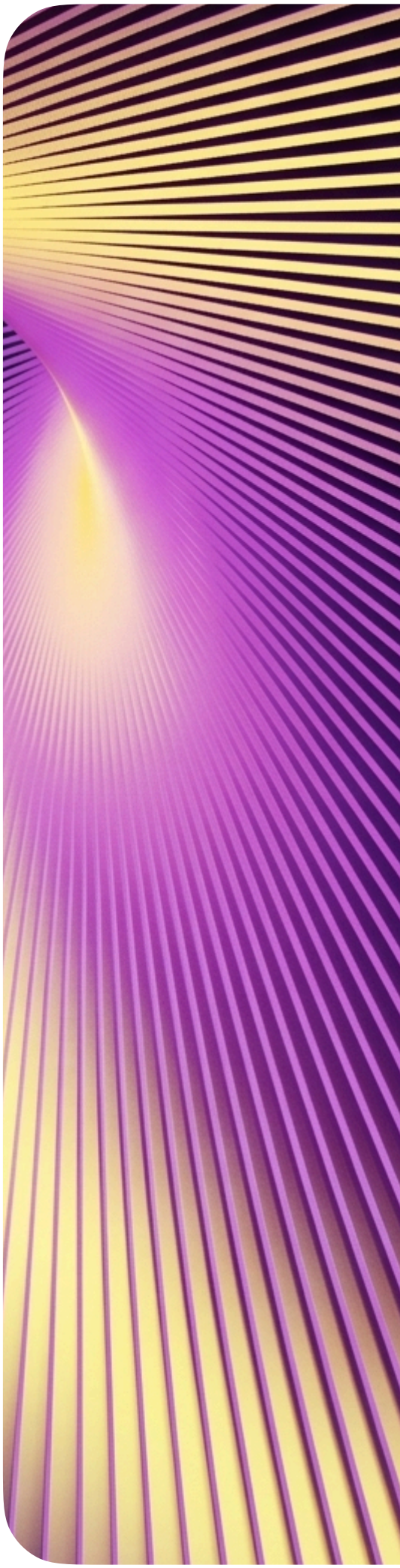
anonymous HEALTH

The First Call



Rebuilding the behavioral health front door for the AI age, with care at the center and AI as the overlay.

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Contents

Thirteen conversations. One call.

Read straight through in about forty minutes, or jump to the chapter your team needs this week. The worksheet is in Chapter 2. The checklist is in Chapter 11.

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Why this guide, and the one sentence that sums it up

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01 The Call That Almost Did Not Happen

The first call is the first act of treatment.

The story below is a composite, built from the kinds of calls behavioral health programs receive every night. Names and details are illustrative.

It is a Tuesday.

Dana has been sitting at her kitchen table for an hour. Her son Marcus is 19. He came home today in a way she has seen too many times now, and for the first time he said the words out loud: "Mom, I can't stop."

She searched on her phone. She found a program forty minutes away. The website looked kind. The photos showed a garden and a room with sunlight. She tapped the number before she could talk herself out of it.

Version One

> **The Call**
>
> The phone rings four times. A recorded voice thanks her for calling, lists the office hours, and invites her to leave a message.
>
> **A Minute Later**
>
> Dana hangs up without leaving one. What would she even say? She tells herself she will back tomorrow.
>
> **The Next Day**
>
> Marcus is quieter. He says yesterday was a bad day, that he has it handled. Dana is exhausted and relieved and afraid to push. She does not call back.
>
> **Never**
>
> The program never knows she called. The marketing report will show one click, one call, and "missed call, no voicemail." It will not show Marcus.

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Version Two

The Call

The phone rings once. A warm voice answers.

> "Hi, thank you for calling. I'm really glad you reached out today. I'm an AI assistant with the program, and I'm here to listen and help you figure out next steps. Can you tell me a little about what's going on?"

Dana hesitates. Then she talks. The voice does not rush her. It reflects back what she said: that she is scared, that Marcus finally asked for help, that she does not know what happens next. It asks permission before asking anything personal. It explains, simply, what the first day of care looks like, and asks whether she would like a counselor to call her tomorrow.

