

Enrolling and Onboarding: Headspace

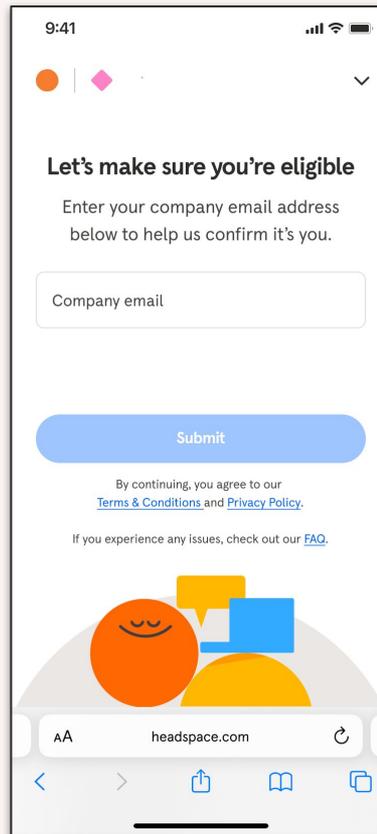
Experience is web-based

Member's eligibility is verified

After accessing the [Veolia enrollment link](#), members 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

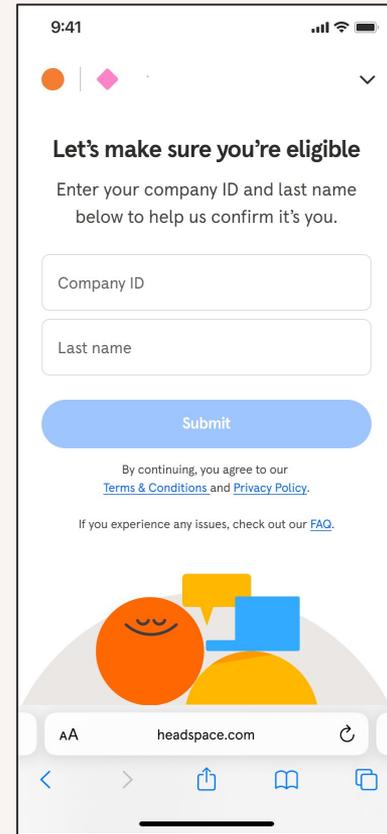
Enter your company email address below to help us confirm it's you.

Submit

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

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

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9:41

Let's make sure you're eligible

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

Submit

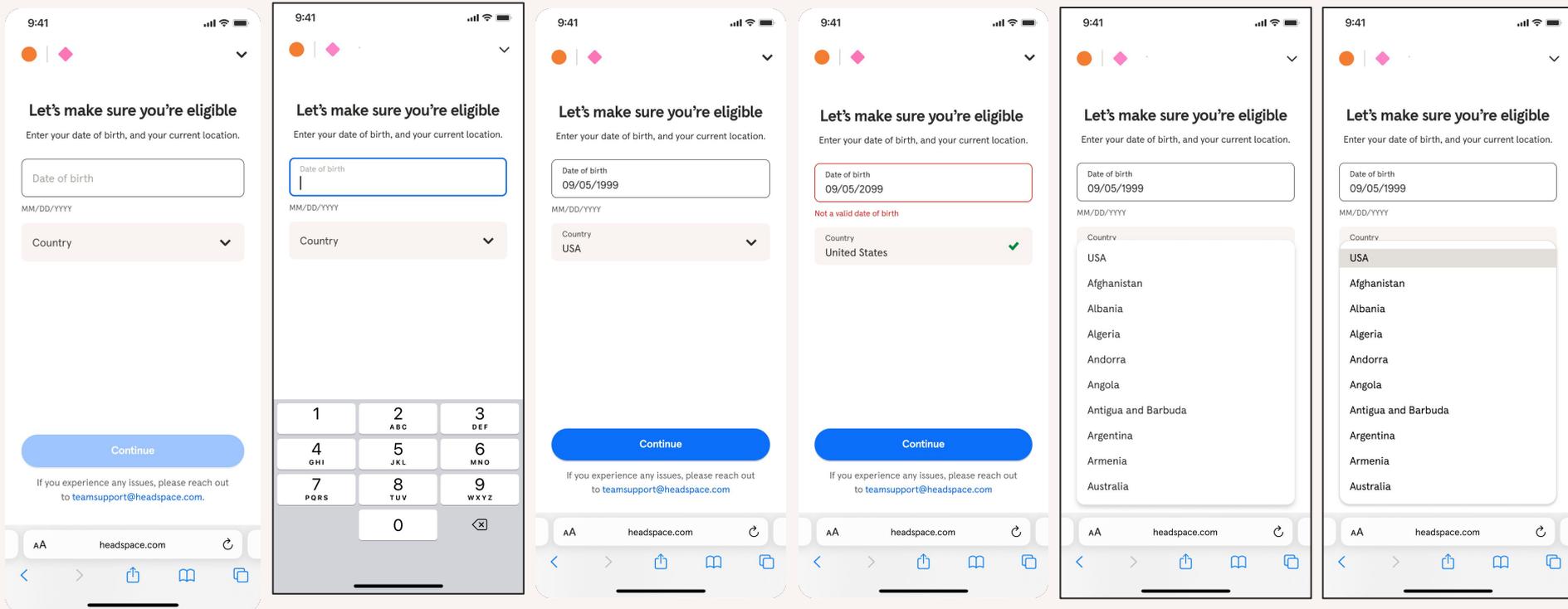
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If you experience any issues, check out our [FAQ](#).

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Member confirms DOB and country

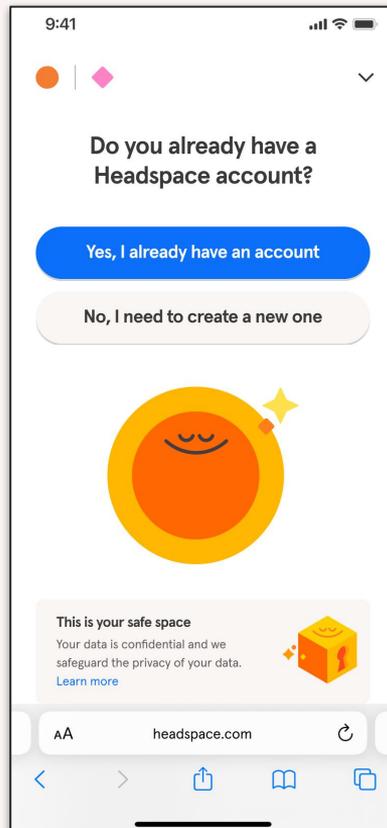
To be eligible must be: 13 or older in the US
or 18 and older outside of the US



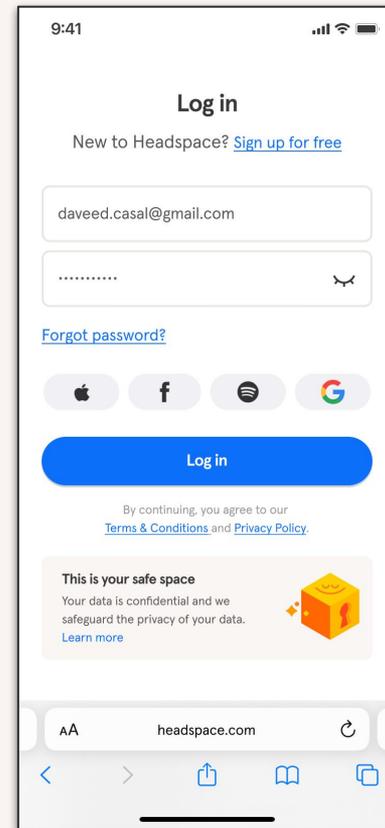
Member logs into account

Option 1

Member has existing Headspace account



Member clicks 'Yes, I already have an account'

