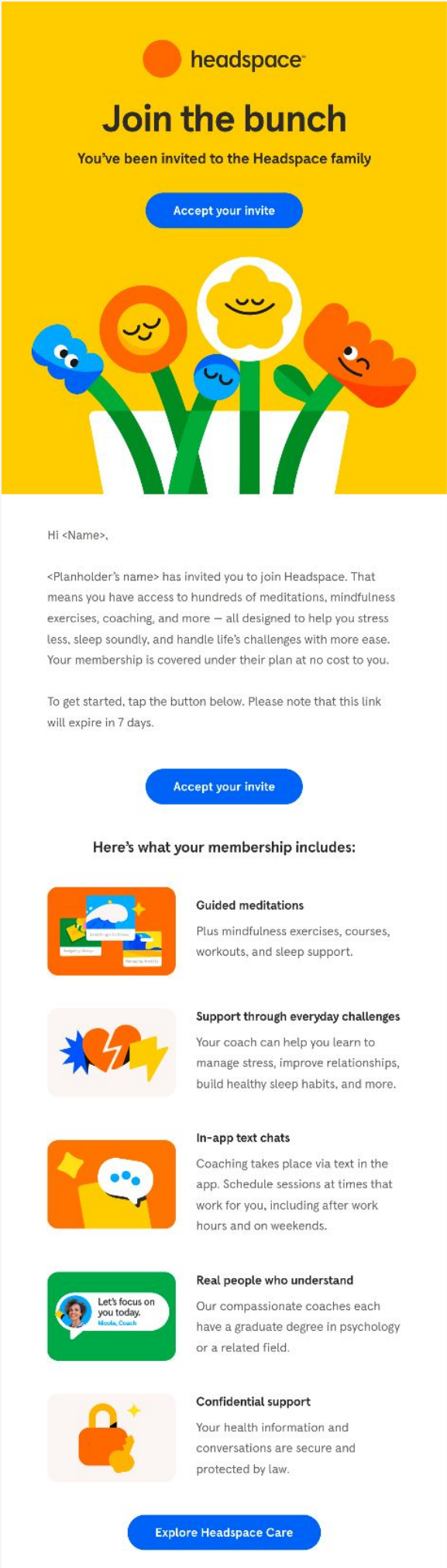
# Member invites dependents by inputting email



# Dependent receives email invite to join



Proprietary, Confidential, & Thoughtful



# Dependent confirms eligibility

Dependent inputs DOB and Country information to confirm eligibility

After confirming eligibility, if a member already has a Headspace account they login or if not, they create an account.

*(See Onboarding and Enrolling for next steps)*

9:41

Hi, there. Let's make sure you're eligible to use Headspace.

Enter your date of birth, and your current location.

Date of birth

MM/DD/YYYY

Country

Continue

If you experience any issues, please reach out to [<email>](#).

9:41

Hi, there. Let's make sure you're eligible to use Headspace.

Enter your date of birth, and your current location.

Date of birth

09/05/1999

MM/DD/YYYY

Country

United States

USA

Afghanistan

Albania

Algeria

Andorra

Angola

Antigua and Barbuda

Argentina

Armenia

Australia

Continue

If you experience any issues, please reach out to [<email>](#).

9:41

Hi, there. Let's make sure you're eligible to use Headspace.

Enter your date of birth, and your current location.

Date of birth

09/05/1999

MM/DD/YYYY

Country

USA

Continue

If you experience any issues, please reach out to [<email>](#).

9:41

Welcome, before we get started, let's make sure you're eligible for Care.

Please enter your date of birth and location.

Please confirm your birthdate is 09/05/1999

Yes

No

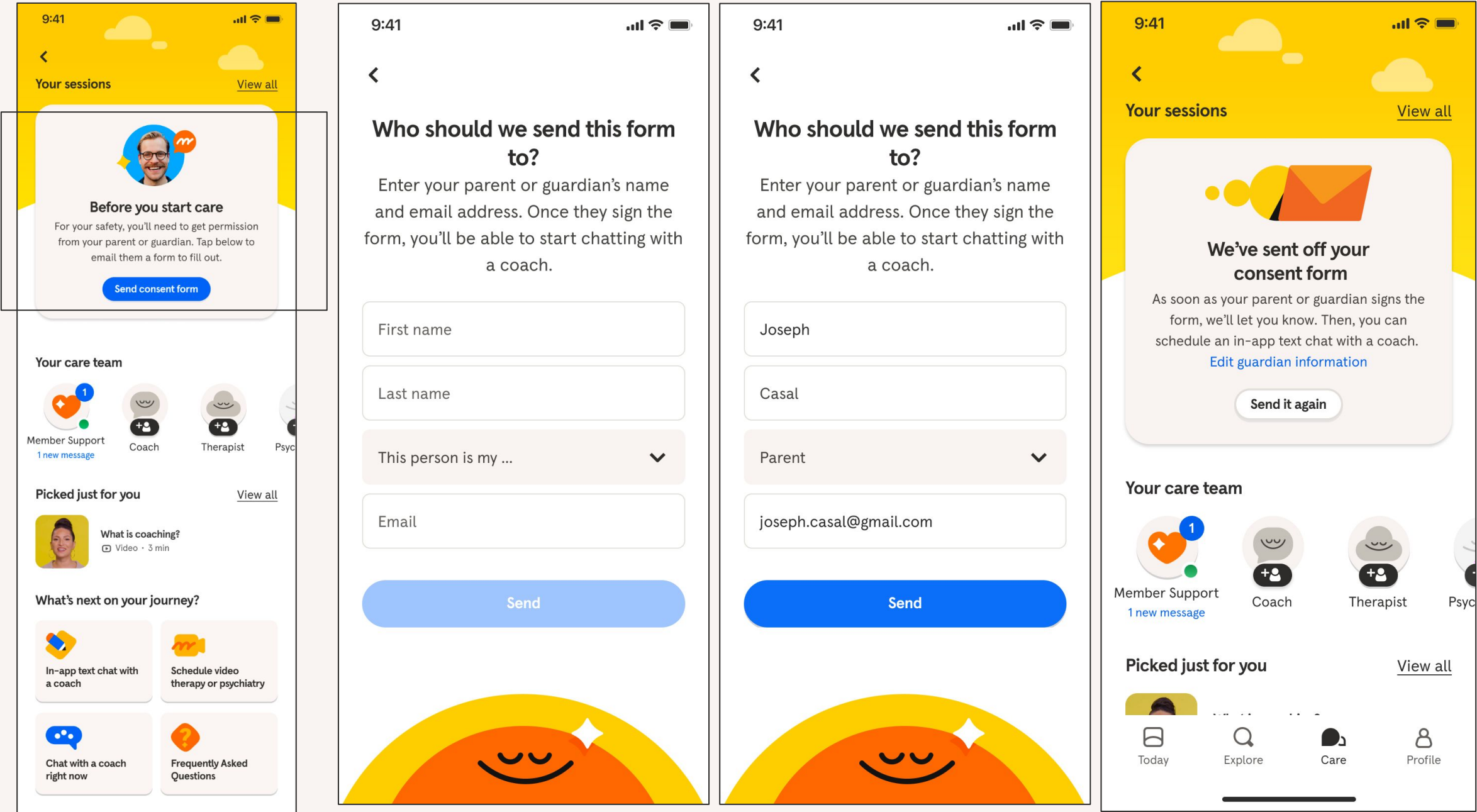
Continue

If you experience any issues, please reach out to [<email>](#).



# Teen submits consent form to engage in Care

Once a teen downloads and enters the Headspace app, they will be prompted to submit a consent form so their parent and/or guardian can consent to them receiving care.



Teen is prompted to submit consent form'



Member completes consent form



Consent form is sent to parent/guardian

# Parent/Guardian is sent consent form to complete

headspace

Help your teen care for their mind

Sign consent form

Let's work this out together.

Lina, Headspace Coach

Hi <Name>,

Remember what it was like to be a teen? A little extra support could go a long way. Now that your teen has signed up for Headspace Care, we'll need your permission to start connecting them to help. Our team can support teens with a wide range of concerns, like peer relationships, academic stress, depression and anxiety symptoms, and more.

Sign consent form

You'll need to be the teen's legal parent or guardian to give consent. Once you sign off, we'll ask you a few questions about what your teen might be going through. Then, your teen can access Headspace Care services right from their smartphone.

Headspace for Teens includes:

How are you feeling today?

Coaching

A coach guides your teen through challenging emotions. Sessions take place via text chat in the app.

The content of your teen's sessions will be confidential, but you'll be able to communicate with their coach about next steps.

If your teens need a little more support, you may also have access to therapy and psychiatry. Chat with a coach for information about what's covered. Or, reach out to your internal benefits team.

9:41

Help us learn a little more about your teen

15 min

Before your teen's first coaching, therapy, or psychiatry session, please fill out the consent and intake form on the next few screens. To give consent, you must be your teen's legal parent or guardian. Answering a few questions will help us better understand what your teen needs help with. It'll take about 15 minutes to complete.

⚠️

If your teen is experiencing an emergency or in need of immediate assistance, text or call the National Suicide Hotline at 988, call 911, or go to your nearest emergency room.

