THE HAWTHORN PRACTICE

Brand Strategy and Identity Engagement

Prepared by The Alma Collective

Portland, Maine · Pre-launch engagement

Contents

A Note on This Document

This document is a working brand book prepared by The Alma Collective for The Hawthorn Practice, a collaborative wellness practice in development in Portland, Maine. Three licensed practitioners are preparing to open the practice; this engagement provides the brand foundation that will guide the launch and the first year of operation.

The document contains the complete brand foundation: the practice positioning, the color system, the brand structure (purpose, vision, mission, values, personality, voice), and the twelve-month launch strategy. It is the source of truth for every visual, verbal, and operational decision the practice will make through its opening year.

This document is shared as a representative sample of the brand work The Alma Collective produces for clients in healthcare, wellness, and founder-led professional services. The strategic depth, the categorical specificity, and the operational rigor shown here are the standard for every Studio Engagement the studio delivers.

About the engagement

- Client: The Hawthorn Practice, a collaborative wellness practice in development.
- Location: Portland, Maine.
- Engagement type: full brand foundation, pre-launch.
- Studio: The Alma Collective, Estoril, Portugal.
- Deliverable: this brand book, plus accompanying visual identity, website foundation, practitioner profiles, and launch communications.

PART ONE

The Practice

01. About The Hawthorn Practice

> *The Hawthorn Practice is a collaborative wellness practice in Portland, Maine. Three licensed practitioners, one shared clinical philosophy, one address.*

The practice is preparing to open on the second floor of a restored 1890s brick building in Portland's Old Port neighborhood. The space, in the final phase of build-out, occupies five rooms: three practitioner offices, one shared consultation room, and one waiting area. It was designed by a Portland-based architect to feel like a residential study rather than a clinic.

Three practitioners are forming the practice: a licensed naturopathic doctor, a chiropractor and movement therapist, and a licensed clinical social worker specializing in somatic and trauma-informed therapy. Each will maintain a separate clinical scope. Together, they will offer something unusual: integrated care under a single roof, with documented coordination across modalities.

What makes the practice distinctive

- Three practitioners, three licensed disciplines, one practice. Most multi-modality wellness centers are co-located rentals. The Hawthorn Practice is a true collaborative practice with shared records, weekly clinical meetings, and coordinated treatment planning.
- The Integrated Intake: new patients meet all three practitioners across a three-hour appointment. The team then proposes a care plan that may involve any combination of the three. This is the practice's signature offering.
- Clinical rigor with relational warmth. The practitioners hold credentials from accredited institutions (Bastyr, Palmer College, Smith) and accept primary care referrals. The space feels like a friend's home.
- Care coordination as a standard, not a courtesy. Every patient seen by more than one practitioner has a documented coordination plan reviewed weekly.

What the practice is not

- Not a spa.
- Not a wellness studio in the influencer sense.
- Not a medical clinic that has added wellness language.
- Not a place that sells crystals, supplements outside of clinical recommendation, or any retail product.
- Not a place that promises wellness, healing, or transformation. We practice; we do not promise.

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02. The Practitioners

Dr. Eleanor Chen, ND

Naturopathic Doctor. Fourteen years of practice. Graduated from Bastyr University in 2011. Licensed in Maine and Vermont.

Specialty areas: autoimmune conditions, hormonal health (perimenopause, menopause, thyroid), gut health, and chronic inflammation. Eleanor takes the most clinical approach of the three. Her initial appointments include lab review and often a referral to a local diagnostic facility before any treatment plan is proposed.

Born in Vancouver, BC. Bilingual in English and Mandarin. Lives in Portland with her wife and twin daughters.

Dr. Marcus Reilly, DC

Chiropractor and Movement Therapist. Seventeen years of practice. Graduated from Palmer College of Chiropractic in 2008. Licensed in Maine and Massachusetts.

Specialty areas: chronic pain (lower back, neck, shoulders), postural rehabilitation, athletic recovery, and movement-based therapy. Marcus is the most physically present of the three. He works hands-on, often pairing adjustment work with movement coaching homework that patients complete between visits.

Originally from Newton, Massachusetts. Lives in Cape Elizabeth with his husband. Runs Sunday morning at Back Cove in any weather above 20 degrees Fahrenheit.

