V24 — LEGAL REVIEW COMPLETE · CEO-SIGNED · IN FORCE · cleared for family use

This is the Guarantee now in force. Change from V23: the escalation pathway is correctly named as the COO throughout; the Patient Advocate is defined as your child's Care Coordinator and named in the contact list; and Section 3.1 now states plainly that its pre-admission commitments are service standards rather than refundable commitments. Handle With Care safety-intervention language (Sections 3.3, 3.6, 3.10) carries forward from V23 unchanged. All other commitments are unchanged.

HORIZON RECOVERY

The Horizon Guarantee | Family Agreement

Version 24 | Legal review complete · CEO-signed · in force — August 1, 2026

The Horizon Guarantee

Most behavioral health programs do not put their service standards in writing. We do. This Agreement defines what Horizon Recovery promises your family from the moment your child admits through the seventh day after discharge — and what happens if we miss.

It is signed by the CEO for every family who admits.

We carry the risk. You focus on your child.

1. What this is

This is a service guarantee. It covers what Horizon does — how we communicate, how we provide care, how we treat your family. It does not guarantee outcomes.

We don't promise the destination. We promise the path.

Recovery from adolescent behavioral health concerns is a process that depends on more than one program. The outcome depends on your child, your family, the home environment after discharge, and a long list of variables no single program controls. No program in this space can ethically promise what a child becomes during or after treatment. We won't pretend otherwise.

What we guarantee is the specific commitments listed in Section 3 of this Agreement. Each commitment is in writing. Each commitment is something we control. Communication cadence matters. Family integration matters. Discharge planning matters. Aftercare follow-through matters. None of it is filler. Each piece is there because we know it matters, and each piece is something we are willing to put behind the warranty.

We are putting our name and our money behind every commitment you read in this document. The Agreement is the boundary of the warranty. Concerns outside its scope have separate pathways — clinical grievance procedures, the Patient Advocate, the COO escalation pathway in Section 3.9 — but they do not trigger a refund under this guarantee.

A note on clinical judgment. Every commitment in this Agreement is delivered within the context of individualized treatment and safety. When an active clinical or safety situation requires us to change how a commitment is delivered in a specific moment, we tell you in writing within 24 hours, document what happened, and identify which part of the commitment we did and did not deliver. The Section 5 resolution pathway applies the same way it applies to any other miss. Clinical reality does not exempt Horizon from the guarantee.

2. The window

The guarantee period runs from the date of admission through the seventh calendar day after discharge.

Within that window, every commitment in this Agreement is on the books and refundable per the resolution pathway in Section 5.

After that window, our commitments to your family continue — alumni programming, follow-up contact, lifetime alumni community access — but they do not trigger a refund under this guarantee. Those commitments are listed in Section 6.

3. What we promise

Within the guarantee window, Horizon holds itself to written standards in the areas below.

Many of these commitments are deliberately designed to land in your first 72 hours — so you feel from day one that you made the right choice. The named admissions counselor, the first-day settled-in confirmation within 24 hours, the Care Coordinator contact within 1 business day, four treatment team introduction calls within 2 business days, the initial treatment plan within 72 hours, and your first photo with consent within 2 business days. These tell your family that someone is in charge of your child's care from day one.

3.1 Admissions and intake

First-call response. When you reach out, a named admissions team member responds within 30 minutes during business hours and within 12 hours after hours.

One admissions counselor. From your first call through admission day, you work with one named admissions counselor. If shift coverage requires a handoff, your counselor introduces you in writing to the covering coordinator before stepping back.

Insurance verification. Your insurance benefits are verified, documented, and explained to you within one business day of receiving your information.

Out-of-pocket clarity before commitment. Before you commit financially, you receive a written breakdown of your expected out-of-pocket cost, the basis for that estimate, and the variables that could change it.

How this section works. The commitments in 3.1 describe how we operate before your child is admitted, and we hold ourselves to them from your very first call. They are service standards rather than refundable commitments: the refund remedy in Section 5 begins on the date of admission, as Section 2 sets out. If we miss something here, tell us and we will make it right — but a pre-admission miss does not trigger a refund, because there is nothing yet paid to refund.

Day-one welcome. On intake day, a named team member meets you at our intake clinic. Wait time on admission day will not exceed 60 minutes.

Comfort items. Approved comfort items from home are listed in the welcome packet provided before admission.

Goodbye on intake. The intake process includes a structured family goodbye. You are not asked to leave until you are ready, and the process is not rushed by paperwork.