Minutes Later

A text arrives with the counselor's name, the time of the call, and a line she will reread three times before she sleeps: You did the right thing by reaching out today.

The Next Day

A counselor named Renee calls. She already knows Marcus's age, what Dana shared, what Dana is most worried about, and what insurance the family has, captured quietly the day before. Renee does not start with a form. She starts with Dana. On her screen, a live display listens with her. When Dana says, "I don't know if he'll actually go," the guidance shifts: ambivalence, slow down, reflect, ask what Marcus said yesterday. Renee does exactly that. Something in Dana's voice steadies.

Thursday

Marcus is admitted.

What changed

The building did not change. The program did not change. The clinicians did not change.

What changed was the first call. In version one, the front door was a voicemail. In version two, the front door was a hospitable conversation, held by AI when no one was free to answer and carried by a human the next day, with the AI still working quietly underneath.

That is the whole book. The rest is how.

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02 The Math of Silence

Voicemail captures a phone number. It does not motivate anyone to come in.

Behavioral health leaders are rarely short on compassion. They are often short on visibility. The calls that never connect are the hardest ones to see, because they leave almost nothing behind.

So let's make them visible.

How many calls go unanswered

1 in 5

inbound calls to behavioral health programs go unanswered.

80%

of web inquiries never reach a live contact.

Source: Anonymous Health internal data, as reported by CEO Geoff Nudd, Behavioral Health Business, May 2026

Anonymous Health's internal data shows that about one in five inbound calls to behavioral health programs goes unanswered, and nearly 80% of web inquiries never reach a live person. Some of those calls arrive after hours. Some arrive during a shift change, a staff meeting, or a lunch hour. Some arrive when every counselor is already on the phone with someone else. And the web inquiries often sit in an inbox until the moment has passed.

Each one is a person at a turning point, not a lead in a queue.

Why speed matters so much

The best known research on response time comes from Harvard Business Review. In a 2011 study of more than a million sales leads, firms that responded within an hour were nearly seven times as likely to have a meaningful conversation as firms that waited even one hour longer, and more than 60 times as likely as firms that waited a day or more.

7x **more likely to reach a meaningful conversation when responding within one hour.**

Oldroyd, McElheran and Elkington, Harvard Business Review, 2011

That research was not about behavioral health. But if interest fades that fast when someone is shopping for software, imagine how fast it fades for someone who is ambivalent about getting help.

Think about Dana. In the moment she reached out, she was ready. By the next day, her son was saying he had it handled, and she was too tired to push.

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What it costs your marketing budget

Consider a program spending $50,000 a month on paid media. If 30% of its inquiries arrive after hours and those calls reach a voicemail, roughly a third of that spend is going toward calls that will not get a real conversation until it may be too late. That is not a marketing problem. It is a front door problem wearing a marketing costume.

Illustration adapted from Webserv, "Always On Admissions."

Run your own numbers

Fill in the right column with your own figures. The middle column shows a worked example.

Worksheet 02 / Revenue Walking Out the Door

Input	Example	Your Number
Inbound calls per month	1,000	
Percent unanswered or abandoned	20% = 200	
Percent of those who would have admitted	10% = 20	
Average value per admission (by level of care: residential, PHP, IOP, outpatient, ABA)	$ _____	
Monthly revenue walking out the door	**20 x value**	
Annual revenue walking out the door	**Monthly x 12**	

Illustrative only. The example reflects the published one in five figure. Your numbers are yours.

A Lesson From Dentistry

The dental world learned this lesson with the unanswered new patient call. Behavioral health has the same leak with far higher stakes. A dental caller who reaches voicemail calls the next practice. A behavioral health caller who reaches voicemail may not call anyone at all.

The leak inside answered calls

Unanswered calls are only half the story. Even when someone picks up, results often depend on who happened to answer. A ten year admissions veteran and a new hire on a Saturday shift can take the same call and get very different outcomes. Anonymous Health's CEO also points to studies suggesting that 60 to 70% of calls to behavioral health facilities never convert to admission. That variability is invisible on most dashboards, but callers feel it immediately.