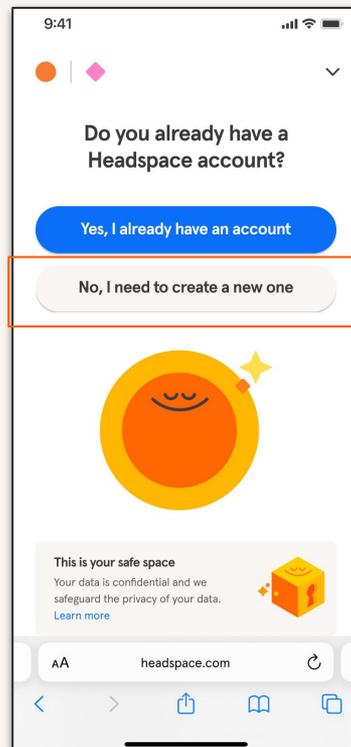


Member logs into existing account with existing credentials

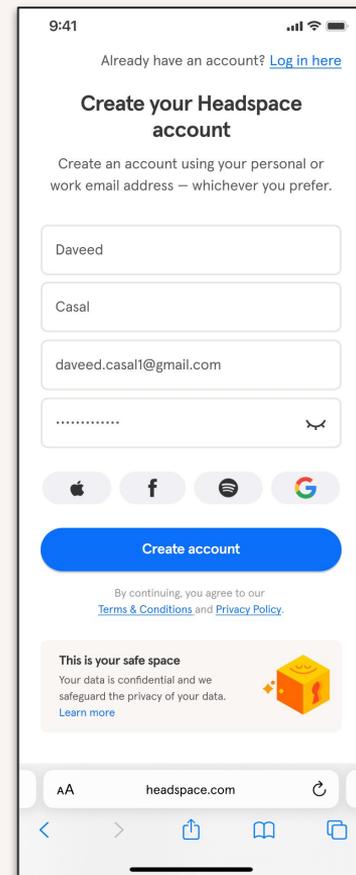
Member creates account

Option 2

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

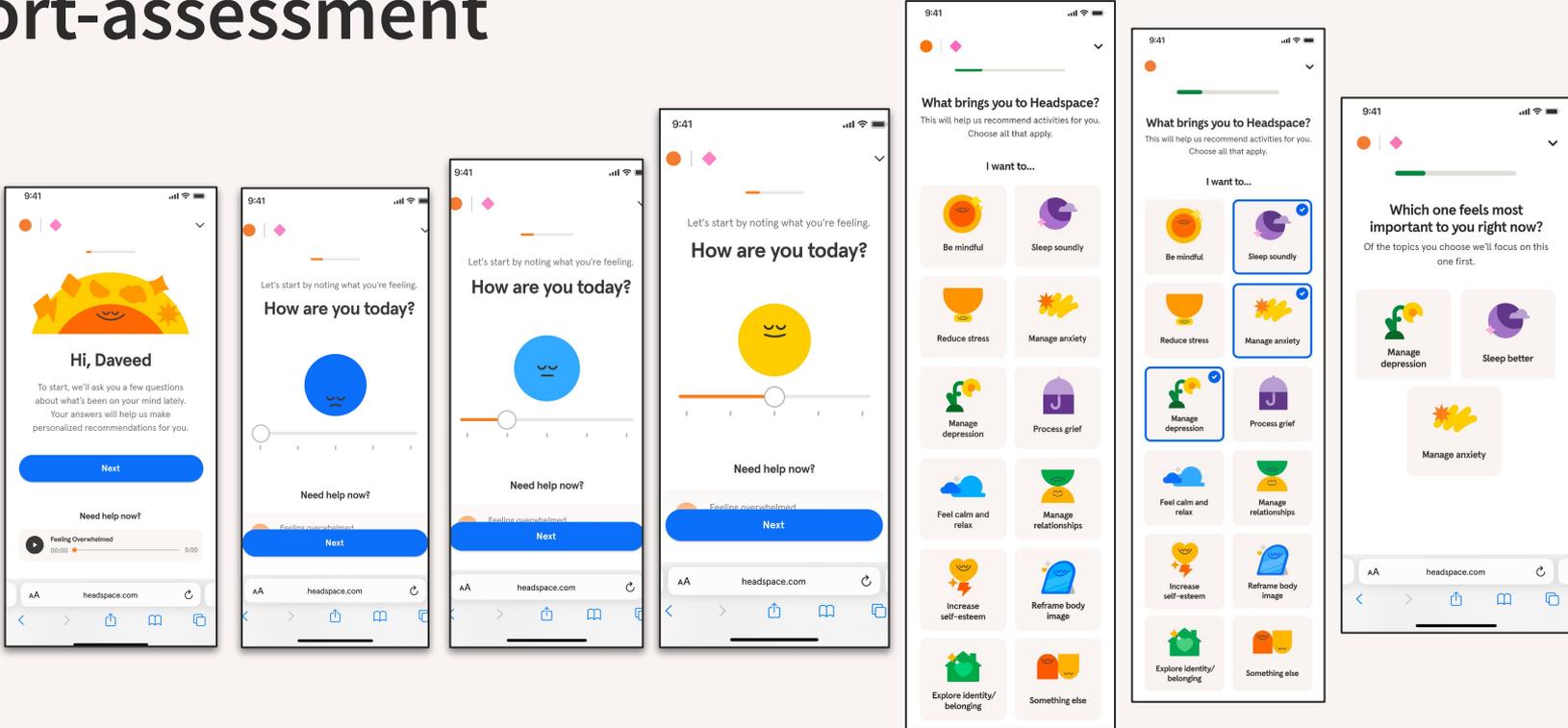


Member selects 'No, I need to create a new one'

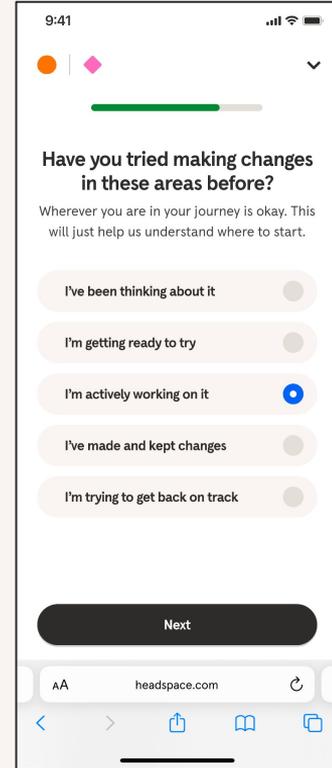
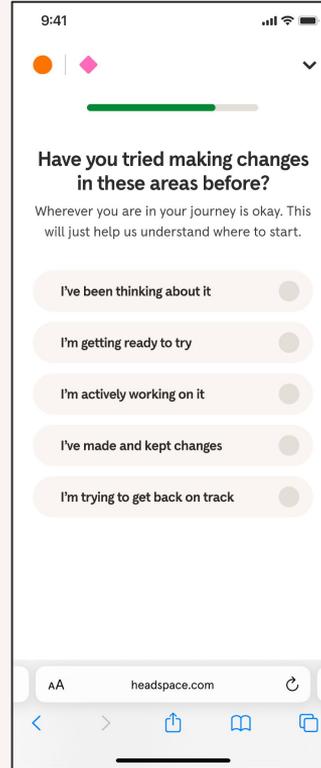
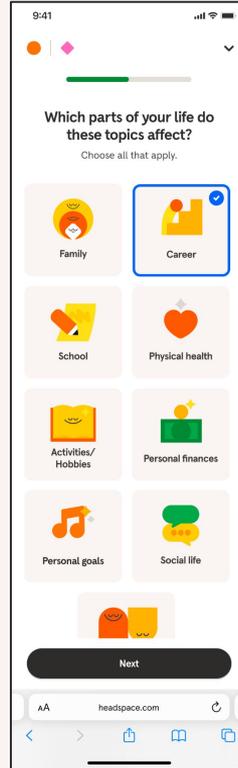
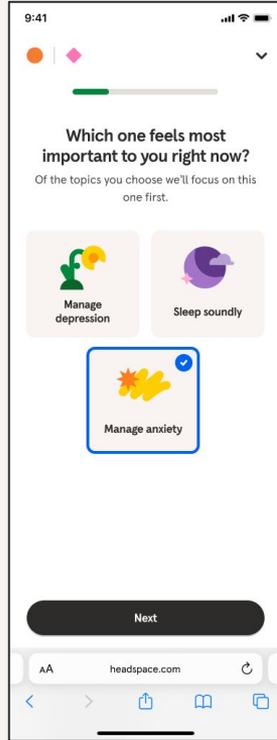