3.2 Financial counseling

Response time. Any financial communication from your family — questions, statements, payment matters, insurance updates, hardship inquiries — receives a written response from a named member of our Financial Counseling team within one business day.

Plain-language statements. Every billing statement includes a plain-language summary of charges, what insurance covered, and what you owe.

No surprise charges. No charge appears on a statement without prior written communication. If an unexpected charge arises, we communicate it before it appears on a statement.

Insurance denial advocacy. When a carrier denies coverage, we file an appeal on your behalf at no charge to you.

Financial Assistance Review. Families experiencing financial hardship can request a Financial Assistance Review — a structured conversation with a defined process, not a deflection. The scope and remedies of the Review are defined in a separate policy.

Refund processing. Refunds owed to you under this guarantee are processed within 7 business days of the Step 3 written response in the Section 5 resolution pathway. Other refunds are processed according to the Financial Services Agreement signed at admission.

Final statement. A complete statement of all charges, payments, and balances is provided within 30 days of discharge. Where claims are still pending payer adjudication, the statement clearly identifies what is finalized and what is pending.

3.3 Medical and nursing care

Daily medical oversight. Vital signs taken twice per day, twice-daily skin checks, weekly weights, and required clinical screenings completed and documented every day of the stay.

Weekly psychiatric review. Your child has a session with the assigned psychiatric provider for medication review at least one time per week.

Medication only as prescribed. Medication is administered only as prescribed, with documented guardian consent for any change to the medication plan.

Same-day notification of medication changes. Any change to the medication plan is communicated to you on the same day the change is ordered, with the clinical reasoning documented and explained.

Medical questions. Any medical or medication-related question receives a response from the medical team within one business day.

Initial FNP medical assessment within 48 hours. Within 48 hours of admission, an FNP completes a full history and physical examination, or documents a review of a recent exam if one has been provided by the family.

Lab results. When labs are ordered, results are communicated to you within 2 business days of receipt.

Safety intervention — de-escalation first, physical intervention only as a last resort. Verbal de-escalation is always the first response, and physical intervention is never routine and never a consequence. If your child or another person is in imminent physical danger, trained staff may use a safe, approved physical hold (our Handle With Care method) as a last resort — for the shortest time needed to restore safety, then released. Every physical intervention is documented, clinically reviewed, and reported to your family under the incident-notification commitments in Section 3.10. All direct-care staff are certified in this method and recertified on schedule.

3.4 Clinical care

Weekly clinician conversation. The family has a direct conversation with the adolescent's primary clinician once per week, every week of residential treatment.

Treatment team introduction calls within 2 business days. Within 2 business days of admission, your family hears directly from each member of your child's treatment team. The primary therapist, the psychiatric provider, and the medical provider each share initial clinical impressions of your child and provide direct contact

information. The house supervisor introduces themselves and the house environment, putting a name and face to who is overseeing your child's daily living. Clinical questions are directed to the clinical team.

Treatment plan within 72 hours, refined within 7 days. A written initial treatment plan is delivered to the family within 72 hours of admission, with the clinical reasoning explained. A refined treatment plan reflecting the multidisciplinary team review is delivered to the family in writing within 7 days of the initial treatment plan.

Treatment plan changes. Any material change to the treatment plan is communicated in writing, with clinical reasoning, before the change takes effect.

Weekly written summary. A written summary is provided every week covering the adolescent's clinical engagement, daily activities and events of the week, house themes, and a preview of the upcoming week. Delivered through the weekly treatment plan review call.

Weekly multidisciplinary review. The full clinical team reviews each case at minimum weekly, more often when clinically needed, with the meeting documented and key decisions communicated to the family.

Trauma-informed care training. All clinical staff complete documented trauma-informed care training within 30 days of hire and annually thereafter.

3.5 Your Care Coordinator

Contact within 1 business day. Within one business day of admission, your assigned Care Coordinator reaches out to you directly — by phone or written message — to introduce themselves by name and role and provide their direct contact information.

First-day settled-in confirmation. Within 24 hours of admission, your family receives a written check-in from the care team: a brief confirmation that your child has settled in, what the first day looked like (meals, activities, rest), and how to reach the team if you have a concern.

Response. Non-clinical questions to your Care Coordinator receive a response within one business day.

Continuity. The same Care Coordinator stays with you through the residential stay. If a change is required, you are notified in writing within two business days with a named replacement.

