21-Day Reset: Individualized Behavioral Support Agreement

This agreement documents the service selected, boundaries of support, fees, client responsibilities, and consent for fill-and-sign use. Complete all applicable fields before signature.

Important: This is a business template, not legal advice. Review and customize with an attorney licensed in your state before using it with clients.

1. Agreement Information

Agreement Date

Provider Legal/Business Name

Client/Responsible Party

Client Email

Client Phone

Client Mailing Address

Participant Name, if different

Parent/Guardian/Authorized Rep., if any

Program Start Date

Program End Date

Emergency Contact Name/Phone

Preferred Communication Channel

2. Service Package Selection

- ☐ Self-Guided Reset Kit - $67 - tools only; no individualized support
- ☐ 21-Day Reset: Guided - $497 - kickoff, basic plan, one follow-up
- ☐ 21-Day Reset: Supported - $797 - kickoff, individualized plan, two check-ins, final summary
- ☐ 21-Day Reset: Intensive - $1,497 - higher support; weekly check-ins; limited messaging
- ☐ Reset Maintenance - $197/month - one monthly check-in and minor plan updates
- ☐ Reset Maintenance Plus - $397/month - two monthly check-ins and light ongoing review
- ☐ Custom option - details written below

Total Fee / Payment Schedule / Custom Package Notes

3. Purpose of the Service

The 21-Day Reset is a short-term individualized behavioral support option for clients, caregivers, or families who are experiencing a high-stress season, a repeated pattern, or a situation that needs more structure than a single session can provide.

The service focuses on tracking what is happening, identifying patterns and triggers, using realistic grounding and response strategies, and reviewing whether the current plan is helping. The goal is clarity, support, and a better next step, not perfection.

4. Scope of Services

- Behavioral data tracking support, including use of episode logs and a 21-day summary log.
- Review of fear themes, triggers, context, response tools, outcomes, and phase-line changes such as routine, work, therapy, sleep, exercise, caffeine/alcohol/substance, or medication-related changes.
- Development or adjustment of a practical support plan using the Track • Ground • Reframe framework.
- Check-ins, accountability, and plan adjustment according to the selected package.
- Optional final summary or next-step note for the client, caregiver, therapist, doctor, school team, or other authorized support provider, within provider scope.

5. What This Service Is Not

- This service is not therapy, psychotherapy, counseling, medical care, diagnosis, medication management, emergency support, or crisis intervention.
- This service does not create a therapist-client, physician-patient, prescriber-patient, or medical provider relationship.
- The provider does not prescribe, stop, adjust, interpret, or recommend medication dosing. Medication timing notes are for observation and communication with the client's licensed medical provider only.
- This service does not guarantee elimination of symptoms, episodes, anxiety, behavioral escalation, sleep disruption, or other concerns.

6. Safety, Crisis, and Emergency Boundaries

Client understands that this service is not appropriate for emergencies or imminent safety concerns. If there are unsafe thoughts, threat of harm, severe symptoms, chest pain, major breathing concerns, difficulty staying awake, dangerous sedation, medication taken differently than prescribed, or medication mixed with alcohol/sedatives, the client must seek medical or crisis support before using coping tools or waiting for a response.

- In the United States, call 911 for immediate danger or medical emergency.
- Call or text 988 for the Suicide & Crisis Lifeline when in the U.S.
- Go to the nearest emergency department or contact the client's established crisis provider when appropriate.
- Provider messages, forms, emails, and check-ins are not monitored 24/7 and should not be used as the sole safety plan.

7. Communication and Between-Session Support

Between-session support, if included in the selected package, is limited to brief clarification, tracking accountability, and plan-related updates. It is not an unlimited text service and is not a substitute for therapy, medical care, or crisis support.

- Expected response window: _____.
- Approved communication methods: _____.
- Messages sent after hours, on weekends, or holidays may not receive a response until the next business day unless a different written arrangement is included in the package notes.
- Provider may redirect the client to therapy, medical care, emergency services, or a higher level of support when the client's needs fall outside this service.

8. Client Responsibilities

- Complete forms and tracking tools as accurately and objectively as possible.
- Notify provider of major changes that may affect patterns, including medication changes, sleep routine changes, work/school changes, substance use changes, major stressors, therapy changes, or safety concerns.
- Use medical, mental health, crisis, or emergency support when symptoms or safety concerns require it.
- Attend scheduled sessions/check-ins or provide required cancellation notice.
- Understand that limited data, incomplete tracking, or inaccurate information may affect the usefulness of the reset plan.