Sarah Okafor, LCSW

Licensed Clinical Social Worker and Somatic Therapist. Eleven years of practice. Graduated from Smith College School for Social Work in 2014. Licensed in Maine.

Specialty areas: trauma-informed therapy, anxiety disorders, life transitions (divorce, loss, identity shifts in midlife), and somatic integration for clients also engaged in body-based care. Sarah is the most psychologically attuned of the three. Her work often supports patients who are also seeing Eleanor or Marcus, creating the kind of mind-body integration that single-modality care cannot.

Nigerian-American, raised in Boston. Lives in Portland with her partner and son. Trained additionally in Somatic Experiencing and EMDR.

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03. The Clientele

The Hawthorn Practice will serve adults navigating complex or chronic conditions that single-specialty care has not resolved. The intended patient base skews female but is not exclusively women. The age range is 30 to 65, with the heaviest concentration in the 38 to 55 bracket.

Who comes

- Professionals managing chronic conditions: autoimmune disease, anxiety alongside physical symptoms, perimenopause with complications, postural injuries with mental health components.
- Women in midlife who have outgrown their primary care relationship and are looking for integrated care.
- Adults whose primary care physician has referred them, after recognizing the patient needs more than 15-minute appointments can offer.
- Patients leaving conventional medicine because of dissatisfaction, but who still want clinical rigor (not patients looking for unverified alternative medicine).

Income and accessibility

- Target patient profile: household income $90k+. The practice will not be inexpensive.
- The practice will accept limited insurance, mostly out-of-network with superbills provided. Approximately 40 percent of patients are expected to receive partial reimbursement from their insurance.
- A sliding scale will exist for Sarah's therapy practice specifically, with three slots reserved for reduced-fee patients at any time.

What patients value

- Being heard for longer than ten minutes.
- Documented care that travels with them.
- Communication between their providers without the patient having to coordinate it.
- A clinical setting that does not feel clinical.
- Practitioners who refer out when something is outside their scope, rather than overreaching.

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04. Positioning

Category

The Hawthorn Practice is a collaborative wellness practice. The word practice matters. It signals clinical seriousness and professional standards in a way that studio, center, or sanctuary do not. The word collaborative signals the integrated nature of the work.

Positioning statement

> *For adults navigating complex or chronic conditions that single-specialty care has not resolved, The Hawthorn Practice is a collaborative wellness practice in Portland where three licensed*

practitioners share clinical records, coordinate treatment plans, and offer the kind of integrated care that patients are usually expected to assemble for themselves.

The competitive set

The practice's true competition is fragmented. Some patients are currently piecing together care across separate providers. Others are with corporate wellness practices that lack genuine integration. A small number are with private practitioners who do the work well but solo.

- Solo naturopaths in the Portland area, who do excellent work but without integrated mental health or movement therapy.
- Multi-practitioner wellness centers that share space but not clinical philosophy. Patients see practitioners separately with no coordination.
- Corporate functional medicine practices (Parsley Health, Wild Health, etc.) that offer integration but at scale, often less personal, sometimes less rigorous.
- Boston-area integrative medicine practices: a 90-minute drive for patients who could be served closer to home.

The differentiating claim

Three licensed practitioners, one shared record, one care plan. The integration is the practice.

PART TWO

The Color System

05. The Palette Philosophy

Wellness branding in the United States is a crowded and visually exhausted category. The category defaults are well known: sage-and-cream for the spa adjacency, white-and-gold for the influencer wellness brand, blue-and-white for the medical-feeling clinic, terracotta-and-cream for the boho healing studio. None of these defaults serve the position The Hawthorn Practice occupies.

The palette is built on three commitments:

- Trust is communicated through depth, not lightness. The palette uses deep, considered colors as anchors rather than the pale-everywhere tendency of wellness branding.
- Authority is communicated through restraint, not medical aesthetics. There is no clinical blue, no medical white, no cross or symbol of any kind. Authority comes from the discipline of the system, not from borrowing medical visual conventions.
- Warmth is communicated through a single grounded accent and a warm canvas. The palette is not cool. It is steady. The warm accent is reserved for the human moments: patient communication, the welcome on the website, the small touches.