Weekly proactive check-in. Your Care Coordinator initiates a check-in with you each week of the stay. Even if there is nothing new, you hear from your Care Coordinator weekly.

Cross-department coordination. When a question crosses departments — clinical, finance, operations — your Care Coordinator coordinates the response so you are not navigating multiple teams alone.

Time zone awareness. If your family is in a different time zone, communications are scheduled to your time zone for non-emergency matters.

3.6 Daily life in the house

24/7 supervision. Continuous staffing with documented visual safety checks at least every 15 minutes, applied per individualized safety protocols.

Structured programming. Five hours of structured group programming each day, including therapeutic, wellness, recreational, and life-skills components.

Clean residential spaces. Residential spaces inspected daily and cleaned to documented housekeeping standards. Bed linens changed at minimum weekly. Towels exchanged twice weekly. Bathrooms cleaned twice daily.

Food. Meals meet USDA Dietary Guidelines for Americans, with menus reviewed by a registered dietitian quarterly. At least one option per meal accommodates documented dietary preferences and restrictions.

Scheduled snacks. Scheduled snacks are provided between meals, including at minimum a fruit option, a protein option, and water and non-caffeinated beverage options. When the treatment plan identifies dietary needs requiring access outside the schedule (such as diabetes, eating disorder protocols, or hypoglycemia management), those needs are accommodated.

Daily wellness programming. Minimum 60 minutes of structured wellness programming daily, led by a designated wellness coordinator. Activities include outdoor time when weather permits, plus indoor wellness components such as movement, mindfulness, recreation, and life-skills.

Sleep environment. Bedrooms are maintained between 68–74°F. Quiet hours run from 10 PM to 6 AM. Sleep disruption complaints are addressed within 24 hours.

Hygiene. Adolescents have private access to bathing facilities. Standard personal hygiene supplies (shampoo, conditioner, soap, toothbrush, toothpaste, lotion, deodorant, and feminine products as needed) are provided. Adolescents may bring approved personal-preference products from home; the list is provided in advance.

Laundry. Personal clothing is laundered at minimum weekly.

Milestones. Birthdays during the stay are recognized with a card from the care team and a celebratory meal element. Family is welcome to visit on the birthday. Family-significant dates identified at admission are noted in care planning.

Staff certification. All direct care staff hold current trauma-informed care, Handle With Care (HWC), and CPR certifications, with documented background and fingerprint clearance.

3.7 Family connections and alumni program

Weekly scheduled virtual visit, on time. Before your family's first scheduled virtual visit, your Care Coordinator sends you written instructions for accessing the meeting link, the scheduled time, and a contact to reach if you have trouble joining. Your family has a weekly scheduled virtual visit with the adolescent. Visits begin on time, within 5 minutes of the scheduled start. If your child declines to participate in a scheduled visit, a staff member still joins the visit at the scheduled time to meet with the family, explain the situation, and discuss next steps — the family is not left waiting on an empty video link. If a visit cannot occur as scheduled — for operational or clinical reasons — the family is notified in writing within 24 hours with the specific reason, and the visit is rescheduled within 1 business day when clinically appropriate to do so.

Parent Support Group. A facilitated Parent Support Group is held twice monthly for the duration of your child's residential stay.

Photo updates. With your written consent, your family receives a first photo of your child within 2 business days of admission. Photos are then provided weekly for the first 30 days of the stay, and monthly thereafter, each with a brief note from the care team covering milestones.

Sibling involvement. When family therapy is part of the treatment plan, siblings can participate (when clinically appropriate and therapeutically beneficial). Siblings can also receive age-appropriate updates from the care team or speak with the primary clinician for guidance.

Extended family. Grandparents, aunts, uncles, and other identified extended family members can be included in treatment communications, and in family therapy when it is part of the treatment plan, with guardian consent and clinical team approval.

3.8 Discharge and the first week home

Discharge planning starts at admission. The treatment team initiates discharge planning conversations within the first week of admission. You are included from the outset.

Confirmed first aftercare appointment. Your child does not discharge until a first aftercare appointment is scheduled and confirmed in writing with a named provider on a specific date.

Continuum step-down. When clinically appropriate, current Horizon clients have priority for transition into our integrated continuum (RTC → PHP → IOP → Outpatient), subject to program seat availability. When a seat is available, the receiving level-of-care team has all clinical documentation before the first day of the new level.

External handoff. When external aftercare is needed, we coordinate a warm handoff with a discharge plan delivered to the receiving provider before the first appointment.

