



Clinical Services and Practice Policies Agreement

Effective Date: December 1st, 2024

Last Updated: December 1st, 2024

1. General Information

Tranador Corporation dba Applied Behavioral Holistic Health ("**Applied Behavioral Holistic Health**," "**we**," "**our**," or "**us**") provides technology-enabled and virtual mental health services to individuals and families. This Agreement outlines the clinical services and policies offered by Applied Behavioral Holistic Health. By requesting services from one of our clinicians, you (the "**patient**" or "**you**") agree to the terms outlined in this document, and you acknowledge that you have read, understood, and agreed to its contents. We may update this Agreement at any time, and it is your responsibility to review it periodically for changes.

2. Our Services and Technology

As a patient of Applied Behavioral Holistic Health, you will gain access to our online platforms, including mobile and desktop applications (the "App"), which provide personalized resources, appointment scheduling tools, clinician communication features, and access to medical records. You may use these platforms only if you are over the age of 18, or if you are a legal guardian consenting on behalf of a minor. Continued use of the App signifies your agreement to abide by the terms provided in this Agreement.

3. Telehealth Informed Consent – Risks and Benefits

We offer mental health care via telehealth services, including voice calls, video calls, and messaging. While telehealth can be a convenient and flexible form of care, it may not be suitable for all conditions or emergencies that require in-person care.

Please note:

- If you or your child are experiencing a medical emergency or contemplating harm to yourself or others, call 911 or go to the nearest emergency room.
- Telehealth services are subject to the same confidentiality protections as in-person visits, including privacy of medical records and your personal information.
- You can opt out of telehealth services at any time without losing your rights to other treatment options.

4. Authorization for Minor's Behavioral Health Services

As a guardian, you must have legal custody of the minor to authorize behavioral health services for your child. If custody arrangements change, you are responsible for informing us of any legal updates, including custody decrees or modifications. Additionally, parents or guardians should

understand that any treatment decisions, including the discontinuation of services, may involve disagreements, but our priority is to ensure the best interest of the child.

5. Important Information for All Parents, Guardians, and Caretakers

Your role in your child's treatment is critical to its success. This section clarifies your responsibilities as a collateral participant, including the confidentiality of your communications and the clinician's role in ensuring the privacy of your child's treatment. You may be asked to participate in therapy sessions, but your information will only be entered into the patient's record if relevant to the treatment process. Please be aware that as a collateral, you are not the patient, and your personal records are not maintained separately.

6. Payment and Billing

Payment is due after each session, and we will charge your credit card or bank account for the patient responsibility. We accept insurance coverage, but if your insurance does not cover part of the costs, you will be responsible for those charges. By providing your payment details, you authorize us to charge your account for the agreed services and save the information for future use. Please note that any payments made by third parties must be paid directly to Applied Behavioral Holistic Health.

7. Refunds

Refunds may be issued for services that were overpaid, duplicate payments, or not rendered. To request a refund, please contact our billing department within 30 days of the payment or discovery of an issue. Refunds will be processed within 5-10 business days and issued to the original payment method.

Refunds will not be issued for services rendered as part of the agreed-upon treatment plan or if otherwise prohibited by applicable law.

8. Scheduling and Attendance

We request that you provide at least 24 hours' notice if you need to reschedule or cancel an appointment. You will be charged for missed appointments or those canceled less than 24 business hours in advance. Chronic missed appointments may result in termination of services.

9. Privacy Practices

We are committed to protecting your privacy and ensuring the security of your health information. We comply with federal healthcare privacy laws, and while we take measures to safeguard your data, we cannot guarantee complete security of information transmitted over the internet. For more details on our privacy practices, refer to our [Notice of Privacy Practices](#).

10. Communications

We may use SMS text messages and email to communicate with you, including for appointment reminders and other important information. By providing your contact details, you consent to receiving communications from

us through these methods. You can opt-out of non-appointment-related communications by replying to messages as instructed.

11. Complaint Policy

We encourage open communication and address complaints promptly. If you have a formal complaint about your care, please submit it in writing to our support team at support@abholistic.com. We will address your concern in accordance with our complaint resolution procedures.

12. Agreement and Consent

By accepting this Agreement, you confirm that you have read and understood its terms, and you consent to the behavioral health services provided by Applied Behavioral Holistic Health. If you are signing on behalf of a minor, you affirm that you have the legal authority to authorize their treatment.