This form should not be used to communicate urgent or emergency matters, as it will not be reviewed right away.

Instructions

Tap the button below to answer a few questions and confirm you have read our policies. If any questions in the form are not relevant to your teen, please indicate that. If you have questions about the form, please reach out to help@headspace.com, or to Member Support through the "Chat" tab.

✓

This form must be filled out at least 24 hours before your teen's first session.

Start Now

9:41

First, let's talk about you

Before we ask a few questions about your teen, we'll need some information about you

I am the dependent's...

First Name

Last Name

Date of Birth

Email

Phone

Continue

9:41

First, let's talk about you

Before we ask a few questions about your teen, we'll need some information about you

Other

You must be the legal parent or guardian to consent to care.

First Name

Last Name

Date of Birth

Email

Phone

Continue

9:41

Which Headspace Care services would you like your teen to access?

Select all care services you consent to

Coaching only

A coach guides your teen through challenging emotions. Sessions with coaches take place via text chat in the app.

Coaching and therapy

If needed, a coach can refer your teen to a therapist: a state-licensed clinician who helps your teen understand patterns in their life and find ways to create change. Sessions with therapists take place via video chat.

Coaching, therapy, and psychiatry

Psychiatrists can prescribe and help manage medications, and work with your teen's therapist and coach to explore their diagnosis and treatment plan. Sessions with psychiatrists take place via video chat.

I do not give my consent

Continue

9:41

Which Headspace Care services would you like your teen to access?

Choose all that apply.

Coaching only

A coach guides your teen through challenging emotions. Sessions with coaches take place via text chat in the app.

Coaching and therapy

If needed, a coach can refer your teen to a therapist: a state-licensed clinician who helps your teen understand patterns in their life and find ways to create change. Sessions with therapists take place via video chat.

Coaching, therapy, and psychiatry

Psychiatrists can prescribe and help manage medications, and work with your teen's therapist and coach to explore their diagnosis and treatment plan. Sessions with psychiatrists take place via video chat.

I do not give my consent

Continue



# Parent/Guardian complete consent form (cont.)

9:41

<

### Your teen needs your consent

Please read and agree to our coaching policies.

I consent to my teen's access to and use of Headspace Care. I selected the services that I would like my teen to access during the referral process.

- Coaching via chats is able to support teens with a wide range of concerns from everyday anxiety and academic issues.
- Clinical services includes therapy and psychiatry services provided via telehealth. Support for clinical diagnoses will require therapy and/or psychiatry services. If I only consented to coaching during the referral process, I may reach out to Member Support in the app to inquire about allowing my teen to access clinical services, and I understand that additional consents may be required in order for my teen to access these services.

I understand that Headspace Care is not able to provide services for conditions which require close medical monitoring, in-person care, a high degree of specialization, or prescribe stimulant medication often used in the treatment of ADHD.

I may talk with my teen directly to understand how they're feeling.

I may contact my teen's coach and/or clinician through in-app chat with Member Support.

I authorize Headspace (Headspace refers to Headspace, Inc. and its subsidiaries and affiliates, including in partnership with its medical affiliate provider Ginger.io of California Medical P.C.) to send email, text/SMS messages and/or push notifications to invite my teen to enroll, send service reminders, and encourage my teen to utilize Headspace Care services. I understand text/SMS messages and data rates may apply.

My teen's treatment records, including coaching transcripts and/or clinical notes, and health care information will be handled in compliance with HIPAA and the laws in the state in which my teen resides.

I understand that Headspace's policy includes sharing information with a parent or guardian and/or appropriate third parties, including but not limited to if a teen is:

- Engaging in self-harm (e.g. cutting, burning, or hitting themselves)
- Experiencing active suicidal ideation (e.g. thoughts of killing themselves, accompanied by a plan or intent)
- Experiencing active homicidal ideation or intent to inflict serious bodily harm on others (e.g. thoughts of harming others, accompanied by a plan or intent)
- Exhibiting signs of grave disability, such as psychosis or mania
- Engaging in substance use that is of concern

I understand that there are some situations in which a provider is legally obligated to take action to protect my teen or others from harm, even if they have to reveal some information about my teen's treatment.

#### Notice of Privacy Practices

How your health information may be used and shared, and your privacy rights.

#### Telehealth Consent

Understanding and consent to the benefits and risks associated with telehealth services.

#### Practice Policies & informed consent

Understanding and consent to the benefits and risks associated with telehealth services.

#### Electronic Communication

Understanding and consent to the use and risks of email and text messaging.

I understand that if my teen needs immediate assistance or is in danger, of harming themselves or others, I will call 911 or the National Suicide Lifeline (988), for immediate assistance.

I understand that I should not attempt to access emergency care for my teen through this app.

☒ I accept and agree to these policies and terms on behalf of my teen.

Continue

AA

headspace.com

<

>

9:41

<

### Your teen needs your consent

Please read and agree to our coaching and therapy policies.

I consent to my teen's access to and use of Headspace Care. I selected the services that I would like my teen to access during the referral process.

- Coaching via chats is able to support teens with a wide range of concerns from everyday anxiety and academic issues.
- Clinical services includes therapy and psychiatry services provided via telehealth. Support for clinical diagnoses will require therapy and/or psychiatry services. If I only consented to coaching during the referral process, I may reach out to Member Support in the app to inquire about allowing my teen to access clinical services, and I understand that additional consents may be required in order for my teen to access these services.

I understand that Headspace Care is not able to provide services for conditions which require close medical monitoring, in-person care, a high degree of specialization, or prescribe stimulant medication often used in the treatment of ADHD.

I may talk with my teen directly to understand how they're feeling.

I may contact my teen's coach and/or clinician through in-app chat with Member Support.

I authorize Headspace (Headspace refers to Headspace, Inc. and its subsidiaries and affiliates, including in partnership with its medical affiliate provider Ginger.io of California Medical P.C.) to send email, text/SMS messages and/or push notifications to invite my teen to enroll, send service reminders, and encourage my teen to utilize Headspace Care services. I understand text/SMS messages and data rates may apply.

My teen's treatment records, including coaching transcripts and/or clinical notes, and health care information will be handled in compliance with HIPAA and the laws in the state in which my teen resides.

I understand that Headspace's policy includes sharing information with a parent or guardian and/or appropriate third parties, including but not limited to if a teen is:

- Engaging in self-harm (e.g. cutting, burning, or hitting themselves)
- Experiencing active suicidal ideation (e.g. thoughts of killing themselves, accompanied by a plan or intent)
- Experiencing active homicidal ideation or intent to inflict serious bodily harm on others (e.g. thoughts of harming others, accompanied by a plan or intent)
- Exhibiting signs of grave disability, such as psychosis or mania
- Engaging in substance use that is of concern

I understand that there are some situations in which a provider is legally obligated to take action to protect my teen or others from harm, even if they have to reveal some information about my teen's treatment.

#### Notice of Privacy Practices

How your health information may be used and shared, and your privacy rights.

#### Telehealth Consent

Understanding and consent to the benefits and risks associated with telehealth services.

#### Practice Policies & informed consent

Understanding and consent to the benefits and risks associated with telehealth services.

#### Electronic Communication

Understanding and consent to the use and risks of email and text messaging.

I understand that if my teen needs immediate assistance or is in danger, of harming themselves or others, I will call 911 or the National Suicide Lifeline (988), for immediate assistance.

I understand that I should not attempt to access emergency care for my teen through this app.

☒ I accept and agree to these policies and terms on behalf of my teen.

Continue

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### Your teen needs your consent

Please read and agree to our coaching, therapy, and psychiatry policies.

I consent to my teen's access to and use of Headspace Care. I selected the services that I would like my teen to access during the referral process.

- Coaching via chats is able to support teens with a wide range of concerns from everyday anxiety and academic issues.
- Clinical services includes therapy and psychiatry services provided via telehealth. Support for clinical diagnoses will require therapy and/or psychiatry services. If I only consented to coaching during the referral process, I may reach out to Member Support in the app to inquire about allowing my teen to access clinical services, and I understand that additional consents may be required in order for my teen to access these services.

I understand that Headspace Care is not able to provide services for conditions which require close medical monitoring, in-person care, a high degree of specialization, or prescribe stimulant medication often used in the treatment of ADHD.

I may talk with my teen directly to understand how they're feeling.

I may contact my teen's coach and/or clinician through in-app chat with Member Support.

I authorize Headspace (Headspace refers to Headspace, Inc. and its subsidiaries and affiliates, including in partnership with its medical affiliate provider Ginger.io of California Medical P.C.) to send email, text/SMS messages and/or push notifications to invite my teen to enroll, send service reminders, and encourage my teen to utilize Headspace Care services. I understand text/SMS messages and data rates may apply.

My teen's treatment records, including coaching transcripts and/or clinical notes, and health care information will be handled in compliance with HIPAA and the laws in the state in which my teen resides.