Discharge plan to family. A complete written discharge plan, including treatment course, recommendations, and aftercare guidance, is delivered to your family within 24 business hours of discharge.

24-hour post-discharge follow-up. Within 24 hours of discharge, your family receives a follow-up contact from a named team member to confirm the transition home and surface any immediate questions or concerns.

Day-seven connection check. Within seven days of discharge, your family receives a structured connection check to confirm aftercare appointments are kept and identify any gaps.

Day-of-discharge experience. Discharge day is structured. Final medical handoff, medication review, and aftercare confirmations happen with a named team member.

3.9 Cross-cutting commitments

We answer the phone. Live phone answering during business hours — not a phone tree, not voicemail-first, not a chatbot.

Communication preference. You specify your preferred non-emergency communication channel (email, phone, text, secure portal) at admission, and we honor that preference.

Multilingual support. When your preferred language is not English, we provide interpretation services for clinical conversations and translate key documents into your preferred language.

Photos. You control whether and how photos of your child are taken during the stay. We do not take or share photos without explicit family consent.

Privacy beyond the legal minimum. Family information is not shared internally beyond the team that needs it for your child's care. HIPAA is the legal floor, not the standard.

We don't talk about other families. Horizon staff do not discuss other adolescents or families with you. Your information is held with the same discipline.

We answer for ourselves. When something goes wrong, you hear from the named person responsible — not a generic 'the team.'

Patient Advocate. Your child's Care Coordinator serves as your Patient Advocate. They are your first route for any concern about your child's care or your family's experience — you do not need to work out who to call. If a concern is not resolved there, the COO escalation pathway below is available to you, and using it does not go through the Care Coordinator or require their agreement.

COO escalation pathway. If a concern is not resolved through standard channels, you may escalate directly to the COO. Contact information is provided in Section 7. COO-escalated matters are personally reviewed within two business days.

3.10 Incident response and family notification

Response to incidents follows trauma-informed protocols: verbal de-escalation first, with trained, approved physical intervention (Handle With Care) used only as a last resort when there is imminent physical danger, for the shortest time necessary, always followed by documentation and clinical review. Family is notified by phone as soon as possible following an incident as defined below, and no later than 4 hours after the incident. A written follow-up describing what happened, the response and intervention provided, and the adolescent's current status is delivered to the family within 24 business hours.

Defined incidents requiring 4-hour notification

Physical aggression. Requiring staff physical intervention or causing physical contact with another person.

Self-harm. Requiring treatment by a medical provider (FNP, ER, or external medical evaluation).

Elopement. Leaving the property without authorization.

Sexual incident. Inappropriate physical contact between residents, between resident and staff, or attempted contact.

Property destruction. Intentional damage requiring repair or replacement.

Medical event. Requiring intervention beyond standard first aid, hospital transfer, ER visit, or ambulance call.

Acute psychiatric event. Requiring on-call psychiatric consultation, PRN intervention beyond routine clinical care, or transfer to higher level of care.

Medication reaction. Requiring treatment or intervention beyond routine monitoring.

Sustained refusal of meals or hydration. More than 24 hours.

Law enforcement. Called to the property or involved with the adolescent.

Mandated report filed. Regarding suspected abuse, neglect, or exploitation.

Substance use or contraband. Discovery of substance use or possession of prohibited items.

Events handled through routine channels

Events that fall outside the defined list above — including minor self-injury not requiring medical treatment, attempted elopement, routine medication refusal, verbal escalation, minor rule violations, and ordinary therapeutic processing — are documented internally and communicated to the family through the weekly written summary and Care Coordinator check-ins.

4. What we don't promise

Honest commitments mean naming what is not in the guarantee.

Outcomes. Recovery from adolescent behavioral health concerns depends on factors that include your child's history, willingness to engage, family system, post-discharge environment, and circumstances outside any one program's reach. No program in this space can ethically promise what a child becomes during or after treatment. We won't pretend otherwise.

Three categories of events outside Horizon's operational authority. (1) Acts of God — natural disasters, severe weather, public health orders that require Horizon to alter operations. (2) Insurance carrier coverage and appeal decisions. (3) Decisions and availability of external providers Horizon does not employ or contract. When one of these affects a specific commitment, we tell you in writing within 24 hours, document what happened, and identify which part of the commitment was delivered. Horizon's other commitments continue to apply.

Faster admission than is clinically appropriate. When clinical assessment identifies that another setting or step would serve your child better, we say so.