The result is a palette that reads as steady, considered, and human. Adjacent to herbalism and clinical medicine without being either.

Tier 1: The Canvas

- Linen (#F4F1EC). The primary background. Quiet, warm cotton.

Tier 2: Secondary Surfaces

- Sage (#E2E5DE). Cards, panels, soft cool surfaces.
- Stone (#7D827B). Structural mid-tone for headers and dividers.

Tier 3: Type and Anchor

- Pine Ink (#1F2A2E). Primary type, a deep blue-green near-black.
- Hawthorn (#4A5C56). Secondary type. The practice's signature green.

Tier 4: Accents

- Slate (#4A5C66). Cool accent for clinical and documentation contexts.
- Heartwood (#C8985C). Warm accent. Amber-honey for human moments.

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06. Full Color Specifications

Linen

Hex: `#F4F1EC`
RGB: `244, 241, 236`
CMYK: `0, 1, 3, 4`
Pantone: `Warm Gray 1 C`

Quiet, warm, calm. The color of soft cotton, of sunlit paper. Slightly warmer than the Casa Bera Lime Wash, with no Mediterranean character. Reads as Maine farmhouse, not Spanish coast.

Sage

Hex: `#E2E5DE`
RGB: `226, 229, 222`
CMYK: `4, 1, 5, 9`
Pantone: `Cool Gray 1 C`

Soft cool surface. Pale herbal green held quiet enough that it does not read as spa. Used for callout cards, patient resources, secondary panels. The deliberate non-saturation is what keeps it from becoming the wellness cliché.

Stone

Hex: `#7D827B`
RGB: `125, 130, 123`
CMYK: `4, 0, 5, 49`
Pantone: `Cool Gray 8 C`

Structural mid-tone. The color of granite, of Maine coastal rock. Slightly green-tinted to harmonize with Hawthorn and Pine Ink.

Pine Ink

Hex: `#1F2A2E`
RGB: `31, 42, 46`
CMYK: `84, 68, 60, 73`
Pantone: `Black 6 C`

Primary type and the dark anchor. A deep near-black with both blue and green undertones, giving it depth and warmth at once. Reads as steady authority, never as cold.

Hawthorn

Hex: `#4A5C56`
RGB: `74, 92, 86`
CMYK: `65, 38, 50, 47`
Pantone: `5615 C`

The practice's signature green. Deep herbal, slightly grayed, never bright. The color of hawthorn leaves in late summer, of pine boughs in shadow. Used for secondary type, links, and any moment that needs the practice's name signaled visually.

Slate

Hex: `#4A5C66`
RGB: `74, 92, 102`
CMYK: `63, 42, 35, 41`
Pantone: `5395 C`

Cool accent. Deep blue-gray, the closest color in the palette to medical convention without being medical. Used for clinical contexts (patient portal interfaces, intake forms, medical disclaimers, lab result summaries).

Heartwood

Hex: `#C8985C`
RGB: `200, 152, 92`
CMYK: `19, 39, 70, 11`
Pantone: `7563 C`

Warm accent. Amber-honey, the color of cut white oak, of honey held to light. The single warm note in the palette. Used for calls to action, welcome elements, and the human touches that prevent the palette from becoming purely clinical.

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07. Usage Rules and Combinations

Primary type combinations

Type	Background	Ratio	Use
Pine Ink	Linen	`13.5:1`	Primary body text
Pine Ink	Sage	`12.0:1`	Cards, callouts, secondary panels
Hawthorn	Linen	`6.5:1`	Links, secondary type, italics
Hawthorn	Sage	`5.8:1`	Section headers within cards
Linen	Pine Ink	`13.5:1`	Type on dark hero sections
Linen	Hawthorn	`6.5:1`	Type on green accent blocks
Linen	Slate	`6.2:1`	Type on Slate clinical contexts

Usage by surface

Website

— All body pages: Linen background, Pine Ink type.
— Practitioner profile pages: Linen background with a Sage card containing the practitioner's clinical specialty list.
— Booking page: Linen background, with a Heartwood CTA button leading to the scheduling system.
— Patient portal access link: Slate background with Linen type, distinguishing the clinical interface from the public-facing site.
— Footer: Pine Ink background with Linen type and a single Hawthorn rule above the contact information.