Member creates a new account

Employee is now enrolled and onboards via short-assessment



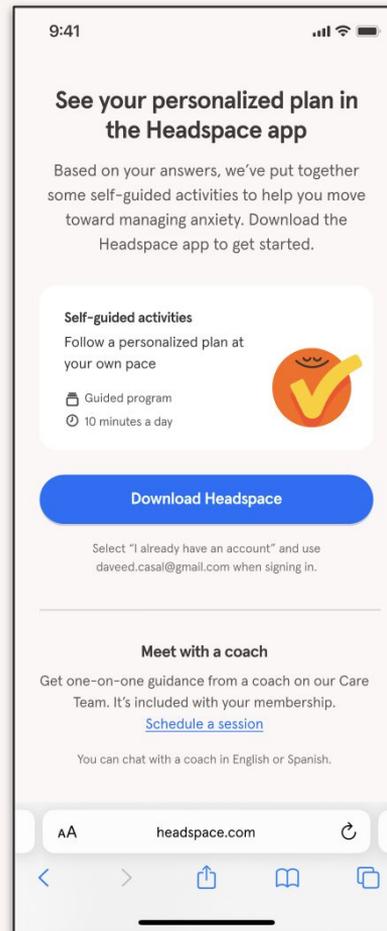
Member onboards via short-assessment



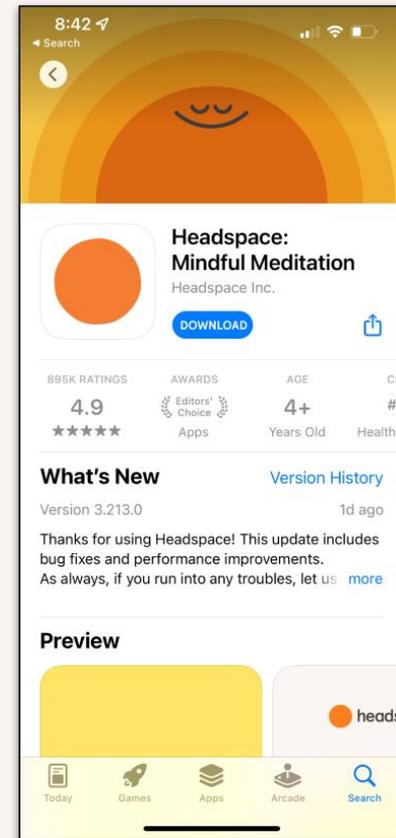
Member is provided a personalized care plan

Option 1

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



Member selects 'Download Headspace'

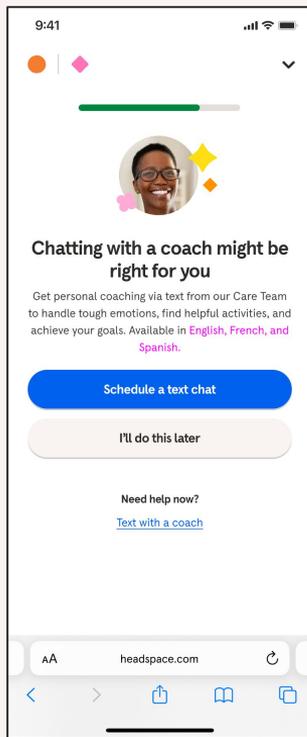


Member downloads Headspace

Member is provided a personalized care plan

Option 2

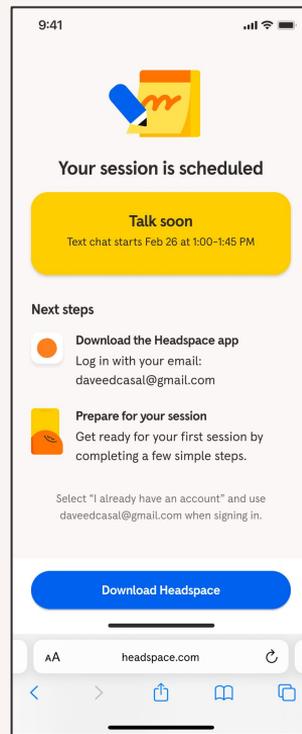
Based off of their onboarding assessment, the member is prompted to schedule a coaching session.



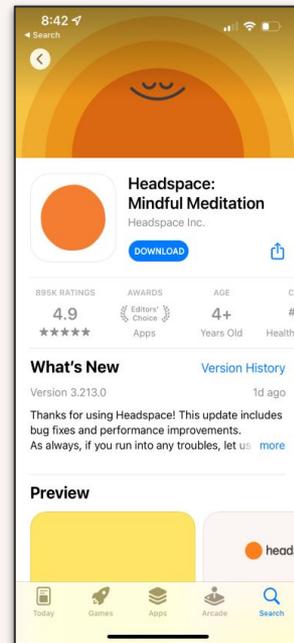
Member clicks 'Schedule a text chat'



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



Member is prompted to Download Headspace



Member downloads Headspace

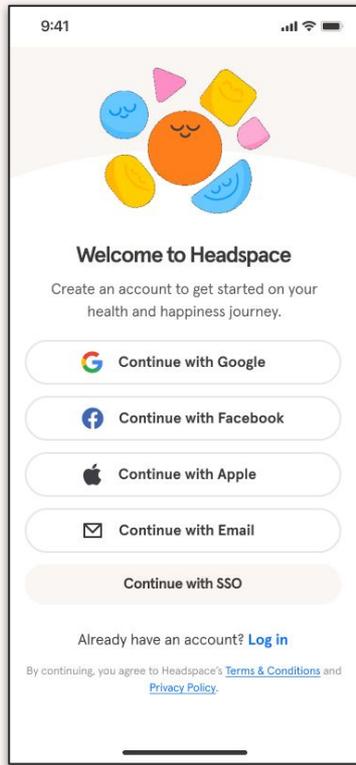
Logging into Headspace

Experience is from the Headspace app

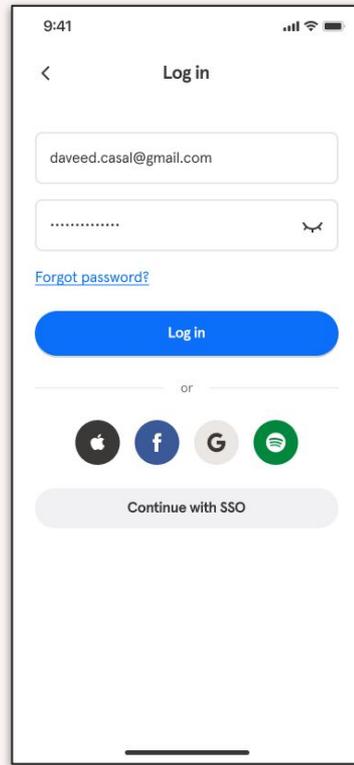
Member opens Headspace app and logs in



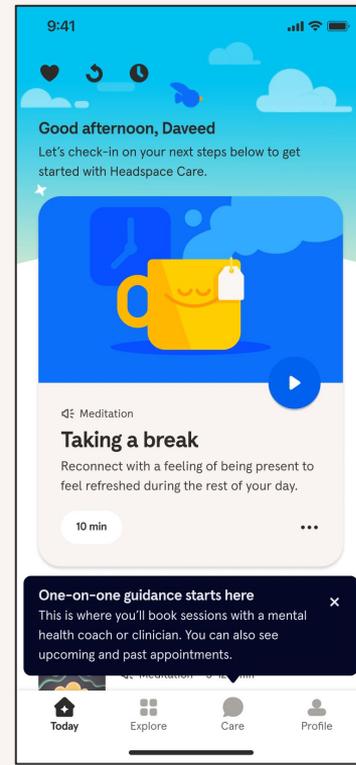
Member sees load page



Member clicks 'Log in'