I understand that Headspace's policy includes sharing information with a parent or guardian and/or appropriate third parties, including but not limited to if a teen is:

- Engaging in self-harm (e.g. cutting, burning, or hitting themselves)
- Experiencing active suicidal ideation (e.g. thoughts of killing themselves, accompanied by a plan or intent)
- Experiencing active homicidal ideation or intent to inflict serious bodily harm on others (e.g. thoughts of harming others, accompanied by a plan or intent)
- Exhibiting signs of grave disability, such as psychosis or mania
- Engaging in substance use that is of concern

I understand that there are some situations in which a provider is legally obligated to take action to protect my teen or others from harm, even if they have to reveal some information about my teen's treatment.

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I understand that I should not attempt to access emergency care for my teen through this app.

☒ I accept and agree to these policies and terms on behalf of my teen.

Continue

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# Parent/Guardian complete consent form (cont.)

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**Please confirm that your teen will be in their state of residence during therapy and/or psychiatry appointments**

In order for us to provide teletherapy services, your teen will need to be located in their state of residence for their appointments.

☐ I attest my teen will be in their state of residence for each video session with their therapist and/or psychiatrist.

**Continue**

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**Is your teen currently in psychotherapy with a therapist or psychiatrist?**

**Yes** 

**No** 

**Continue**

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These forms will only appear if the parent/guardian selects therapy and/or psychiatry

# Parent/Guardian completes consent form (cont.)

9:41

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Please provide an emergency contact

We will contact this person in case of an emergency. If you would like to be the emergency contact please list yourself below.

Emergency Contact Name

Emergency Contact Phone Number

Email

Emergency Contact Relationship to Teen

Continue

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Please provide an emergency contact

We will contact this person in case of an emergency. If you would like to be the emergency contact please list yourself below.

Martha Moskowitz

503-123-2394

mmoskowitz@gmail.com

Mother

Continue

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Enter your teen's insurance information.

If we are in network with your insurance payer, you will be charged your regular co-pays for visits.

If we are not in network with your insurance payer, you will be charged in full for services rendered. If we become in-network with your insurance company, we will contact you.

Insurance Company

Insurance ID Number

Insurance Group Number

Continue

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Enter your teen's insurance information.

If we are in network with your insurance payer, you will be charged your regular co-pays for visits.

If we are not in network with your insurance payer, you will be charged in full for services rendered. If we become in-network with your insurance company, we will contact you.

Aetna

789654321

234567

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Please make sure all the information is accurate.

Incorrect information will cause delays in setting up your teen's appointment.