Chapter 7 is about closing that gap. First, we need to understand who is really calling.

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03 Ambivalence Is the Caller

Most people who call are not deciding whether to buy. They are deciding whether it is safe to hope.

If you listen to enough admissions calls, a pattern emerges. Very few callers say, "I am ready, when can I start?" Far more say some version of:

- *"I'm just calling to get some information."*
- *"I don't know if it's that bad yet."*
- *"My husband doesn't know I'm calling."*
- *"What would it even cost?"*
- *"I'm not sure she'll go."*

This is ambivalence, and it is not an obstacle to the call. It is the call.

16% **of people who needed substance use treatment in 2025 received it. That is 7.6 million of 47.2 million.**

SAMHSA, 2025 National Survey on Drug Use and Health

The top reasons people give for not getting care read like a transcript of an admissions call: "I should be able to handle this myself." "I'm not ready." "What will people think?" The first call is where those reasons get answered, or confirmed.

Why ambivalence is normal

Ambivalence is the natural state of someone considering change. Part of them wants help. Part of them is afraid of what help will require. A parent seeking an autism evaluation may be carrying grief alongside hope. A person calling about their drinking may be testing whether anyone will judge them before they risk saying more.

A caller who meets pressure pushes back. A caller who meets curiosity and warmth leans in.

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What motivational interviewing teaches us

Motivational interviewing, an evidence based approach used widely in behavioral health, offers a simple set of habits that work beautifully on the first call:

Open questions

"What made today the day you called?" instead of "Are you calling for yourself or someone else?"

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Reflections

Say back what you heard: "It sounds like you've been carrying this alone for a while."

Affirmations

"It took real courage to make this call."

Asking permission

"Would it be okay if I asked a few questions so I can point you in the right direction?"

Listening for change talk. When a caller says "I can't keep doing this," that is the most important sentence on the call.

Anonymous Health's AI and its Heads Up coaching are built on the frameworks clinicians already trust, including motivational interviewing, AIDET, and the Stages of Change.

Ready now and gathering information

Some callers are ready to come in this week. Others are gathering information for later, for a loved one, or for courage. Both deserve care. The skill is recognizing which is which without making either feel processed.

A caller who is ready now needs a fast, clear next step. A caller who is gathering information needs a reason to stay connected: a follow up text, a resource for their family, a warm invitation to call back, and a name to ask for when they do.

The worst outcome for either is the same: a conversation that feels like a transaction. That brings us to hospitality.

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04 Hospitality on the Line

Hospitality is not a script. It is a habit of care.

We are living in a service paradox. AI is handling more conversations than ever, and genuine human connection has never been more rare or more valuable. In most industries, that gap is a brand problem. In behavioral health, it is the difference between someone entering care and someone waiting for the next crisis.

The great hospitality brands figured out long ago that people do not remember the transaction. They remember how they were made to feel. The Ritz Carlton built a reputation on a simple idea: great service anticipates a need before it is asked.

Here is what that looks like on the first call.

Guide, not Gatekeeper

A gatekeeper protects the organization. A guide walks alongside the person.

The Gatekeeper Asks First	The Guide Asks First
"What insurance do you have?"	*"What made today the day you called?"*

Insurance matters. It will be covered. But when it comes first, the caller hears: "We need to know if you are worth our time." When the human story comes first, the caller hears: "We see you."

Find the Gold in the Call

Every caller tells you why they called, if you listen for it. It is rarely in the first sentence. It is in the pause after "I'm just calling for information." It is in the detail they mention twice. It is in the person they are worried about disappointing.

The gold in the call is the reason. Find it, say it back, and the caller knows they have been heard.

The 5 Second Slowdown

Before responding to something hard, pause. Let a few seconds of silence say what words cannot: "I am not rushing you. I am here."