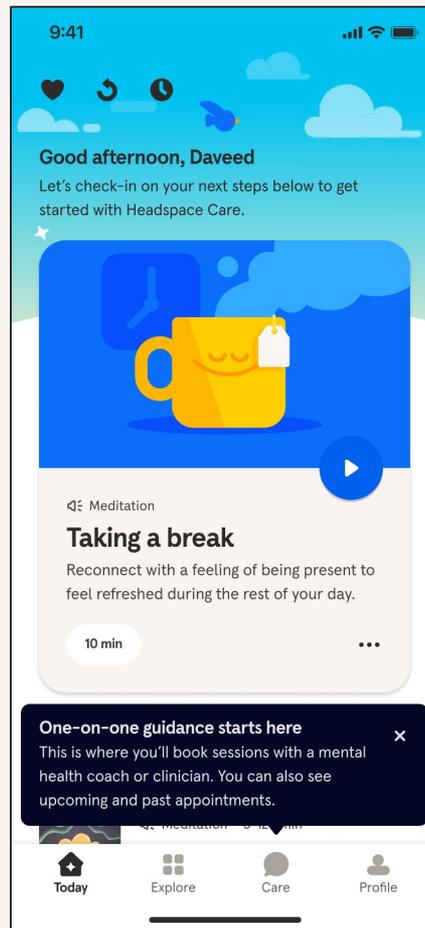
Member inputs credentials



Member is logged in

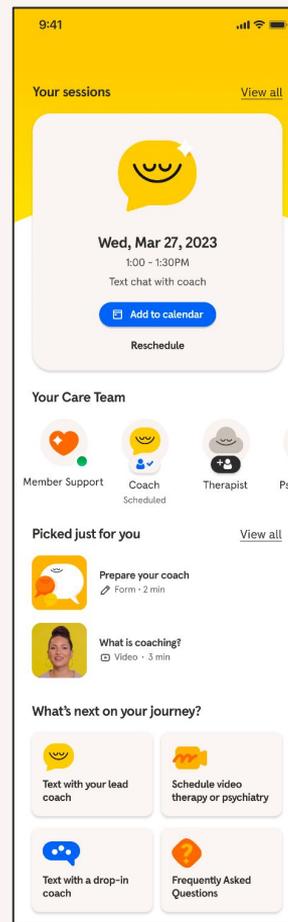
Guided tooltip to direct them to Care tab

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

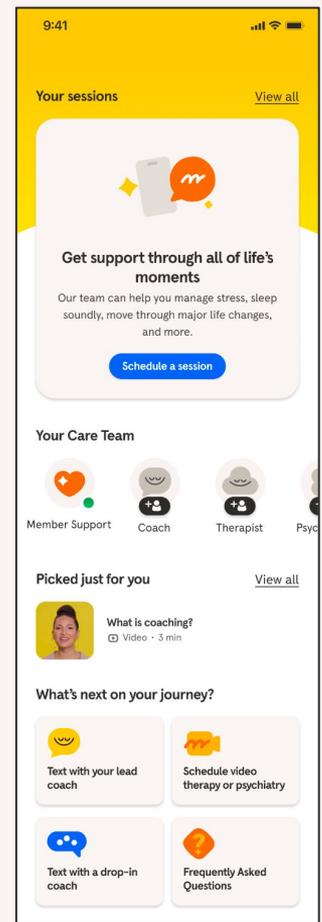


Navigate to Care tab

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

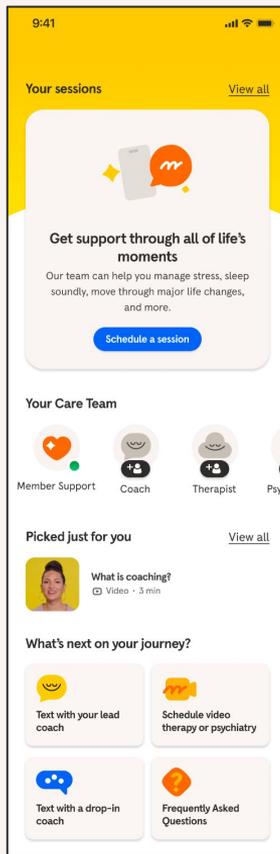


If a member has not scheduled a coaching session, they will have options to schedule a coaching session

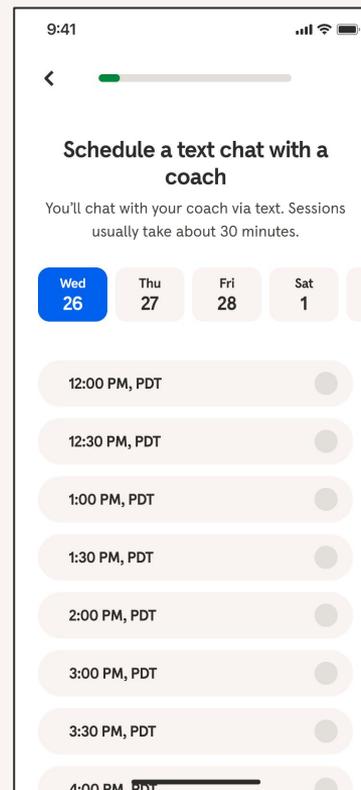
Schedule a coaching session

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

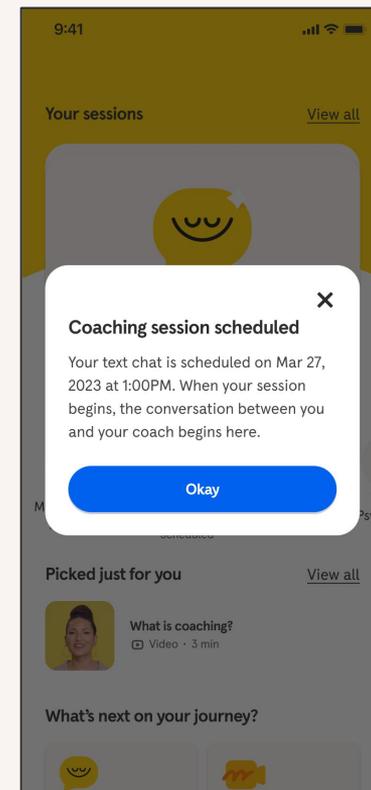
If a member has not yet scheduled a coaching session, the member can schedule through the Care tab at any time



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

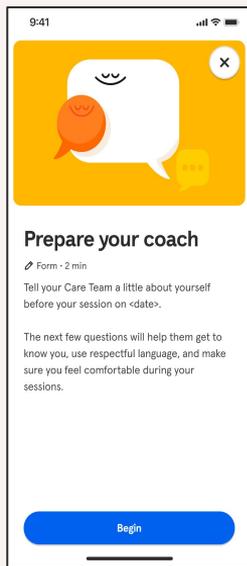


Session is confirmed

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

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

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

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

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.

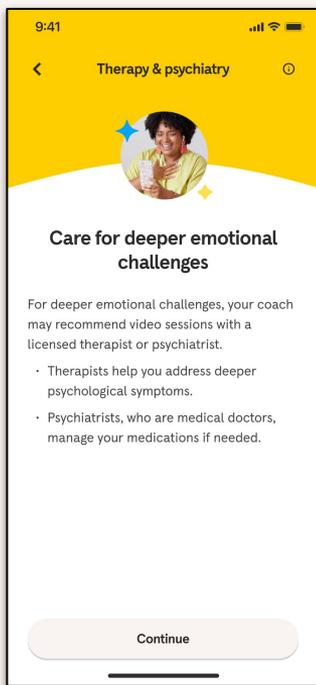
Terms of Service
The rules that govern your use of the Headspace Care service and mobile app.