Therapy status

Not in therapy

Emergency Contact

Martha Moskowitz

503-123-2394

mmoskowitz@gmail.com

Mother

Insurance

Aetna

789654321

234567

Continue

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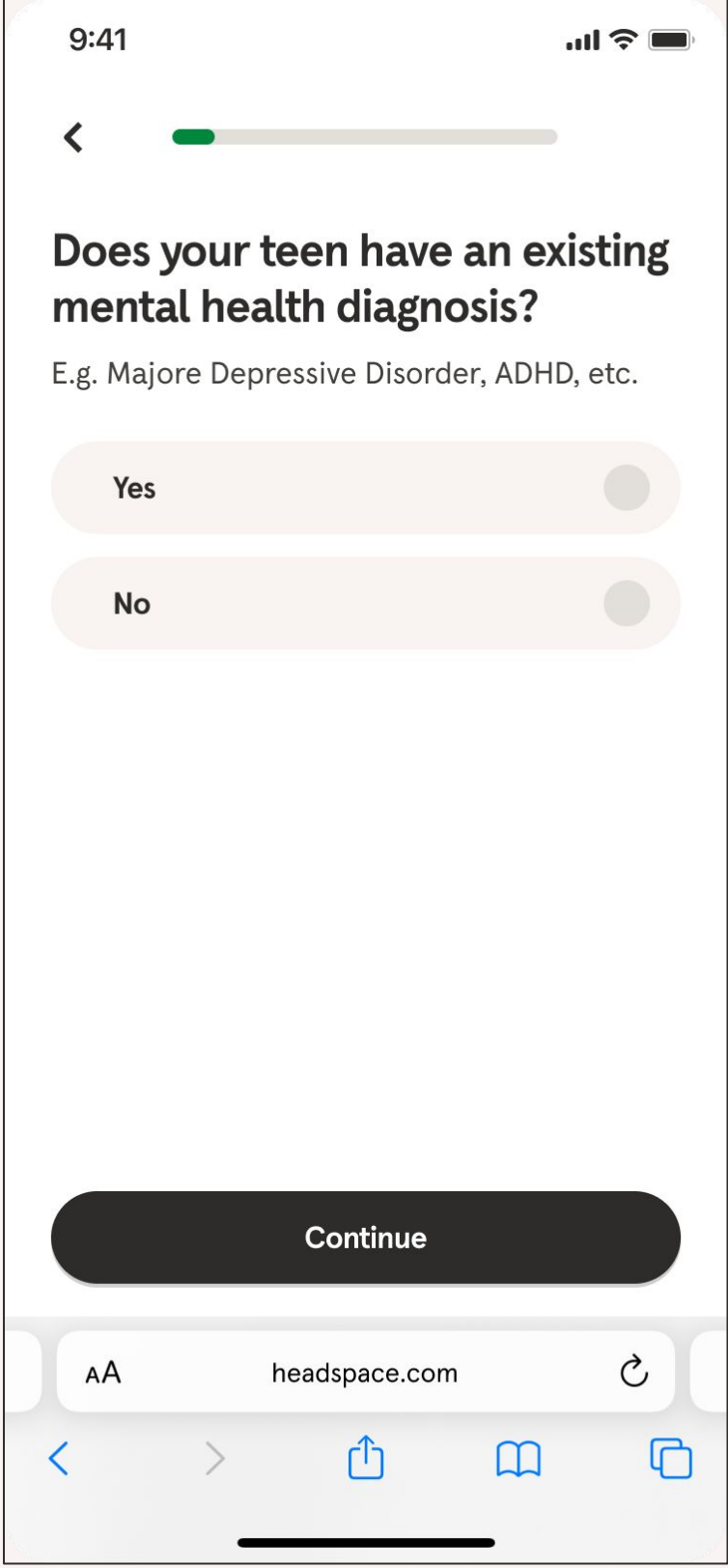
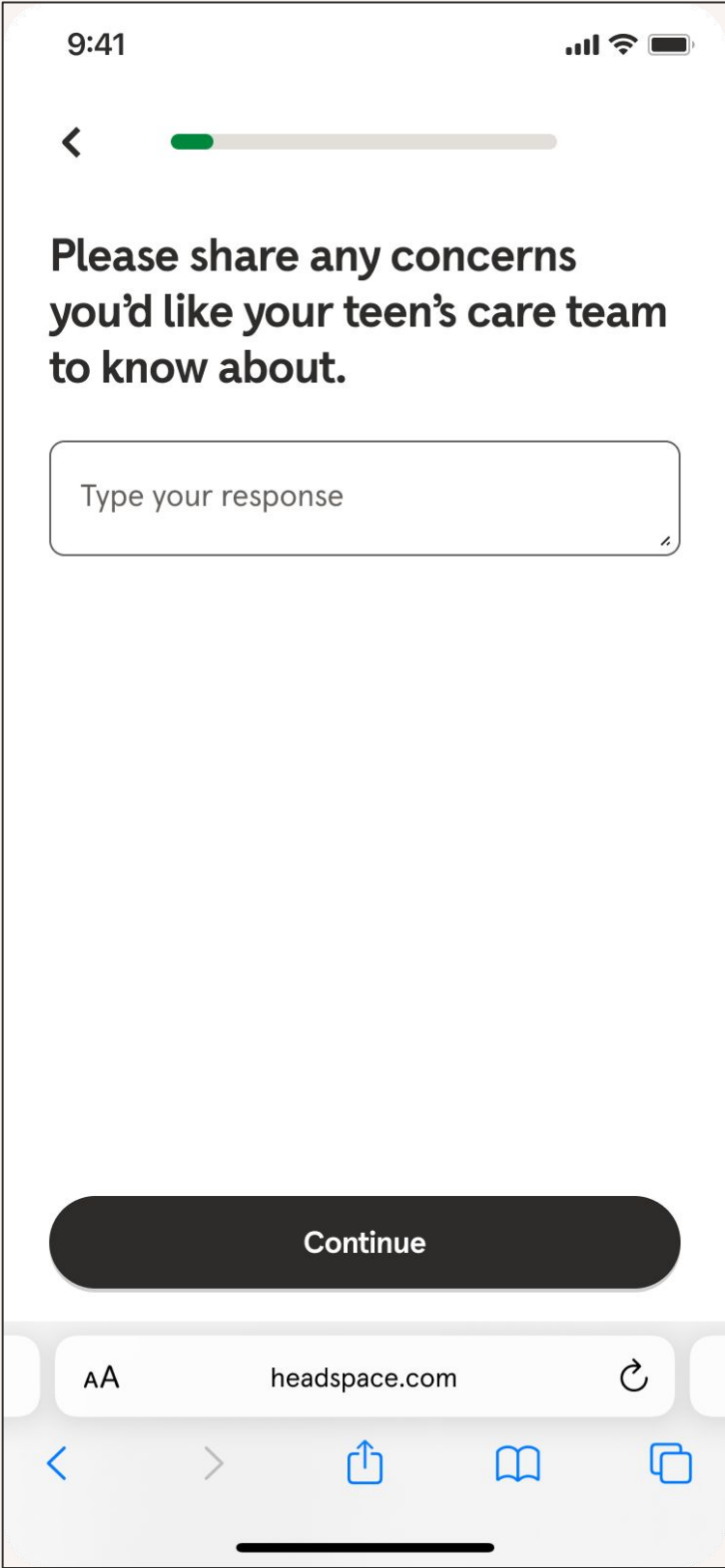
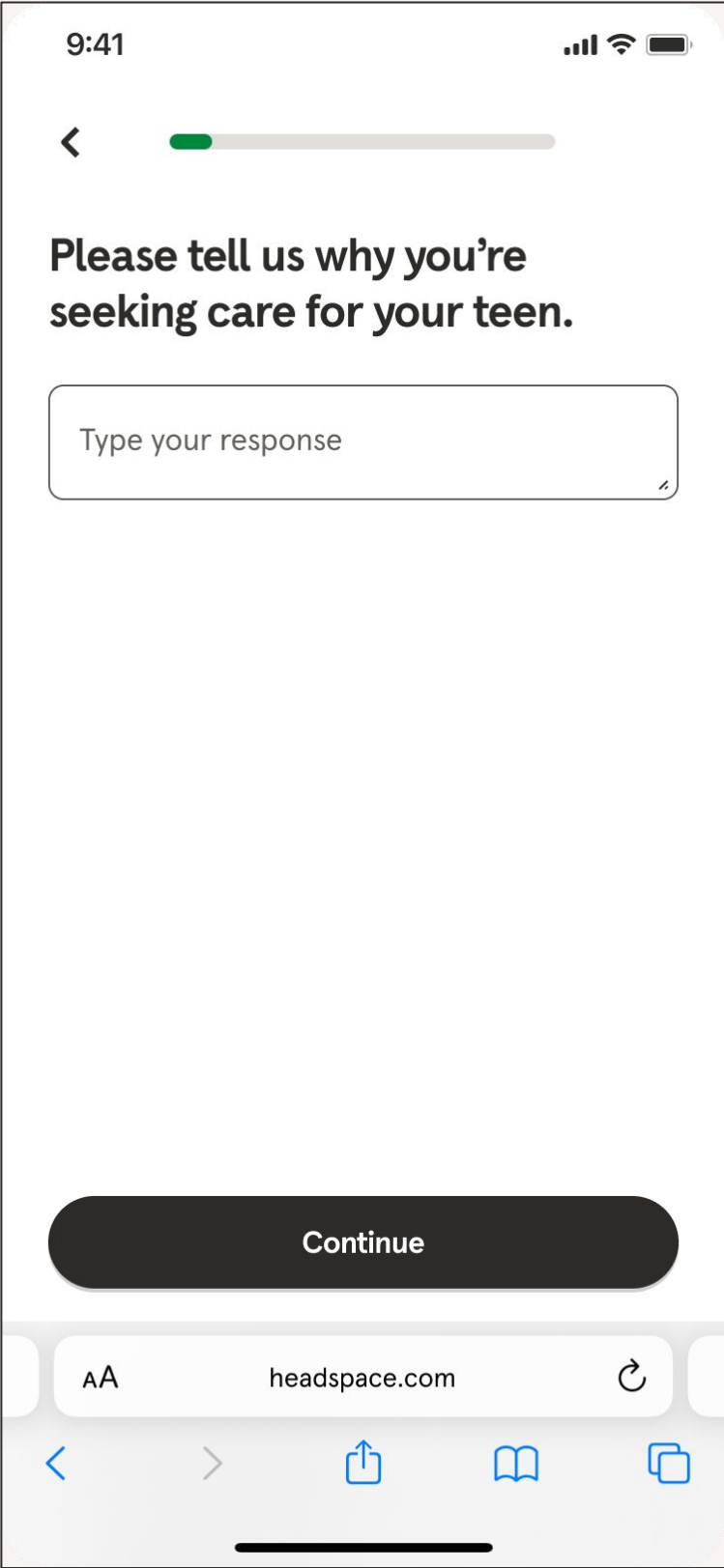
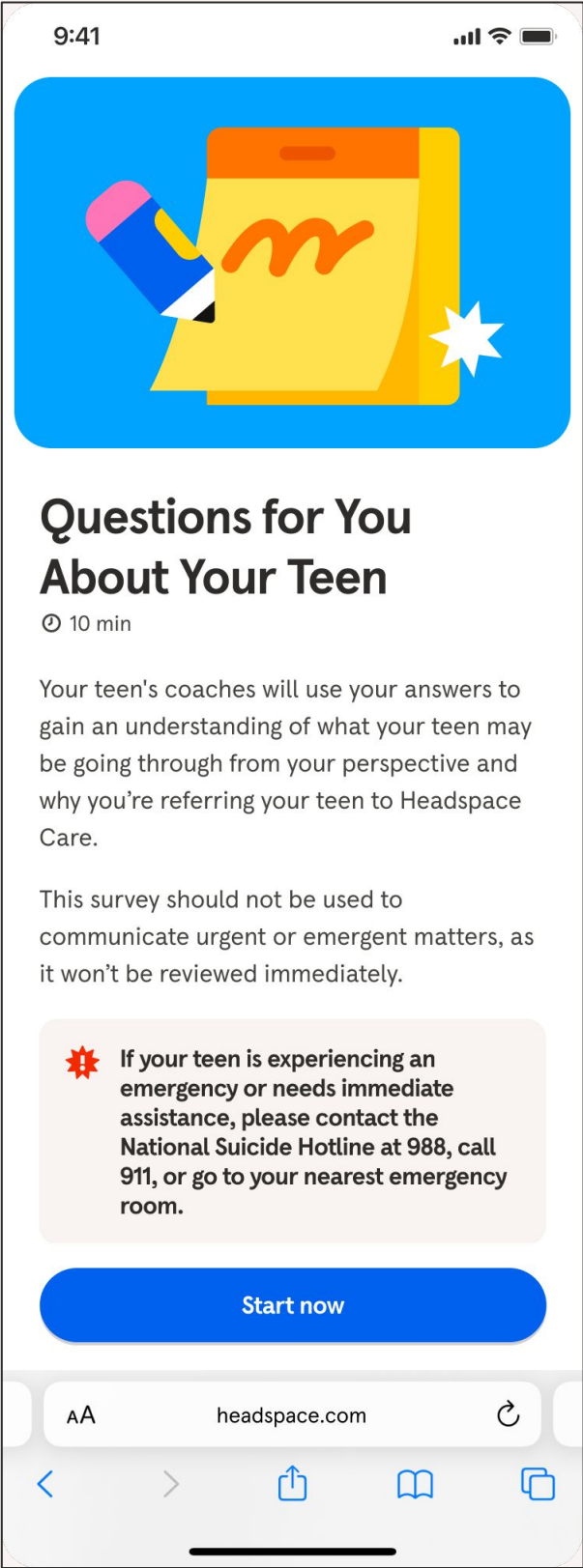
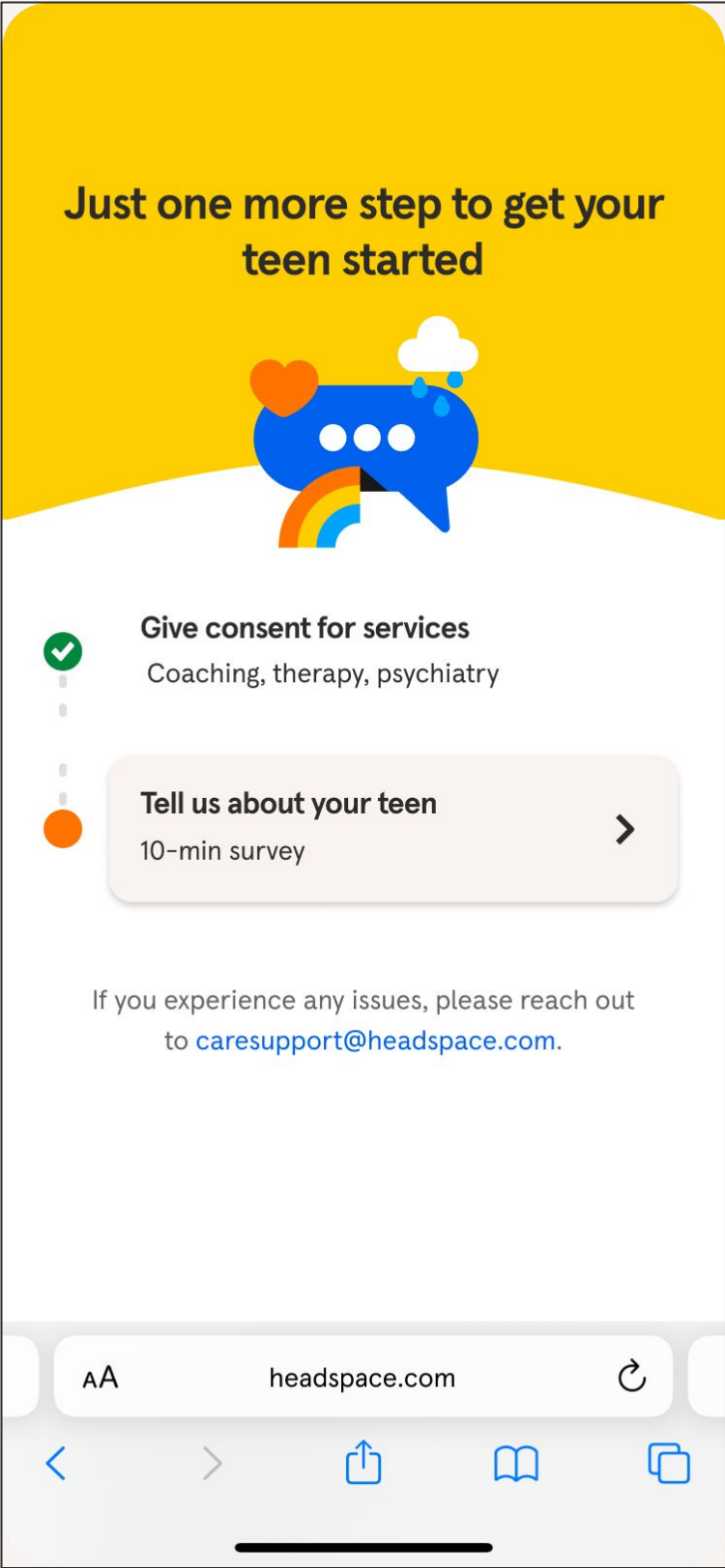
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# Parent/Guardian fills out questionnaire about teen