In a busy admissions center, silence feels expensive. It is not. Rushing is expensive. The caller who feels rushed ends the call politely and never calls back.

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Retire bot language

Somewhere along the way, many front doors started sounding like software. Callers can hear it instantly.

The 5 Second Slowdown

Before responding to something hard, pause. Let a few seconds of silence say what words cannot: "I am not rushing you. I am here."

In a busy admissions center, silence feels expensive. It is not. Rushing is expensive. The caller who feels rushed ends the call politely and never calls back.

Sounds like a system	Sounds like care
"Our records indicate..."	"I was looking at what you shared, and..."
"Please hold while I verify your benefits."	“Let me check your coverage so you have one less thing to worry about. It'll take about a minute."
"What insurance do you have?" (as the opening)	"Before we get into details, tell me a little about what's going on."
"You'll need to complete an assessment."	"The next step is a conversation with one of our clinicians, so we can make sure this is the right fit for you."
"Is there anything else?"	"Would it help if I texted you directions and what to bring?"

If your team sounds like the software, retrain the team, not the software. And choose software that sounds like your best people.

Lagniappe: the little something extra

Lagniappe is a New Orleans word for the small, unexpected extra that turns a transaction into a memory. On the first call, lagniappe might be:

- A callback from the same counselor, by name, at the time promised
- A short resource for the worried spouse or parent
- A text with parking directions and a photo of the entrance
- A warm handoff: "I'm going to connect you with Renee. She's wonderful, and she already knows what you shared."

None of these cost more. They cost attention.

> **A caller who feels safe says yes to coming in. A caller who feels processed hangs up and keeps searching.**

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05 Then and Now: AI as the Overlay

AI accelerates your team. It never replaces the relationship.

What "great phones" used to mean

Not long ago, a behavioral health program with great phones had a clean call tree, an answering service for nights and weekends, and maybe call tracking to see which ads made the phone ring. Those tools solved a routing problem. They did not solve a conversation problem.

An answering service takes a message. It cannot reflect ambivalence, answer a parent's question about what the first day looks like, or book the next step. A call tree can tell you which button someone pressed. It cannot tell you why they were crying.

What changed

Today, AI can listen, respond with compassion, capture structured information, and coach a human in real time. That is a genuine shift. But the most important question is not what AI can do. It is what AI should do.

1. **The caller.** Afraid, ambivalent, testing whether anyone will judge them.
2. **The human.** Warmth, judgment, trust, clinical wisdom. The part you cannot download or automate.
3. **The AI overlay.** Answers when no one can, captures the details, and whispers the next best move

The AI is the setup, not the star. It exists to protect the human moment, not to replace it.

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Who does what

The AI overlay handles	Your people focus on
Answering overflow, overnight, and weekend calls immediately	The conversations that need human judgment and warmth
Capturing structured intake details during the conversation	Hearing the story behind the details
Answering routine questions about programs, location, and process	Building trust with the caller and their family
Scheduling the next step and sending reminders	Making the next step feel personal
Live guidance during human calls	Deciding how to use that guidance in the moment

What makes room for hospitality

Every overnight call the AI answers is a call your team does not have to chase cold the next morning. Every intake form it captures is ten minutes a counselor spends listening instead of typing. That reclaimed time is what makes room for hospitality.

This is why the overlay model matters. Programs that use AI to cut staff will get cheaper and colder. Programs that use AI to give their staff more attention to spend on callers will get warmer, and they will win.

> **“AI is not a labor substitute. It is a performance multiplier for the team you already have.”**
>
> *Geoff Nudd, CEO, Anonymous Health*

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06 Never Unanswered

Nobody should reach a voicemail on the hardest day of their life.

Every channel, every hour

People reach out the way they are most comfortable. Some call. Some text because they cannot talk out loud at home. Some open a web chat because it feels less exposing than a phone call.

The Anonymous Health AI Contact Center works 24/7 across phone, SMS, web chat, and the Anonymous Health app.

After hours and overflow

The calls most likely to be lost are the ones that arrive when no one is free: after hours, on weekends, and during peak hours when every counselor is already on the phone.