Patient communication

- Intake forms: Linen with Pine Ink type, section headers in Hawthorn, instructions in Hawthorn italic.
- Patient resources (PDFs sent after appointments): Linen background, Pine Ink body, Hawthorn headers, Heartwood single accent for the practitioner's signature line.
- Appointment reminder emails: Plain text, Pine Ink body, Hawthorn for clickable links, Heartwood for the booking confirmation button.
- Welcome packet for new patients: a printed booklet on Linen paper stock with Pine Ink type and Hawthorn section headers. The Heartwood accent appears only on the cover and on the practitioner welcome page.

Clinical documentation

- Patient charts and notes: white background (this is the only exception to the palette; medical documentation conventions require it), Pine Ink type, Slate for any clinical category labels.
- Lab requisitions and referrals: standard medical form conventions, with practice header in Pine Ink on Linen.

Print and signage

- Business cards: Linen substrate, Pine Ink type, single Heartwood detail line.
- Practice signage at street level: Pine Ink letters on Linen background, hand-painted to match the building's original signage style.
- Internal door signage (practitioner names): Linen background with Hawthorn type, each practitioner's name in their corresponding modality color tier (this is an internal coding system; external signage stays in Pine Ink).

What never happens

- Heartwood is never used as a background covering more than 10 percent of a surface.
- Slate is never used in patient-facing welcome contexts. Slate is for clinical interfaces only.
- Pure white is never used except in clinical documentation.
- Hawthorn and Heartwood do not appear in the same composition without a specific reason (a CTA button on a page that also has a Hawthorn section header is the most common exception).
- No medical cross, caduceus, leaf icon, or other category convention appears in the brand. The system is the system.

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08. Typography Pairings

Typography for a wellness practice has to balance clinical legibility with editorial warmth. The recommended pairing:

Display typeface

- Recommendation: Tiempos Headline (Klim Type Foundry). Serious, contemporary serif. Reads as broadsheet newspaper and medical journal at once.
- Alternative: GT Sectra. More editorial, slightly riskier.
- Use for: headlines, practitioner names on profile pages, page titles.

Body typeface

- Recommendation: Söhne (Klim Type Foundry). Clean, contemporary, warm sans-serif.
- Alternative: Sectra (the same family as Tiempos), if a fully serif system is preferred for editorial warmth.
- Use for: all body text, patient resources, intake forms.

Mono / metadata typeface

- Recommendation: Söhne Mono. For dates, appointment times, lab values, dosages, and any clinical metadata.
- Alternative: JetBrains Mono (free, open source) if budget is a constraint.

Hierarchy

- Hero headlines: Tiempos Headline, 48 to 64pt, Pine Ink.
- Section headers: Tiempos Headline, 24 to 32pt, Hawthorn.
- Sub-headers: Söhne, 14 to 16pt, weight 500, Hawthorn.
- Body: Söhne, 16pt, weight 400, Pine Ink, line height 1.65.
- Captions and metadata: Söhne, 13pt, weight 400, Stone, italic.

PART THREE

The Brand Structure

09. Purpose

Purpose is the reason The Hawthorn Practice exists. Three practitioners came together not for convenience but because they were watching their patients fail to receive the coordinated care they needed.

> *The Hawthorn Practice exists so that patients with complex conditions can receive integrated care from licensed practitioners who actually talk to each other.*

This is not aspirational language. It is the specific gap the practice exists to close. Most patients with chronic or complex conditions navigate fragmented care. They see specialists who do not communicate. They are expected to translate between their providers, advocate for their own treatment plan, and integrate the recommendations themselves. This is exhausting and produces worse outcomes.

The Hawthorn Practice closes the gap by making integration the default. Three licensed practitioners. One shared record. One care plan. Weekly clinical coordination. The patient does not coordinate; we do.

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10. Vision

Vision is the future the practice is working toward.

> *In five years, The Hawthorn Practice is the recognized standard for integrated wellness care in northern New England. Primary care physicians refer to us by name. Patients travel from Portland, Bangor, Concord, and Boston to be seen. We have not expanded to a second location. We have grown by adding capacity within the existing practice: a fourth practitioner in a complementary discipline, perhaps acupuncture or pelvic floor therapy. The practice remains a single practice, not a chain.*

The vision is bounded on purpose. The clinical philosophy depends on a small team that meets weekly and knows every patient's case. Scaling beyond this would compromise the work.