5. What happens if we miss a commitment

This guarantee covers the specific commitments listed in Section 3. If you believe Horizon has not delivered on one of those commitments, the resolution pathway below applies. The same pathway applies when Horizon catches its own miss and notifies you.

Step 1 — The concern is raised.

You raise the concern with your Care Coordinator, Financial Counselor, or admissions counselor in writing. Email is fine. The Patient Advocate contact and the COO escalation pathway in Section 3.9 are also available. If Horizon catches the miss internally before you raise it, we notify you in writing on the same pathway.

Step 2 — We acknowledge in writing within two business days.

The acknowledgment names who is reviewing the concern, what the next step is, and the expected timeline.

Step 3 — We investigate and respond within seven calendar days.

The response tells you, in plain language: what we found, whether we missed a listed commitment, who is accountable, and what we are doing about it. Investigation is conducted against the documented commitments in Section 3.

Step 4 — If we missed, we refund.

If our investigation confirms a miss — or if our investigation says we delivered the commitment but you still feel we did not deliver that specific commitment — we refund the total out-of-pocket your family has paid to Horizon, bounded by what you have actually paid. The refund is processed within 7 business days of the Step 3 written response. No additional validation. No additional approvals. The Step 3 decision is the decision.

Your child's care continues if you want it to. The decision about money and the decision about treatment are separate. You do not have to leave to receive the refund. You do not have to accept that we delivered to keep your child in the program.

The refund is capped at the total out-of-pocket your family has actually paid. It does not include amounts paid by insurance, amounts billed but not yet paid, or charges for services delivered after the refund decision.

This is the only refund a family receives under this guarantee. Once we process it, we have done what the Agreement requires.

What this guarantee covers and what it does not

This guarantee covers the commitments listed in Section 3 of this Agreement. If a listed commitment was not delivered to your family, the warranty applies.

This guarantee does not cover aspects of your family's experience that are not listed as commitments in this Agreement. Subjective preferences about therapy style, personal compatibility with a specific staff member, opinions about clinical decisions made within professional judgment, and similar concerns are not covered by the warranty. These are real and we want to hear them, but they are addressed through the resolution pathway, the Patient Advocate, or the COO escalation pathway — not through the refund.

The Agreement is the boundary of the warranty. We wrote down what we will stand behind. That is what the guarantee covers.

We carry the risk. You focus on your child.

6. Beyond the guarantee window

Past the seventh day post-discharge, our commitments to your family continue. They are not refundable under this guarantee, but Horizon stands behind them operationally:

Longitudinal contact at 30, 90, 180, 270, and 360 days post-discharge, then annually.

Quarterly in-person alumni and family events.

Recurring (non-quarterly) alumni events on a published cadence.

Parent peer-support track including parent-to-parent matching, parent meetings, family alumni days, and a non-clinical parent education series.

Alumni newsletter on a defined cadence, and a monthly alumni spotlight.

Re-engagement consultation at no charge if your family needs additional support after the guarantee window. Defined as a structured conversation that determines next steps — not a clinical assessment, not a readmission decision.

Lifetime alumni community access for the adolescent and family.

These are program commitments, not guarantee triggers. The operational structures that support them — the alumni team, the longitudinal contact database, the event calendar — run separately from the structures that support the residential stay. Both are real. Only the residential-stay commitments are refundable.

7. Contact

Direct contact for the team members named in this Agreement is provided to your family at admission and is updated as roles change.

Admissions: [NAME, EMAIL, DIRECT LINE]

Financial Counseling: [NAME, EMAIL, DIRECT LINE]

Care Coordination — your Patient Advocate: [NAME, EMAIL, DIRECT LINE]

Primary Clinician: [NAME, EMAIL, DIRECT LINE]

COO: [NAME, EMAIL, DIRECT LINE]

8. Signed

This Agreement is signed by the CEO of Horizon Recovery for every family at admission.

Brian Carlisle | Chief Executive Officer, Horizon Recovery

Date | [date signed]

Acknowledged by family:

Parent / Guardian Signature

Printed Name | Date

This Agreement, signed by the CEO at your family's admission, is the Agreement that applies to your family for the duration of the guarantee window. Horizon may update its internal commitments to families admitted after that date. Your family's guarantee is the version signed on the date above.

Horizon Recovery | 6635 W Happy Valley Rd, Ste A104 Box 602, Glendale, AZ 85310 | 480-219-7098 | Version 24 | Legal review complete · CEO-signed · in force — August 1, 2026