# Parent/Guardian fills out questionnaire about teen

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What is the diagnosis and when was this diagnosis first made?

Type your response

Continue

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If they answer yes, they go to this screen

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What are your goals for your teen?

Improve relationships with family

Improve relationships with peers

Improve self-confidence/self-esteem

Manage difficult emotions

Improve stress management

Other

I'm not sure

Continue

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If they answer no, they bypass the follow up question and go to this screen

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Please clarify what the other goals are for your teen.

Type your response

Continue

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How would you rate the relationship with your teen and their family (including siblings, etc)?

On a scale of 0 to 10, with 10 being the most positive and 0 being the least.

5

Continue

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What are your teen's strengths or talents?

Type your response

Continue

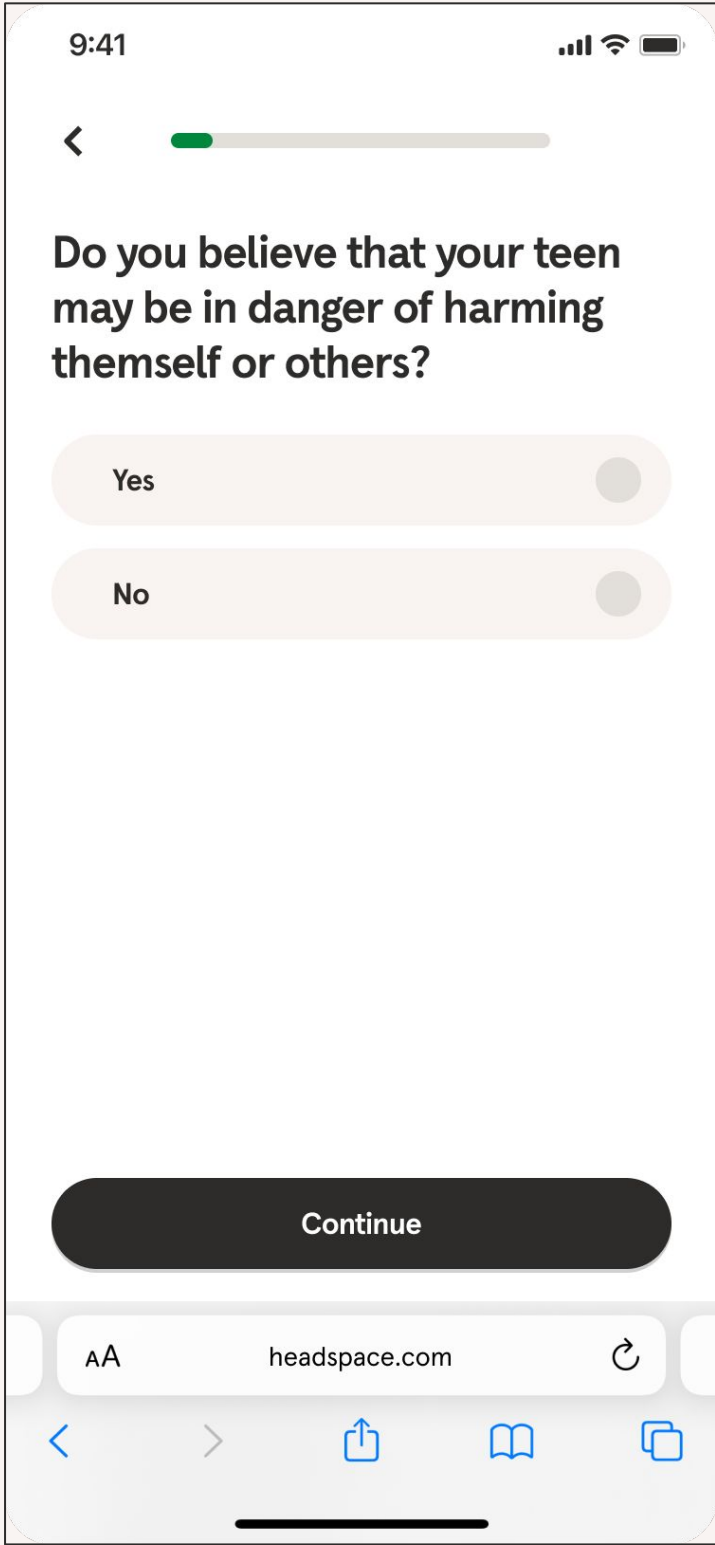
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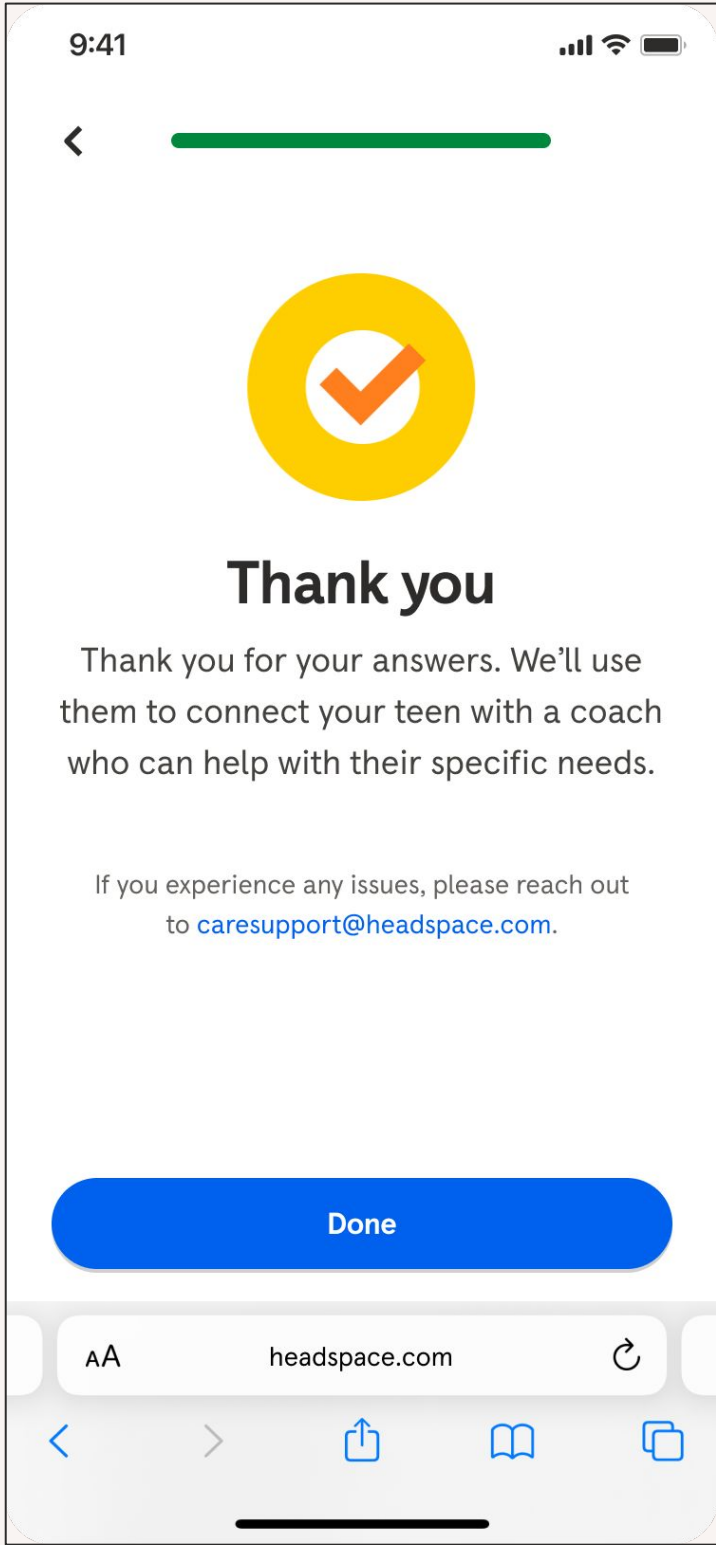
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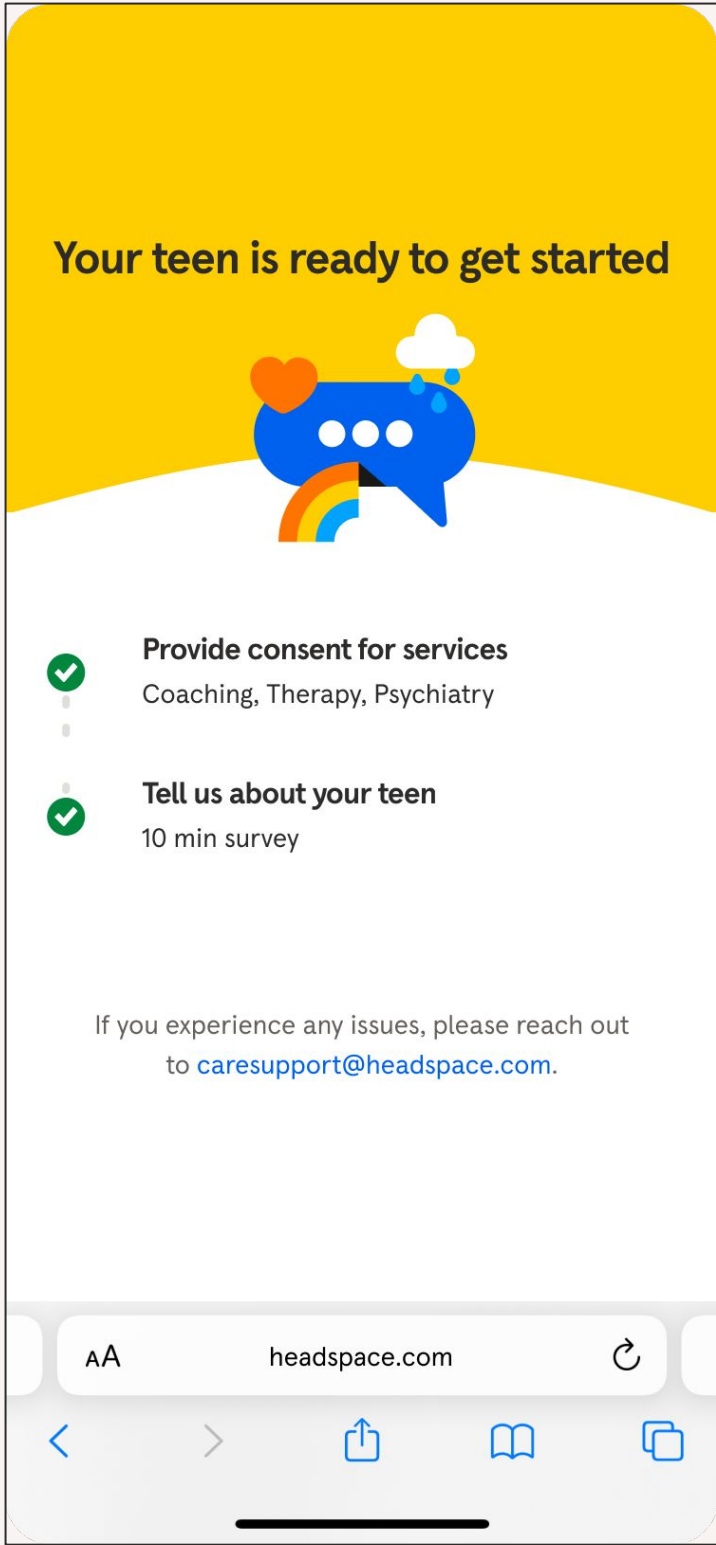
# Parent/Guardian fills out questionnaire about teen