3x **more admissions from overflow and after hours calls, as reported by Anonymous Health.**

Source: anonymoushealth.com

The goal is not to replace your night team or your admissions staff. It is to make sure the person who reaches out when no one is free has a real conversation and a clear next step, and that your team starts the morning with a warm, documented handoff instead of a list of missed calls.

Small programs with no intake team

For smaller providers, the problem is even sharper. A program with two clinicians and a part time office manager cannot staff a phone line around the clock. For them, an AI that can hold the first conversation with care is not an efficiency tool. It is the only way the front door stays open.

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Turning the website into a conversation

Most program websites still end in a contact form. A form is a one way door: the visitor types, clicks submit, and waits. Many never hear back quickly enough to stay engaged.

AI web chat turns the website into a two way conversation. It can answer questions, gently explore what the visitor is looking for, and guide them toward a scheduled next step.

4x **more admissions from the website with AI web chat, as reported by Anonymous Health.**

Source: anonymoushealth.com

The goal is not to replace your night team or your admissions staff. It is to make sure the person who reaches out when no one is free has a real conversation and a clear next step, and that your team starts the morning with a warm, documented handoff instead of a list of missed calls.

Ask Yourself

If a frightened parent visited your website after your office closed today, what would happen next? If the honest answer is "they would fill out a form and wait," your front door closes every evening.

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07 Your Best Counselor, on Every Call

A day one counselor with a veteran's instincts.

The tenure problem

Every admissions leader knows the pattern. Your most experienced counselor converts beautifully. She knows when to slow down, when to ask about family, when to stop talking and let the silence work. Then she goes on vacation, or gets promoted, or leaves. The numbers drop, and it takes a year to rebuild.

In most organizations, admissions performance depends too heavily on who happened to answer the call.

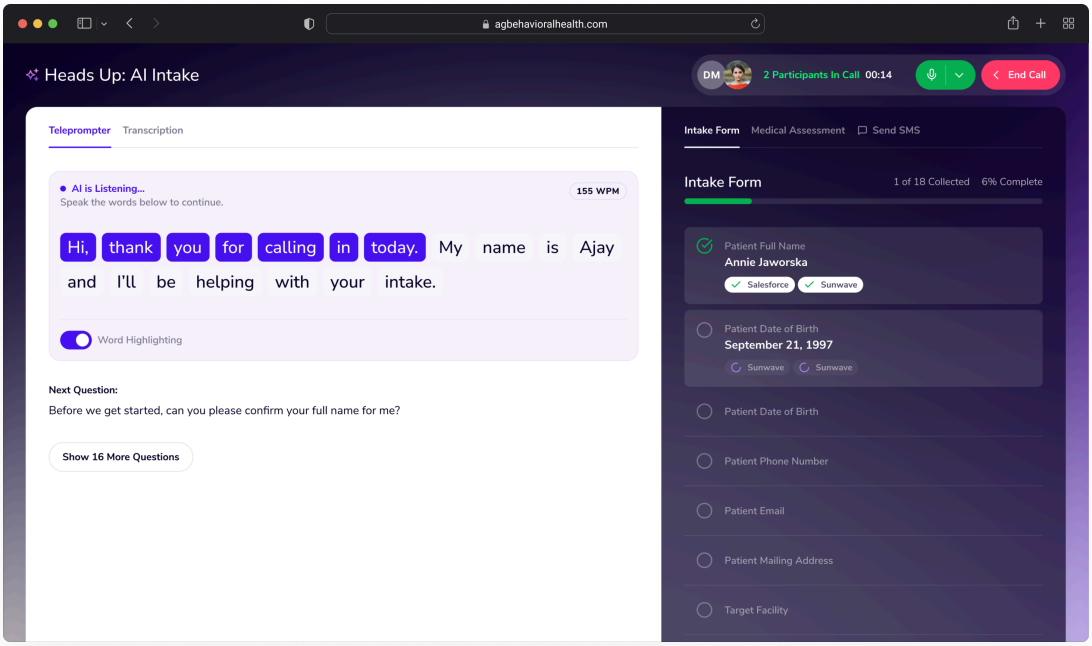
Heads Up: AI Intake

Heads Up is a live display that listens alongside the counselor and shifts its guidance as the conversation unfolds, with sub second latency. It is not a script. It is closer to having your best counselor sitting beside a new hire, quietly suggesting what to notice and what to try next.