I accept and agree to the policy and terms

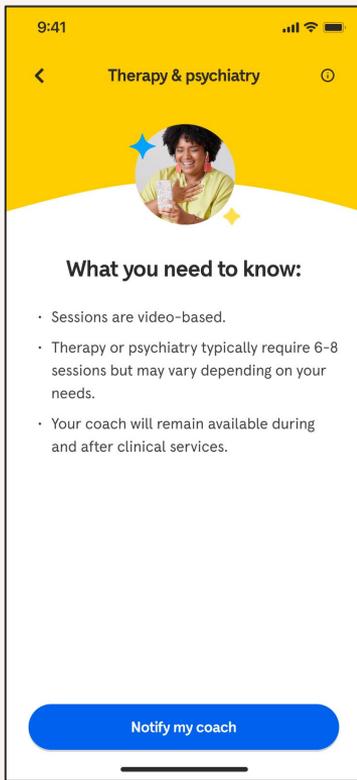
Finish

Request clinical services

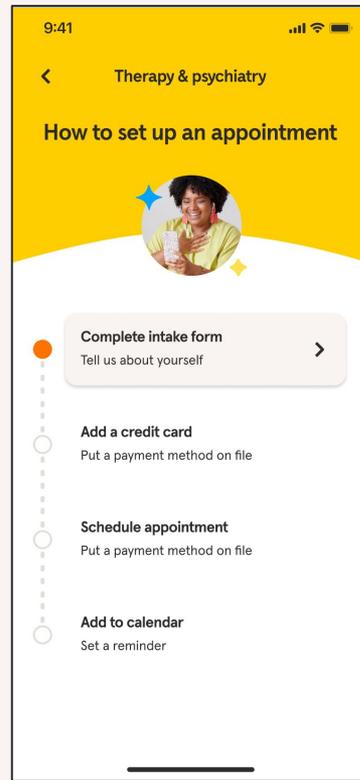
If a member expresses interest in clinical care, they can complete the intake form to get started.



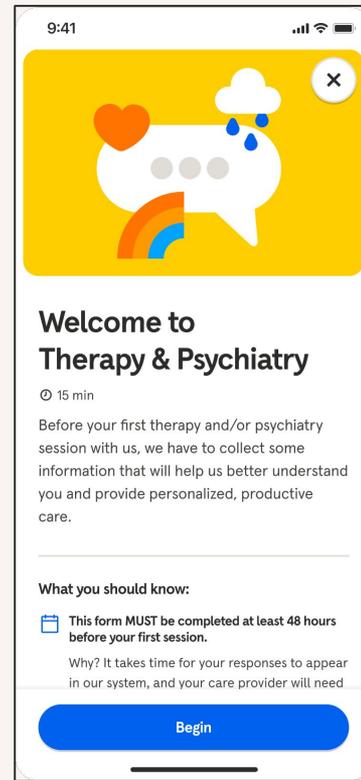
Member selects 'Continue'



Member selects 'Notify my coach'



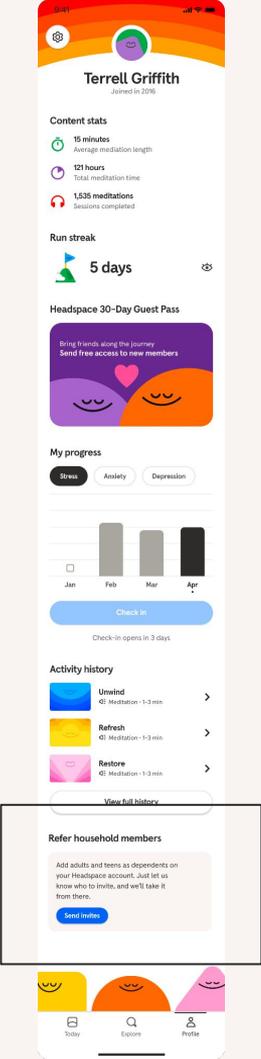
The member's coach escalates the member to clinical services



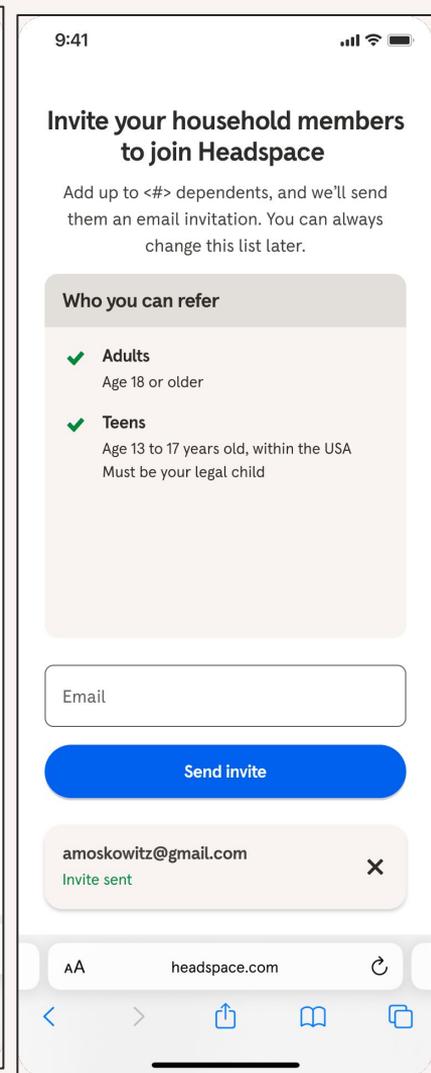
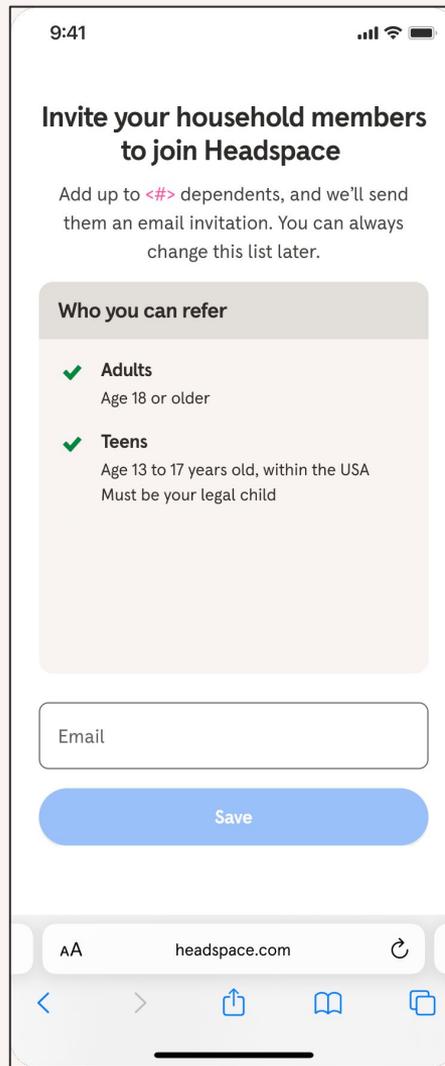
The member completes their Clinical Intake Form

Adding Dependents and Teens

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



Hi <Name>.

<Planholder's name> has invited you to join Headspace. That means you have access to hundreds of meditations, mindfulness exercises, coaching, and more – all designed to help you stress less, sleep soundly, and handle life's challenges with more ease. Your membership is covered under their plan at no cost to you.

To get started, tap the button below. Please note that this link will expire in 7 days.

[Accept your invite](#)

Here's what your membership includes:



Guided meditations

Plus mindfulness exercises, courses, workouts, and sleep support.



Support through everyday challenges

Your coach can help you learn to manage stress, improve relationships, build healthy sleep habits, and more.

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>](#).

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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>](#).

AA headspace.com

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>](#).