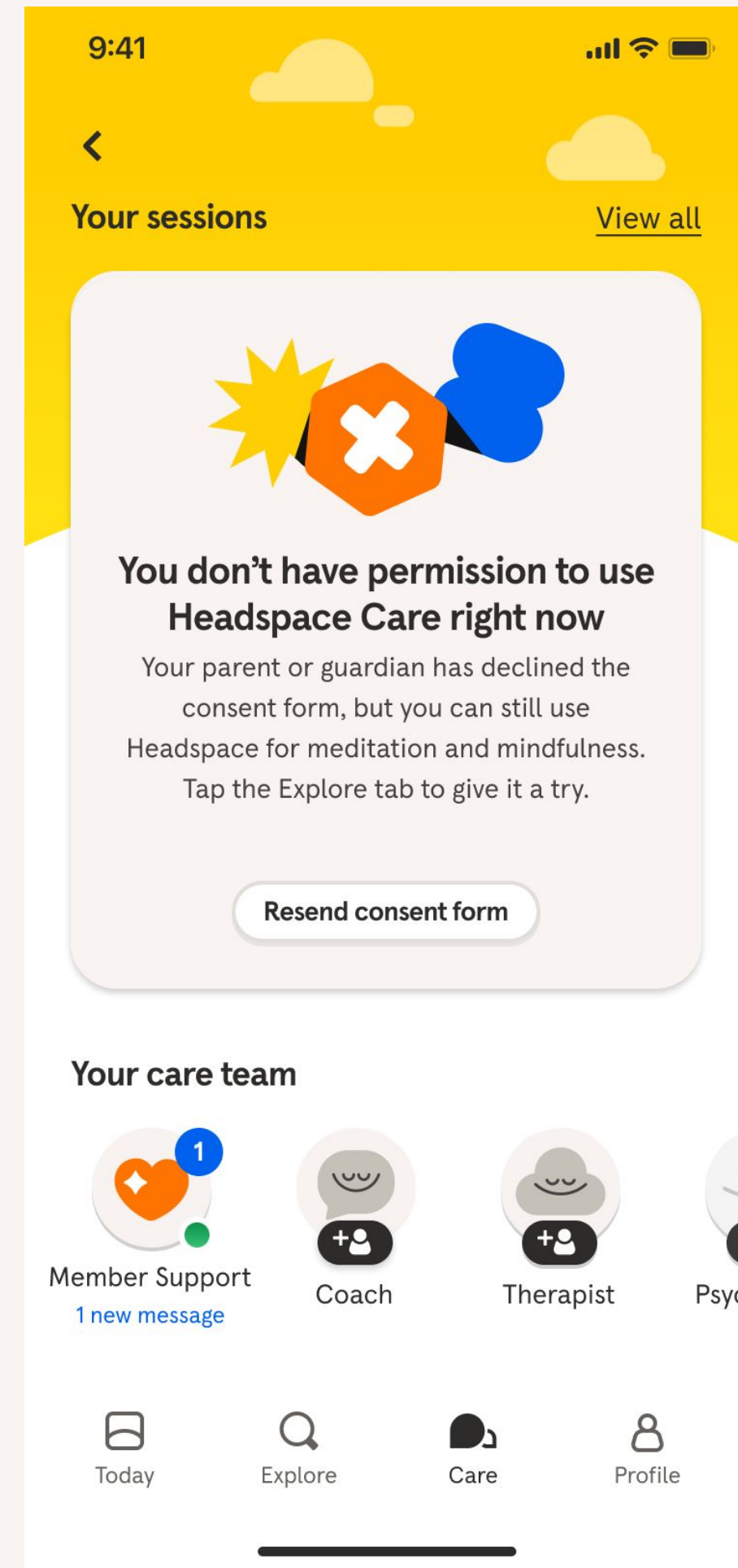
If they answer yes, they go to this screen