Here is what that can look like in practice.

The caller says	The display suggests
"I don't know if I'm ready."	Ambivalence: slow down, reflect, ask what readiness would look like
"My wife doesn't know I'm calling."	Privacy: reassure about confidentiality, ask about safe contact methods
"What's this going to cost me?"	Cost worry: acknowledge, explain the verification process, keep the human story going
"She's been refusing to eat for days."	Possible risk: follow safety protocol, prepare for warm transfer

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Clone your A-Team

The real promise of live guidance is consistency. Every shift sounds like your best counselor. A new hire is effective from the first day on the floor. Your veterans get support on the hardest calls instead of being pulled into every escalation.

15% **higher conversion on human led calls using live call guidance, as reported by Anonymous Health.**

Source: anonymoushealth.com

The goal is not to replace your night team or your admissions staff. It is to make sure the person who reaches out when no one is free has a real conversation and a clear next step, and that your team starts the morning with a warm, documented handoff instead of a list of missed calls.

Coaching that happens now, not tomorrow

Many programs review calls after the fact, scoring them against a rubric. That has value. But a score tomorrow cannot help the caller today. Live guidance changes the conversation while it is still happening, when it still matters.

> **“Training happens before the call. Performance happens during the call.”**
>
> *Geoff Nudd, CEO, Anonymous Health*

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08 Safety Is the Design, Not the Disclaimer

In behavioral health, trust is the product.

Any leader considering AI at the front door should ask hard questions. The people calling are vulnerable, and some are in danger. Safety cannot be a feature added at the end. It has to be the foundation.

What safe AI at the front door looks like

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It recognizes risk early.

The system listens for signs of crisis and self harm from the first moments of a conversation, not only when a screening question is asked.

It knows when to hand off.

When a conversation needs a human, it moves to a warm transfer to a clinician or on call staff, and follows your protocol for crisis resources such as the 988 Suicide and Crisis Lifeline.

It is honest about what it is.

Callers are told they are speaking with an AI assistant.

It stays in its lane.

It does not diagnose, prescribe, or promise coverage. It listens, informs, captures, and connects.

It protects privacy.

Behavioral health information is among the most sensitive data a person can share. Ask about HIPAA compliance, business associate agreements, and data handling. Anonymous Health is HITRUST e1 Certified, with independently validated security for sensitive patient interactions.

It was built by people who understand this work.

Anonymous Health was built by clinicians and co-founded with Dr. Angie Chen, Clinical Professor of Addiction Medicine at Stanford.

Questions to ask any AI vendor

1. Was this built specifically for behavioral health, or adapted from a general tool?
2. How does it detect crisis or risk, and what happens next?
3. How does warm transfer work, and how fast?
4. Does the caller know they are speaking with AI?
5. Will you sign a business associate agreement?
6. Who clinically reviewed the conversation design?
7. How is it trained to speak with trauma informed language?
8. How does it connect to our EHR and CRM?

A vendor who welcomes these questions is a vendor worth talking to.

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09 From First Touch to Admission

Your EHR tracks every inquiry. Anonymous Health makes sure every inquiry gets a real conversation.

Where the conversation goes next

A great first call is only the beginning. What happens to the information afterward determines whether the caller's next experience feels seamless or starts over from scratch.

Nothing erodes trust faster than asking a family to repeat their story three times.

The handoff

Your EHR and CRM give your program one place to manage every inquiry, admission, chart, and claim. Anonymous Health makes sure the inquiry becomes a conversation. When the two work together, the path looks like this:

1

Call, chat, or text

The person reaches out, at any hour.