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11. Mission

Mission is what the practice does, every day, to live the purpose and move toward the vision.

> *Every week, the three practitioners of The Hawthorn Practice meet to review every shared patient. Every new patient meets all three practitioners in the Integrated Intake before any care plan is proposed. Every patient who sees more than one practitioner has a*

documented coordination plan. We keep the patient at the center, and we do the work of integration so the patient does not have to.

The mission is operational. It tells the practitioners and any future staff exactly what the work is. The work is integrated care, executed with discipline, week after week.

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12. Values

We refer out when something is outside our scope.

Each practitioner has clearly defined clinical boundaries. When a patient needs care that none of the three can provide (advanced imaging, surgical evaluation, oncology consultation, complex psychiatric medication management), we refer to local specialists with whom we have established relationships. We do not overreach. Knowing the edge of our practice is part of competence.

We document everything, and we share what we document.

All patient interactions are documented within 24 hours. All shared patients have a coordinated care record visible to all three practitioners. Patients can request their full record at any time and receive it within five business days. Documentation is the infrastructure of integrated care.

We do not sell supplements or products.

Where supplementation is clinically appropriate, we recommend specific products and provide patients with information on where to purchase them independently. The practice does not retail any product. This protects clinical integrity. We are paid for our expertise, not for product margin.

We meet for 45 minutes every Tuesday at 7am.

Every Tuesday morning, the three practitioners review the week's shared patients. This meeting is non-negotiable. It is the mechanism that makes integration real. New patients are presented; complex cases are discussed; care plans are adjusted. The meeting is closed to staff, vendors, and any non-clinical business.

We say no to patients who are not a fit.

Some patients are not appropriate for the practice. Patients seeking quick fixes, patients unwilling to share their conventional medical history, patients who want only one practitioner's care when their condition genuinely calls for integration. We decline those engagements with kindness and a referral when possible. Saying no protects the patients we accept.

We accept that good outcomes take time.

Most patients who come to us have been navigating their condition for months or years. The work of integrated care is not fast. We tell patients this on intake. We tell them what reasonable timelines look like. We do not over-promise.

13. Brand Personality

> *If The Hawthorn Practice walked into a room, it would be a practitioner in their early fifties who has been doing this work for two decades. Quiet. Listens twice as long as they speak. Wears practical clothes that are also clearly considered. Carries a notebook, not a phone. When asked a question, pauses before answering. Knows what they do not know.*

Archetype

- Primary: The Sage. Deep clinical knowledge, accumulated experience, the authority of long practice.
- Secondary: The Caregiver. Genuine attention, the care that does not perform itself.

Trait positions

- Warm to Cool: 3 of 5. Warm where it matters, cool where appropriate.
- Restrained to Expressive: 2 of 5. Restrained, with selective warmth.
- Serious to Playful: 2 of 5. Serious, but never grave.
- Classical to Contemporary: 3 of 5. Equally rooted in both.
- Quiet to Confident: 4 of 5. Quietly confident.
- Editorial to Conversational: editorial, with conversational warmth in patient-facing writing.
- Refined to Raw: refined.

Reference points

- On Being (Krista Tippett) for the conversational warmth combined with intellectual depth.
- The visual sensibility of The New England Journal of Medicine, stripped of clinical aesthetic and made warmer.
- Atul Gawande's writing voice. Clinical without coldness.
- The interior aesthetic of Maine architect Will Winkelman's residential work: restrained, warm, deeply considered.
- The brand presence of Parsley Health (in its early years) but with more restraint and less startup energy.

14. Voice and Tone System

Voice rules

- First person plural (we) for the practice. First person singular (I) only when a specific practitioner is speaking and is named.
- Active voice over passive. 'We coordinate your care' beats 'Your care is coordinated.'
- Clinical precision when discussing conditions. Plain English when discussing patient experience. The voice shifts register depending on whether the subject is medical or human.
- Numbers and dosages are exact. We do not round.
- Time references are explicit. 'A first appointment lasts 90 minutes' beats 'You'll have plenty of time.'
- Honesty about uncertainty. When outcomes are not guaranteed, we say so.
- No exclamation marks. No emojis. No question marks rhetorical questions.
- Bold or italic for emphasis only when the sentence cannot communicate emphasis through structure. The voice should not require visual emphasis to be understood.