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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

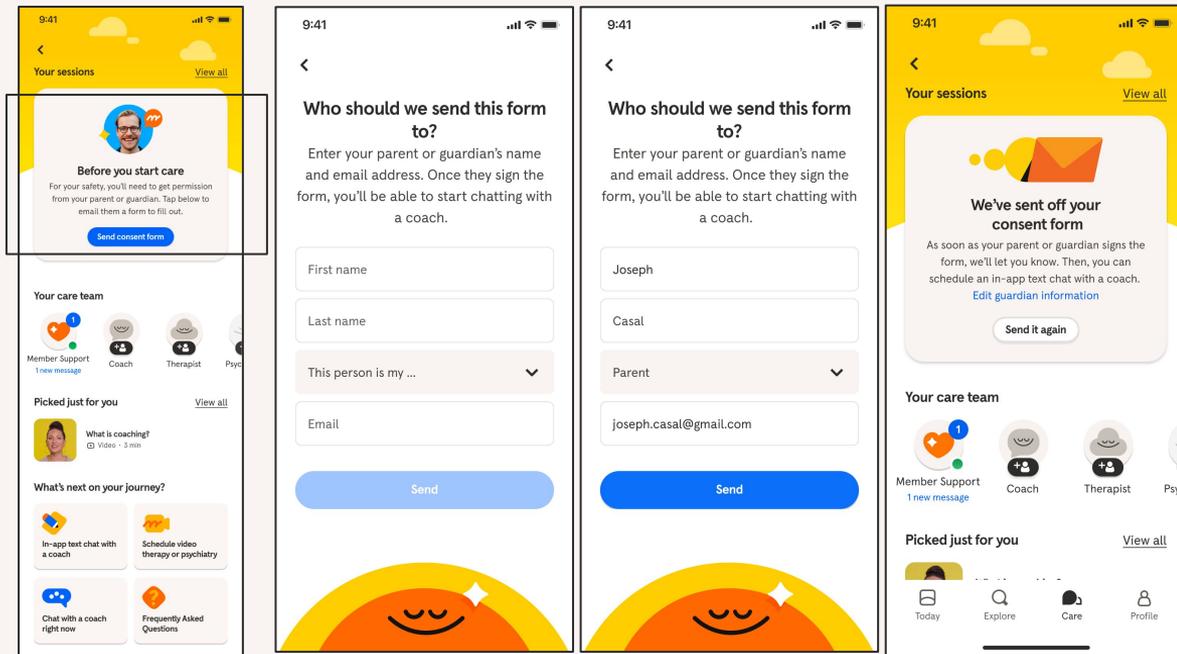
Continue

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

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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'

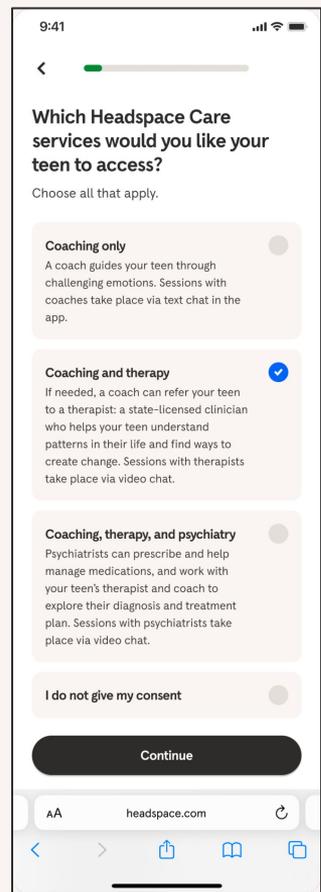
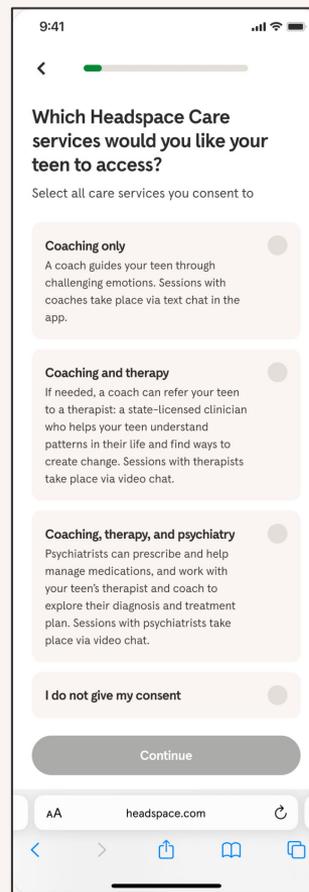
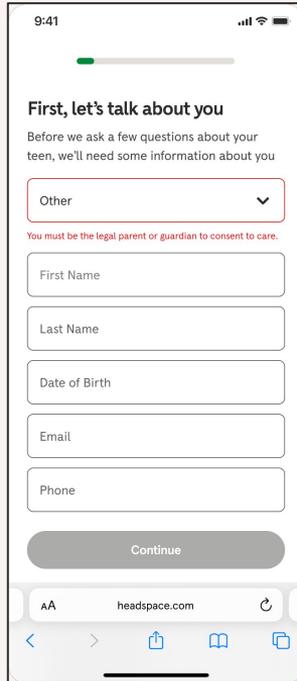
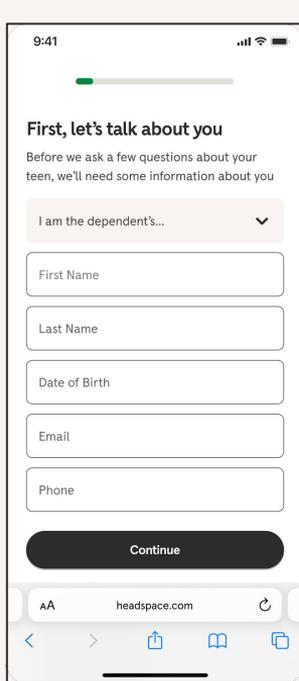
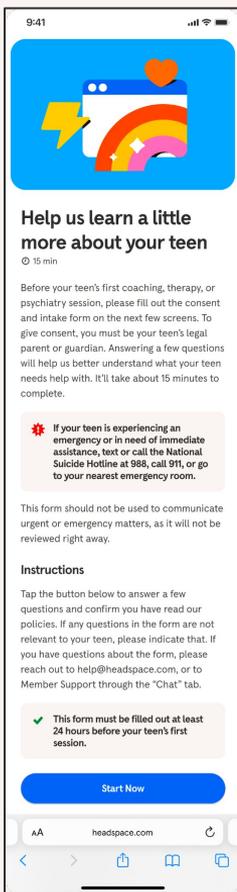
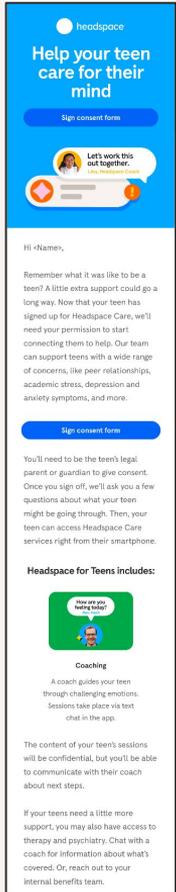


Member completes consent form

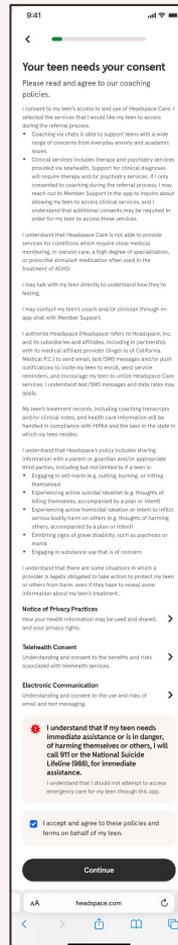


Consent form is sent to parent/guardian

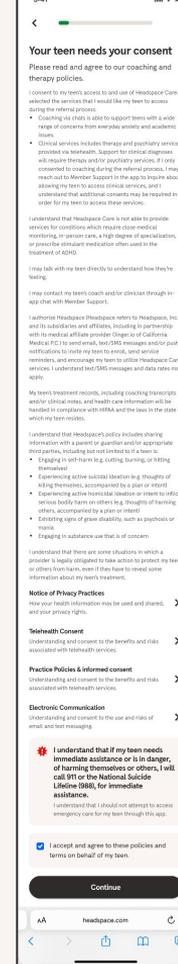
Parent/Guardian is sent consent form to complete



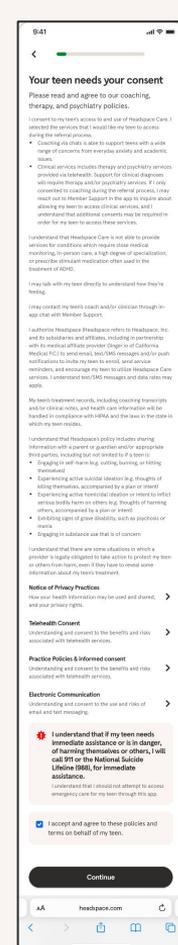
Parent/Guardian complete consent form (cont.)