If they answer no, they bypass the follow up question and go to this screen

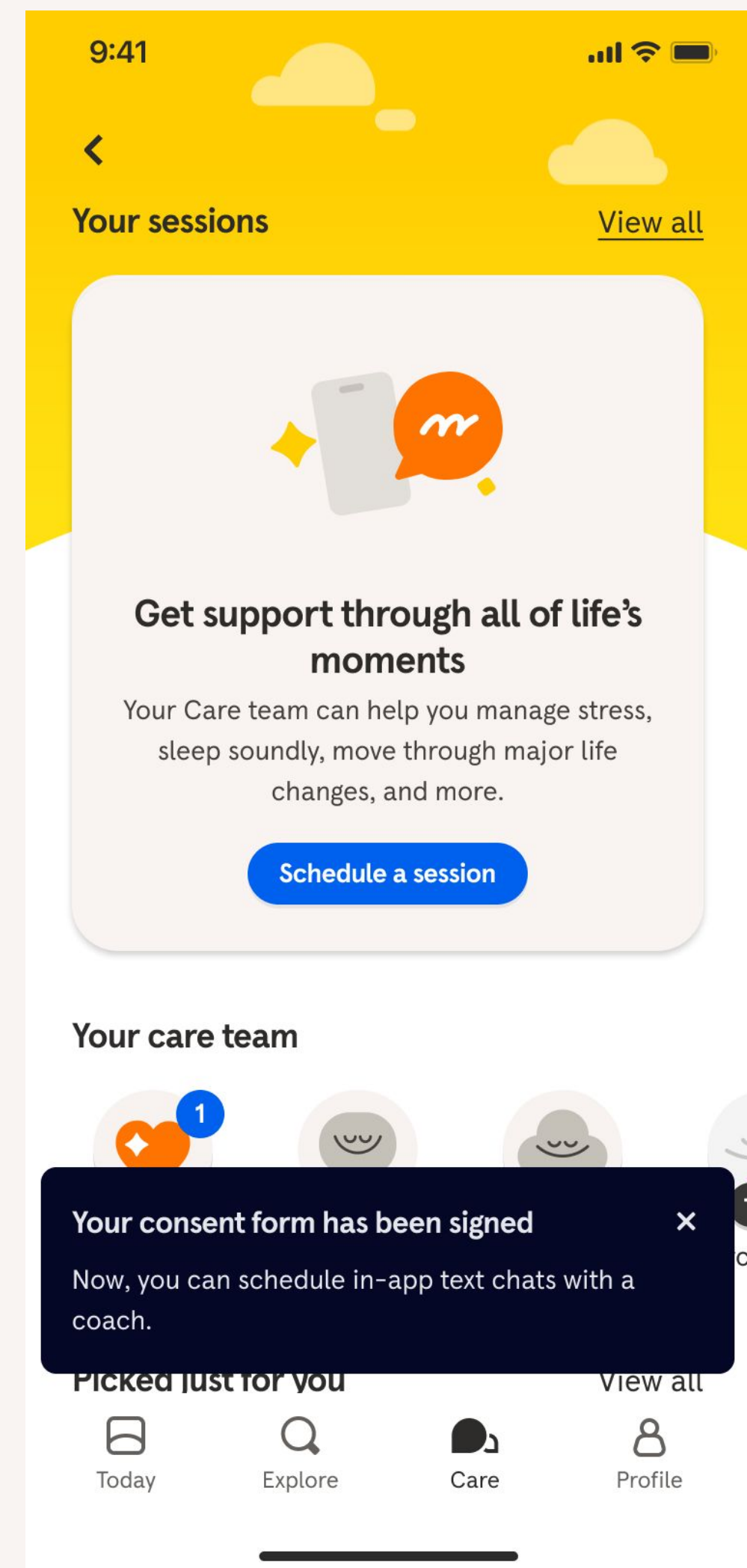


# If a parent declines to consent, the teen will receive this message





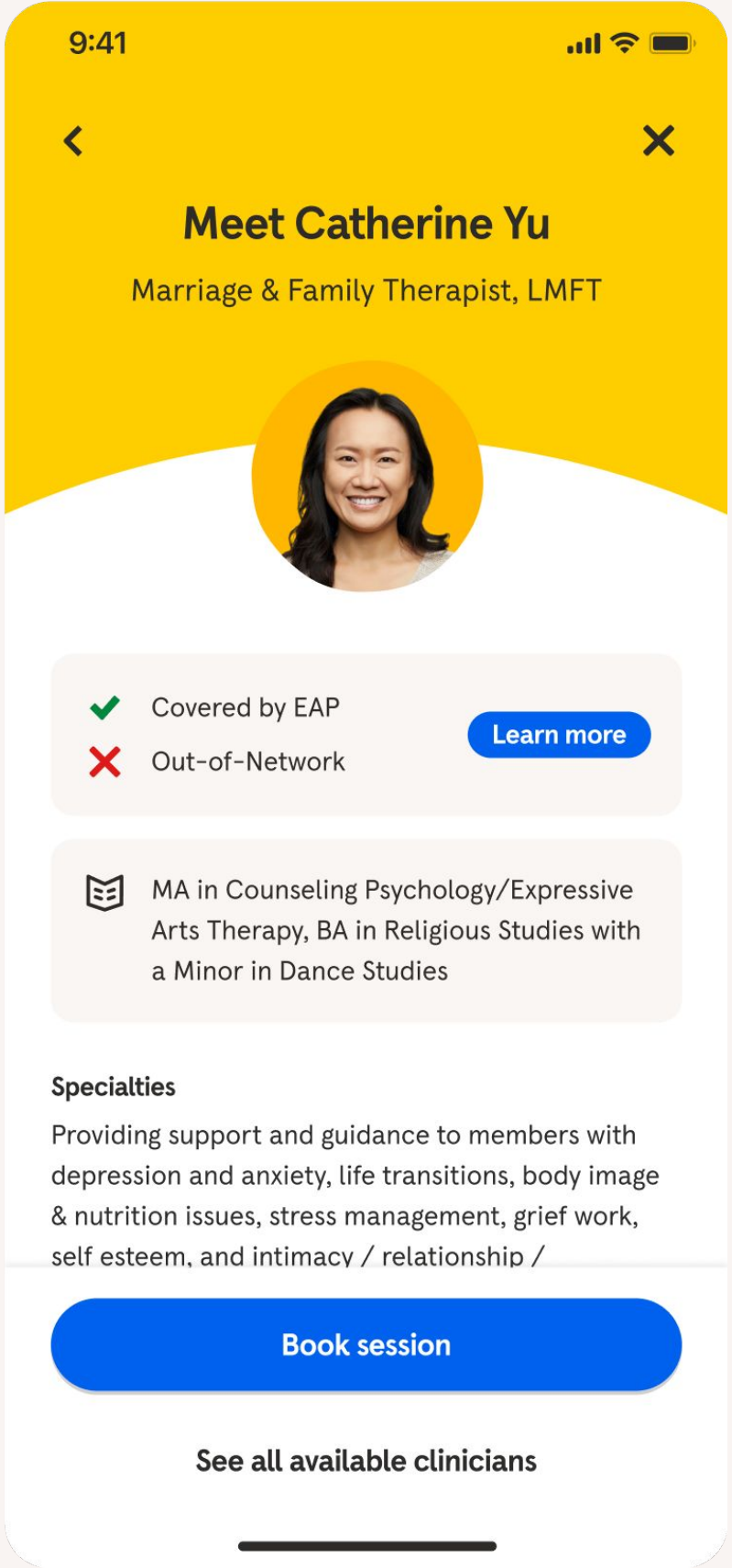
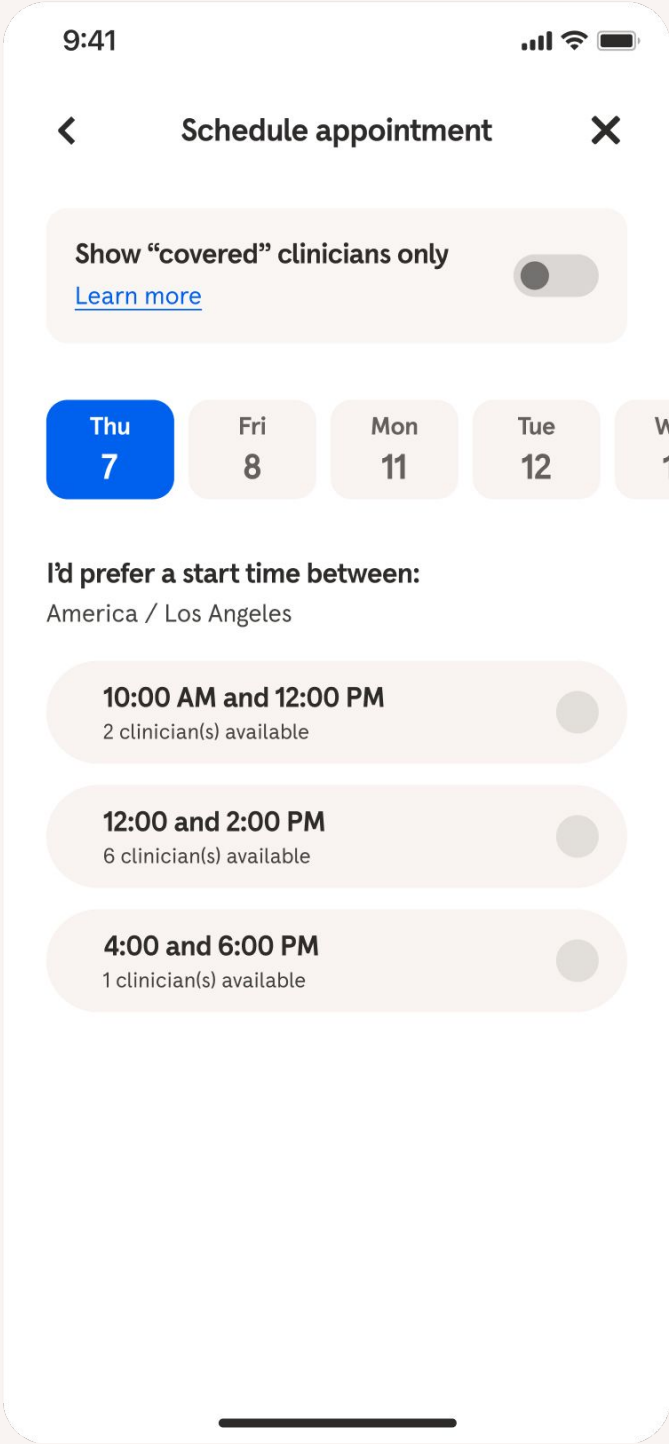
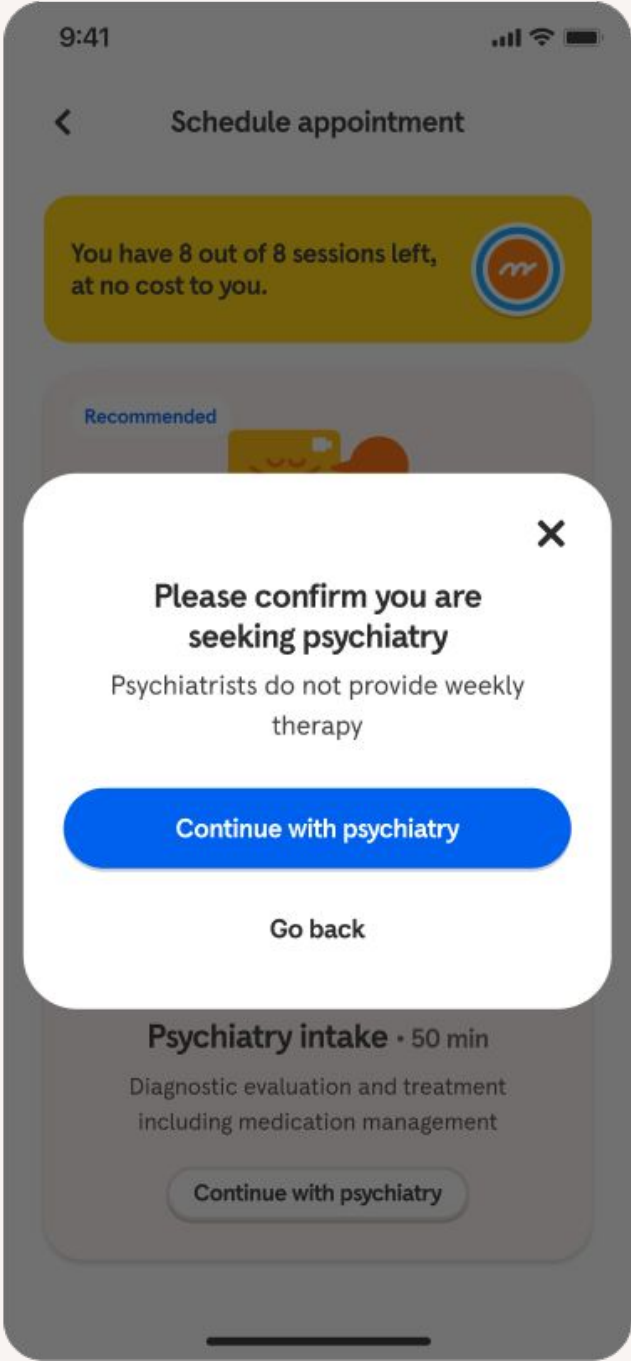