The never list

- Wellness journey. Healing journey. Any kind of journey.
- Reset, recharge, rebalance, restore as standalone verbs.
- Holistic. (The work is integrated. Holistic is the language of the category we are trying to differentiate from.)
- Optimal. Optimize. Optimization.
- Mind, body, and spirit as a phrase.
- Empower, empowerment.
- Sacred, sanctuary, safe space.
- The phrase 'we treat the whole person.' (We treat people. People are whole.)
- Any reference to the practice as a community.
- Promises of outcome or transformation. We do not promise.

Tone scenarios

- Website hero: warm authority. 'Three licensed practitioners. One practice. One shared record.' Plain, direct, complete.
- Practitioner profile pages: first-person warmth from each practitioner about their work, with clinical credentials clearly listed. Two voices, one structure.
- Patient intake forms: plain instructions, generous time given for each section, no leading questions, no implicit judgment.
- Appointment reminder emails: practical and warm. 'Your appointment with Dr. Chen is tomorrow, Wednesday, at 10am. Parking on Exchange Street is metered.'

— Decline of a prospective patient who is not a fit: kind, brief, with one specific reason and one referral.
— Patient resource documents: clinical content explained in plain English, with sources cited at the end of the document.
— Social media (if used): rare, considered, never selling. Most weeks no posts. Posts only when there is something worth saying.

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15. Language Rules

Practitioner naming

— On first reference: full title and credentials. 'Dr. Eleanor Chen, ND' or 'Sarah Okafor, LCSW.'
— On subsequent reference: Dr. Chen, Dr. Reilly, Sarah.
— Sarah is Sarah, not Dr. Okafor. LCSWs do not use the doctor title in clinical contexts. This distinction is correct and intentional.
— Never 'the doctors' or 'our team' as a generic reference. Always named.

Condition language

— Use clinical terminology accurately. 'Hashimoto's thyroiditis' is precise. 'Thyroid issues' is imprecise.
— When writing for patients, follow the clinical term with a plain-language gloss. 'Hashimoto's thyroiditis, an autoimmune condition affecting the thyroid.'
— Never euphemize conditions. Anxiety is anxiety. Cancer is cancer. Trauma is trauma. The avoidance language of wellness branding is forbidden.

Treatment language

— 'Treatment' is used for clinical interventions. 'Care' is used for the broader work.
— 'Visit' is used for appointments. 'Session' is used for therapy with Sarah specifically. 'Adjustment' is used for Dr. Reilly's chiropractic work.
— Never 'experience' as a noun for what happens in a visit.

Forbidden vocabulary

— Holistic, alternative, complementary (in reference to the practice's modalities; the modalities are licensed clinical disciplines).
— Energy, energetic, energy work (unless a specific modality is added that uses these terms; none currently does).
— Toxins, detox, cleanse (without specific clinical context).
— Functional medicine. (We do not claim this specific designation. It has become a marketing category.)
— Root cause. (The phrase has been overused into meaninglessness.)
— Personalized medicine. (Real, but a marketing term as commonly deployed.)

16. Differentiating from the Wellness Category

The wellness category in the United States is crowded, often visually exhausted, and frequently substantively thin. The Hawthorn Practice must clearly differentiate from the category in three ways: visually, verbally, and operationally.

Visual differentiation

- No green-and-cream spa palette. The Hawthorn palette uses deep greens, but they are anchoring colors, not background washes.
- No watercolor florals, no leaf icons, no botanical illustrations.
- No 'instagram wellness' aesthetics: no slow-motion video of pouring water, no flat lays of vitamins on linen, no aspirational lifestyle imagery.
- Photography (when used): the space itself, the practitioners at work (with patient consent and only with named patients), Maine landscapes that establish geography. No stock imagery.

Verbal differentiation

- The language is clinical and warm, not aspirational and vague.
- Promises are not made. Conditions are not euphemized. Outcomes are not guaranteed.
- The credentials of each practitioner are visible on every relevant page.