2

The Anonymous Health conversation

Compassionate engagement, structured intake captured along the way.

3

Your EHR or CRM record

The inquiry arrives with the details already captured.

4

Pre admission and bed

The team prepares for admission without rebuilding the story.

What this means for your team

- Counselors start the morning with warm, documented handoffs instead of cold voicemails
- Families do not repeat themselves
- Leaders can see the full path from first touch to admission

From First Touch to Admission

The first call and the first bed, finally connected.

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10 The Metrics That Matter

You cannot improve a front door you cannot see.

Anonymous Health CEO Geoff Nudd recommends that behavioral health leaders measure access at the front door with five numbers.

Metric	What it reveals	Question to ask
Inquiry to live contact rate	How many people actually reached a human or a capable AI	What share of inquiries got a real conversation within minutes?
Speed to first response	Whether you met the caller inside their window of willingness	How long does an after hours caller wait for a real response?
After hours capture	How much of your marketing spend survives after the office closes	What happens to calls that arrive after hours?
Scheduled intake rate	Whether conversations end with a concrete next step	How many calls end with a date, a time, and a name?
Time from first outreach to assessment	How long the undecided stay undecided	Where does momentum stall?

> **“A two or three point conversion improvement is not just a performance metric. It is more people entering treatment.”**
>
> *Geoff Nudd, CEO, Anonymous Health*

Add a hospitality lens

Numbers tell you where the front door leaks. Listening tells you why. Alongside the metrics, review a handful of calls each month and ask:

- Did the caller's story come before their insurance?
- Did we find the gold in the call?
- Did anyone slow down?
- Did the caller hear any bot language?
- What was the little something extra?

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11 Your 30 Day Front Door Checklist

You can start Monday.

You do not need a new system to begin. You need a clear picture. This 30 day checklist gives you one.

Count — Week 1

- ◯ Pull 30 days of call logs.
- ◯ Count unanswered and abandoned calls by hour of day and day of week.
- ◯ Split inquiries by channel: phone, web form, chat, and text.
- ◯ Measure the average time to first response for after hours inquiries.

Listen — Week 2

- ◯ Listen to five calls from your newest counselor.
- ◯ Listen to five calls from your most experienced counselor.
- ◯ Note how often insurance comes before “What made today the day you reached out?”
- ◯ Circle every piece of bot language you hear.

Map — Week 3

- ◯ Follow one inquiry from first touch to admission, step by step.
- ◯ Map where the inquiry lands in your EHR or CRM, and who touches it next.
- ◯ Count how many times a family is asked to repeat their story.
- ◯ Visit your own website after hours and try to get help.

Calculate and Decide — Week 4

- ◯ Calculate your value per admission by level of care.
- ◯ Run the revenue at risk worksheet on page 2 with your own numbers.
- ◯ Choose the one front door gap that costs the most.
- ◯ Book a complimentary Front Door Assessment.

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Nobody Waits Alone.

The most advanced tool in your program is still the person on the other end of the line.

Technology will keep getting better. Every program will have AI eventually. The scheduling will be automated everywhere. The phones will be answered by software everywhere. Which means technology alone will not be what sets a program apart.

What will set you apart is the same thing that always has: how people feel when they reach out to you.

You cannot download empathy. You cannot automate trust. But you can make sure nobody reaches a voicemail on the hardest day of their life. You can make sure every counselor on every shift has your best counselor's instincts. And you can give your people back the time and attention that hospitality requires.

Today, someone will reach out.
Make sure someone answers.

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About Anonymous Health

Anonymous Health is an enterprise AI company focused on strengthening access to behavioral health care. Built by clinicians, its AI suite includes the AI Contact Center for phone, SMS, and web chat, Heads Up: AI Intake real time coaching for admissions teams, and AI driven patient support.

Anonymous Health is trusted by 25% of the top 20 behavioral health organizations and 30% of the top 20 ABA organizations, and is HITRUST e1 Certified.

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Illustrations created for this edition.
The composite story in Chapter 1 is illustrative; names and details are not of real people.

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