Consent to coaching



Consent to coaching and therapy



Consent to all



Parent/Guardian complete consent form (cont.)

9:41

<

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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9:41

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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

<

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

AA headspace.com

9:41

<

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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9:41

<

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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9:41

<

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

Continue

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9:41

<

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

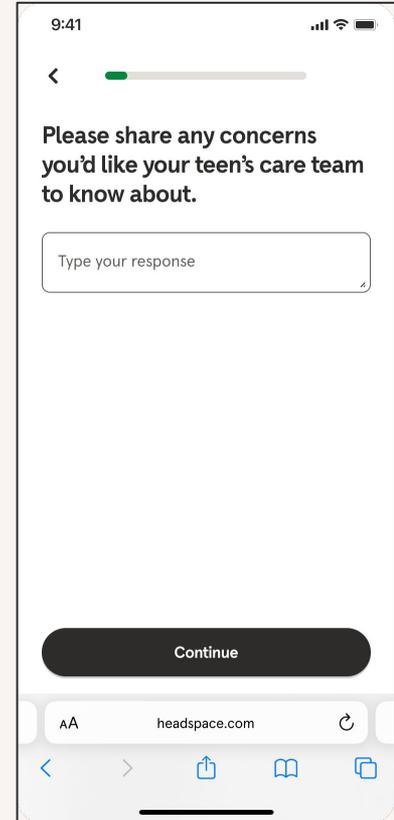
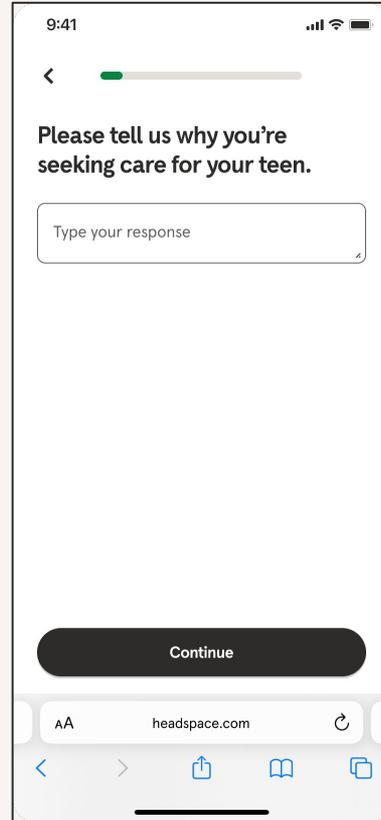
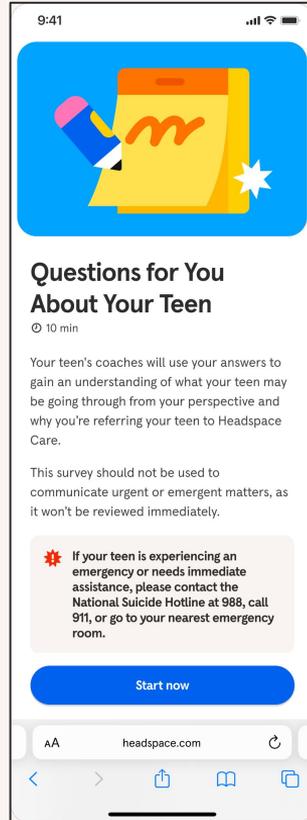
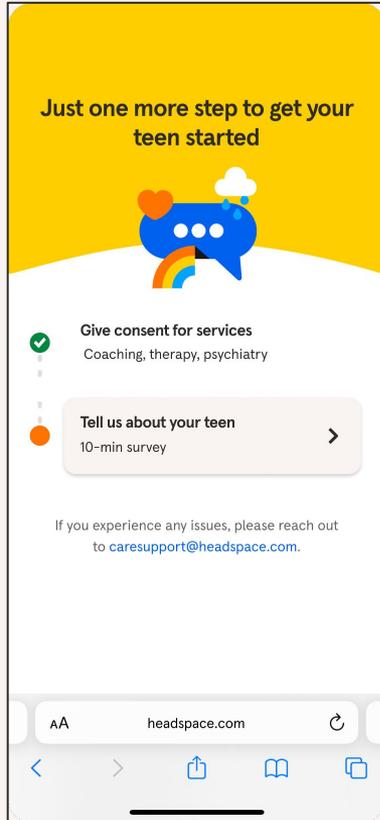
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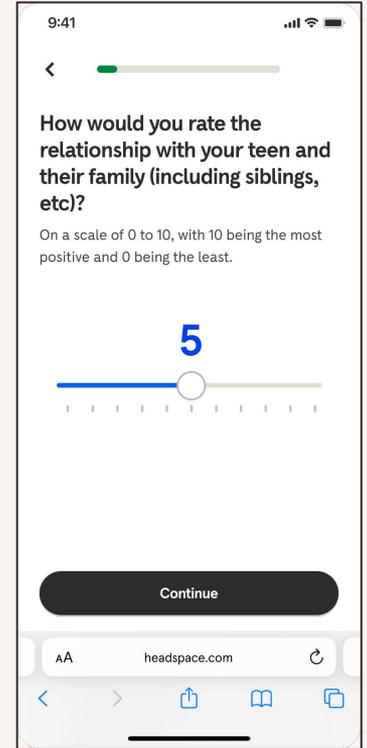
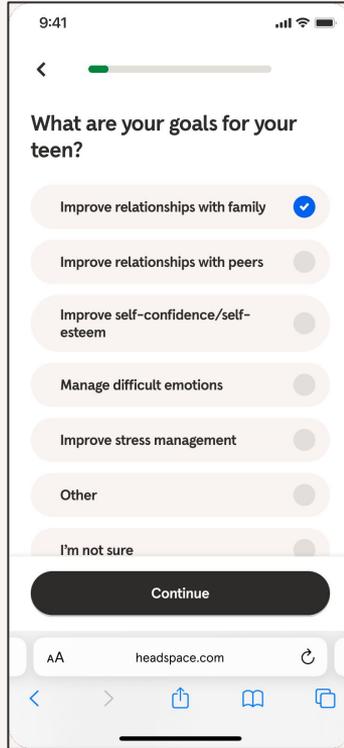
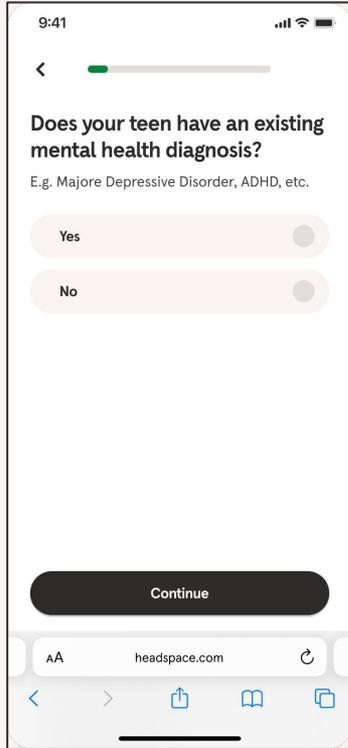
Continue

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Parent/Guardian fills out questionnaire about teen