Operational differentiation

- The Integrated Intake is the practice's signature. No other practice in Portland offers this specific structure.
- Weekly clinical coordination meetings are mentioned publicly as part of what makes the practice distinctive.
- The practice does not sell products, host wellness retreats, run paid courses, or operate outside its clinical scope.

PART FOUR

The Launch Strategy

17. The Launch Principle

The Hawthorn Practice does not launch the way wellness brands launch. There is no aspirational social campaign, no influencer seeding, no paid Instagram ads, no glossy launch event. The patient population the practice exists to serve does not find providers through any of those channels.

Trust and authority in healthcare are built through three mechanisms: professional referral, clinical reputation among peers, and patient outcome over time. The launch strategy is built around all three.

> *In healthcare, the right kind of growth is slow. A practice that fills its panel too quickly is either compromising on patient fit or has built its reputation on something other than clinical excellence. Either is a problem.*

The four launch principles

- Referrals over marketing. The practice's pipeline is primary care physicians and adjacent specialists, not patients finding the practice through ads.
- Authority through visibility, not virality. Editorial features and professional speaking engagements, not social content.
- Slow over loud. A twelve-month rollout to full panel, not a single launch moment.
- Reputation as marketing. Five years of excellent clinical outcomes are worth more than five years of beautiful marketing.

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18. Foundation Phase (Months 1 to 2)

Before any patient is seen, the practice's infrastructure must be in place. This phase is operational, not promotional.

Month 1

- Brand book finalized and approved by all three practitioners.
- Domain secured: thehawthornpractice.com.
- Website built: 8 to 12 pages, including practice overview, three practitioner profile pages, services page, Integrated Intake explanation, patient resources index, contact and booking page, FAQ.
- Patient management system selected and configured. Recommendation: Practice Better, Jane App, or SimplePractice. The system must support shared records across practitioners and HIPAA-compliant messaging.
- Insurance credentialing for any in-network relationships pursued. This is a 6 to 12 week process; begin immediately.
- Liability insurance, business licensing, and Maine state practice registration all completed.

— Physical space ready: signage installed, all rooms set up, waiting area arranged.

Month 2

— Photography commissioned: a single photographer for a half-day shoot of the space and the practitioners. The brief is restrained: the space, the materials, the practitioners at their desks or working with each other (no patients). Reference brief is the brand book.

— Patient intake forms finalized: an integrated form designed for the Integrated Intake, plus modality-specific forms for single-practitioner visits.

— Patient resource library begun: 5 to 10 PDFs on the most common conditions the practice will treat, written in the brand voice, designed in the visual system.

— Practitioner profile copy written, in each practitioner's first-person voice, reviewed by all three.

— First 20 colleagues identified for referral outreach in Month 3. Primary care physicians, specialists, and other licensed practitioners whose patients might benefit from the practice.

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19. Network and Referral Phase (Months 3 to 4)

The practice opens to patients. The marketing energy in these months is concentrated on building the professional network that will sustain the practice for years.

Month 3

— Practice opens. First patients seen, drawn from the practitioners' existing patient lists carried over from previous practices.

— Personal outreach to the 20 colleagues identified. Format: a personal letter from one of the practitioners, signed individually. Not an email blast. A letter on the practice's letterhead, mailed in an envelope. The letter is one page, introduces the practice, names the Integrated Intake, and offers a 30-minute coffee or phone call to discuss whether the practice might be a good referral source for any of the colleague's patients.

— Of the 20 letters, expect 8 to 12 responses within 60 days. Schedule meetings or calls with each respondent.

— First quarterly meeting of all three practitioners with each interested colleague. This is the slow, relational work that builds the referral pipeline.

— The website goes live. The first patient inquiries from outside the existing patient list begin to arrive.

Month 4

— Continue colleague outreach. Add 20 more letters to the next tier of professional contacts.

- First Integrated Intake appointments completed. Document outcomes. Begin building the case study library (anonymized, with patient permission) that will be the foundation of future credibility.
- Submit first abstract to a regional clinical conference (the Maine Naturopathic Medicine Association, the New England Chiropractic Council, or equivalent) for a presentation on the integrated care model. Conferences are the legitimate professional venue for building authority. They are slow but they compound.
- Begin a quarterly clinical newsletter to colleagues. One page, two to three articles, clinically focused. Sent to all 40 colleagues by mail. Newsletter is in the brand voice and visual system; it is not a marketing newsletter.