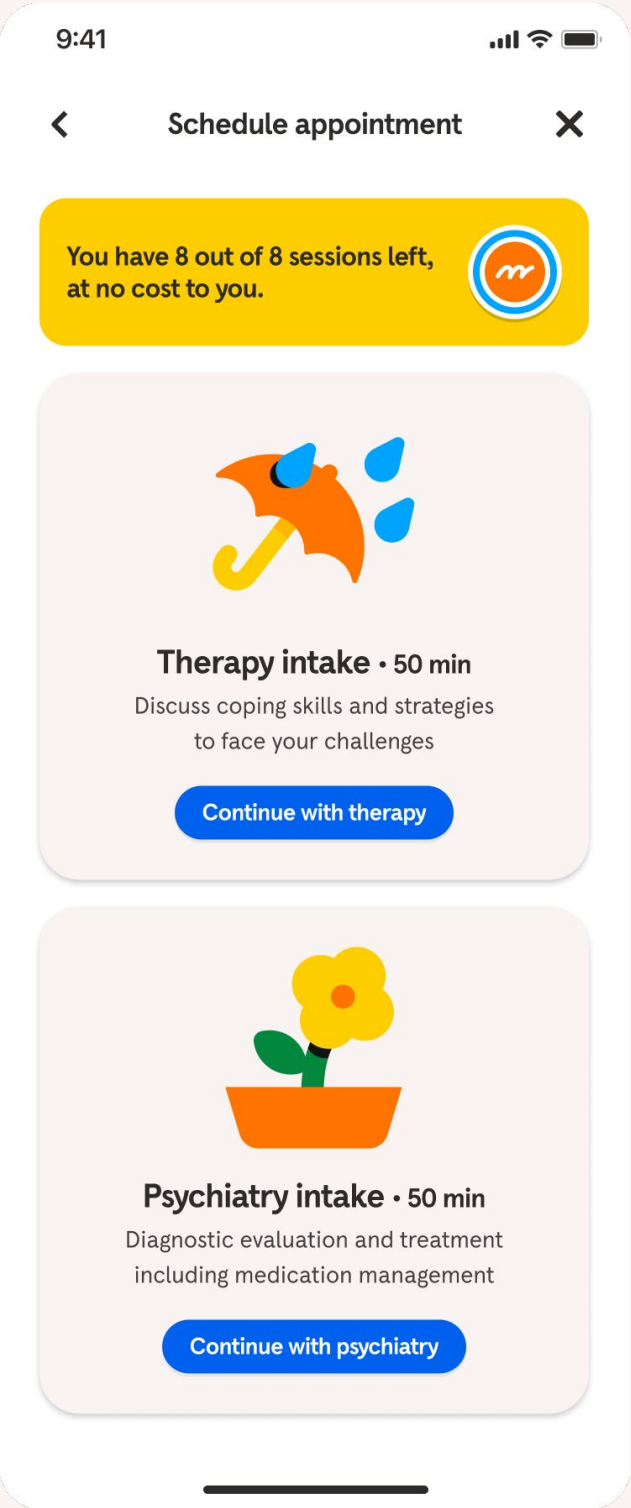
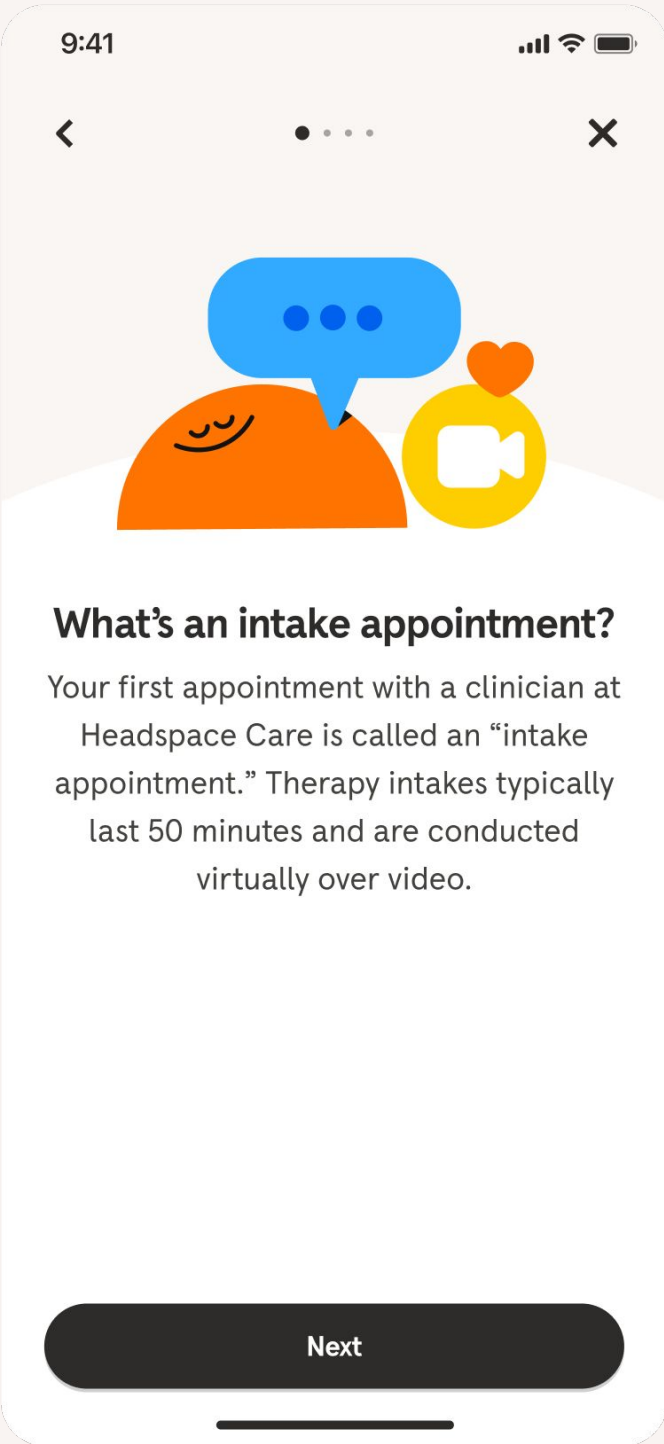
If a parent gives consent,  
the teen will be  
prompted to schedule a  
chat with a coach



# Schedule a clinical appointment



# Schedule a clinical appointment



# Schedule a clinical appointment (Cont.)