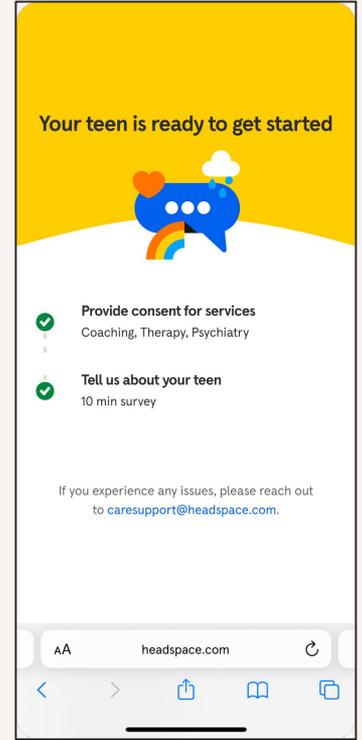
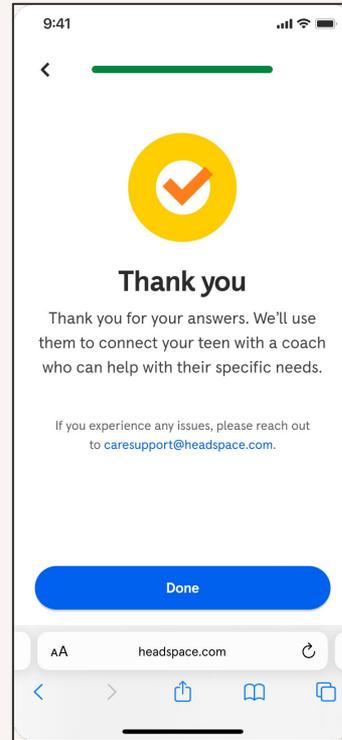
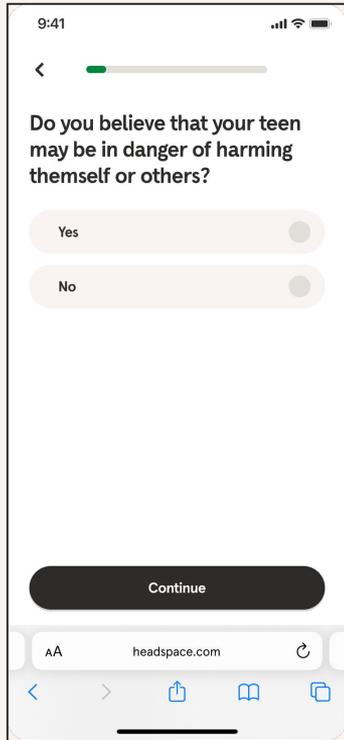
Parent/Guardian fills out questionnaire about teen



If they answer yes, they go to this screen

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

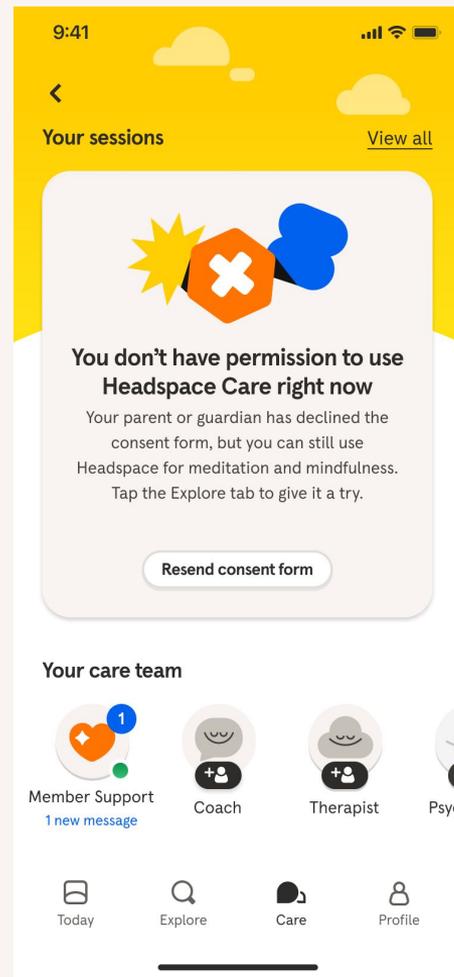
Parent/Guardian fills out questionnaire about teen



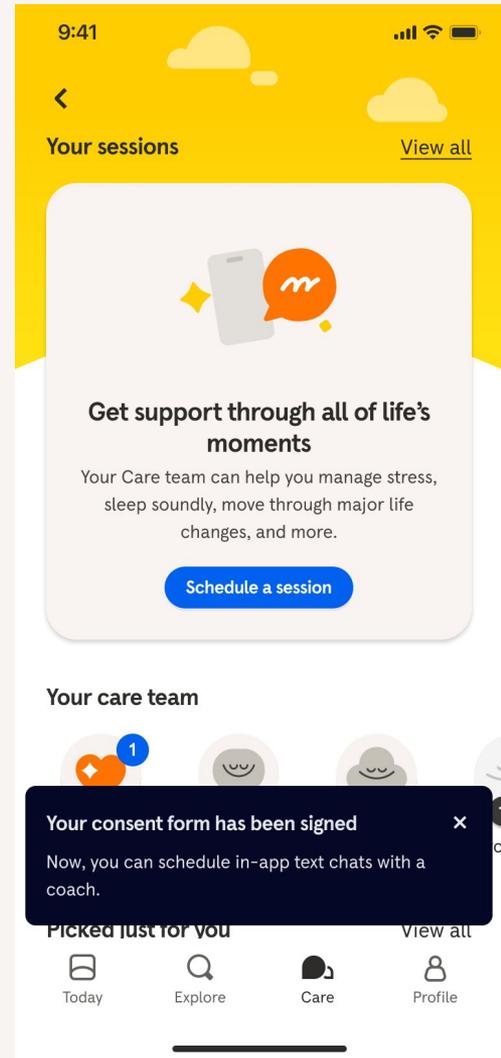
If they answer yes, they go to this screen

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

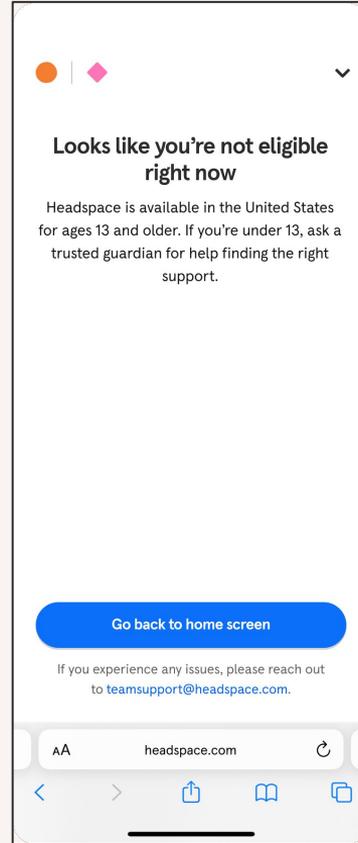
If a parent declines to consent, the teen will receive this message



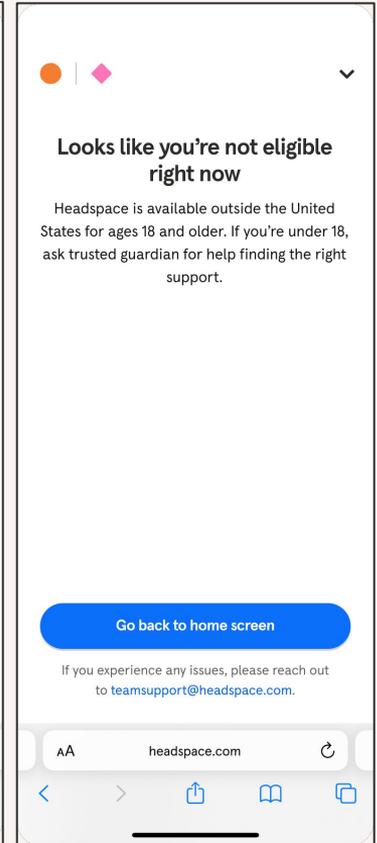
If a parent gives consent,
the teen will be
prompted to schedule a
chat with a coach



If someone doesn't meet requirements an error message appears



If a person is:
Under 13



If person is:
Outside US
17 and younger