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20. Public Visibility Phase (Months 5 to 6)

By month 5, the practice has 4 to 6 months of clinical work behind it. The first patient outcomes are documented. The professional network is forming. Now public visibility can begin, carefully.

Month 5

- First pitch to local press: a feature in Portland Magazine, Down East Magazine, or the Portland Press Herald lifestyle section. The angle is not 'wellness opens.' The angle is the integrated care model, the three practitioners as a story, or one specific condition the practice treats with results.
- First professional speaking engagement: one of the practitioners presents at a regional clinical conference or a primary care continuing education event. The audience is professional peers.
- Begin a low-frequency Instagram presence. Two posts per week. Subjects: the space, the work, books the practitioners are reading, condition explainers in plain language with the practitioner named as author. No aspirational lifestyle imagery. No selfies. No motivational quotes. The Instagram account is the practice's quiet editorial voice.
- First patient testimonials collected, with explicit written consent, for the website. Each testimonial names the patient (first name only, full age, condition treated). No generic 'I feel amazing' testimonials; every testimonial includes a specific clinical detail. Three testimonials are sufficient.

Month 6

- First press feature published, ideally in the Portland or regional Maine press.
- First professional speaking engagement delivered.
- Practice panel growth tracked: aiming for 30 to 50 percent panel fill by month 6, with patient acquisition heavily weighted toward referred patients rather than self-found.

— Begin participation in Maine-area healthcare networks: the local hospital's continuing medical education programs, the regional health system's referral preference programs if applicable.

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21. Sustained Authority Phase (Months 7 to 12)

After month 6, the practice enters a sustained mode focused on durability and authority, not growth at any cost.

Monthly cadence

— 8 to 10 Instagram posts per month, in the brand visual system. Subjects: clinical insights in plain language, the space, books and journals being read by practitioners, occasional Maine landscape (the geography matters, but it is not the subject).

— One quarterly clinical newsletter to the 40+ colleague list.

— One new patient resource PDF added to the library.

— Practitioner-specific outreach: each practitioner identifies and reaches out to 2 to 3 specific peer professionals per month for relationship-building meetings.

Quarterly cadence

— Quarterly meeting of all three practitioners with the most active 8 to 10 referring colleagues, hosted at the practice. Brief clinical case discussions, no marketing.

— Quarterly review of patient outcomes, referral patterns, and clinical quality.

— Quarterly press placement attempt: one new pitch to a regional or national publication. Targets shift each quarter: lifestyle press, clinical press, business press, design press.

— Quarterly review of the brand against this document. Where has drift occurred? Where has language slipped into category convention?

Annual cadence

— One major editorial feature target per year, alternating between regional and national. Tier 1 national targets: The Atlantic, The New York Times Magazine, Time, Outside Magazine (for the chronic pain and athletic recovery angle). Tier 2 national targets: Mindful, Real Simple, Well+Good.

— One annual clinical conference presentation by each practitioner.

— One annual review of pricing. Increases are modest and only when demand consistently demonstrates capacity.

— One annual planning retreat for the three practitioners, outside the practice space, to review the previous year and plan the next.

Measures of success

- Panel fill: 70 to 85 percent of capacity within 18 months of opening.
- Patient retention rate at 12 months: 75 percent or higher.
- Referral rate from existing patients: 30 to 50 percent of new patients arrive through patient referral.
- Professional referral rate: 30 to 40 percent of new patients arrive through colleague referral.
- Self-found rate (web, press, social): 20 to 30 percent. Below this is concerning (the practice is not visible enough); above this is concerning (the practice is over-marketing relative to professional standing).
- Clinical outcomes: tracked rigorously, with appropriate clinical metrics for each condition area.

What we do not measure

- Social media follower count.
- Website traffic in aggregate (only inquiry conversion matters).
- Reviews on Google or Yelp beyond accuracy.
- Comparison to other wellness practices in any vanity metric.

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Three practitioners. One practice. One shared record. Care that does not require the patient to coordinate it.