9. Fees, Payment, and Subscription Terms

Client agrees to pay the fee and follow the payment schedule listed on Page 1. Payment is due before services begin unless a written payment plan is agreed to by both parties.

- One-time 21-Day Reset packages do not automatically renew unless the client separately enrolls in Reset Maintenance.
- Reset Maintenance, if selected, is billed monthly and may be canceled according to the cancellation terms stated below or in the website checkout terms.
- Any unpaid balance may pause service delivery until payment is made.
- Returned payments, failed payments, chargebacks, or payment disputes may result in suspension of services and/or administrative fees if allowed by applicable law.

10. Cancellation, Rescheduling, and No-Show Policy

- Cancellation/rescheduling notice required: _____.
- Late cancellations or missed appointments may count as a used session/check-in unless the provider agrees otherwise in writing.
- If provider must reschedule, provider will offer a reasonable replacement time or adjust the package timeline accordingly.
- Repeated missed check-ins may limit the effectiveness of the service and may result in termination of the agreement.

11. Refund Policy

Refund terms should be selected or written clearly before signature. If no other written refund term is listed, the following default may be used: fees become nonrefundable after the kickoff/intake session occurs, because preparation, customization, and service delivery have begun.

- Custom refund terms: _____.
- Refunds are not provided because the client does not achieve a preferred outcome, unless otherwise required by law or stated in writing.
- If provider terminates services before completion without client fault, provider may offer a prorated refund for services not yet delivered.

12. Privacy, Records, and Data Use

Provider will make reasonable efforts to protect client information and use client information only for service delivery, administrative purposes, payment, documentation, care coordination authorized by the client, safety reasons, or as required by law. Client understands that ordinary email, text, and website submissions may not be fully secure unless a secure platform is used.

- Client should not submit urgent safety concerns through forms or routine messaging.
- Client may choose what information to share, but incomplete information may limit the usefulness of the plan.
- Provider may keep notes, completed forms, summaries, and administrative records as part of service documentation.
- If the client wants records shared with another provider, a written authorization may be required.

13. Intellectual Property and Template Use

Worksheets, plans, summaries, templates, written materials, and Track • Ground • Reframe tools provided by Spicy Behavioral Consulting™ are for the client's personal use only unless provider gives written permission otherwise.

- Client may share completed records with their own care team, school team, physician, therapist, or caregiver as appropriate.
- Client may not copy, sell, publish, redistribute, teach, or repackage provider materials as their own service or product.
- Provider may update templates, tools, and service structure over time.

14. No Guarantee and Client Feedback

Client understands that the service is intended to provide structure, support, and data-informed next steps. It may or may not reduce the pattern being tracked. If something does not help, that information is still valuable data and should be communicated to provider so the plan can be adjusted or an appropriate referral can be discussed.

15. Termination

- Either party may terminate this agreement in writing.
- Provider may terminate or pause services if the client's needs exceed provider scope, payment is not made, boundaries are repeatedly violated, safety concerns require a higher level of care, or the service is no longer appropriate.
- Upon termination, any refund or remaining balance will be handled according to the payment and refund terms above.

Client Acknowledgments and Signatures

By signing below, the client/responsible party confirms that they have read this agreement, had the opportunity to ask questions, and agree to the selected service terms.

- ☐ I understand this service is behavioral support and data organization, not therapy, medical care, medication management, diagnosis, or crisis response.
- ☐ I understand messages, forms, and check-ins are not monitored 24/7 and should not be used for emergencies or imminent safety concerns.
- ☐ I understand medication tracking is for observation and communication only; I will not change medication based on this service unless directed by a licensed prescriber.
- ☐ I agree to provide accurate information, complete assigned tracking as reasonably possible, and seek appropriate professional support when needed.
- ☐ I understand the selected fee, payment schedule, cancellation policy, and refund terms stated in this agreement.
- ☐ I consent to electronic completion, electronic signature, and electronic delivery of this agreement when completed through a website or approved signing platform.

Signature Fields

Client / Responsible Party Signature _____ **Date** _____

Parent/Guardian/Authorized Representative Signature, if applicable _____ **Date** _____

Provider Signature _____ **Date** _____

Optional Care Coordination Authorization

I authorize Spicy Behavioral Consulting™ to share the final summary or relevant behavioral data with the provider/team listed below for the limited purpose of care coordination. This authorization may be revoked in writing unless information has already been shared.

Authorized Provider/Team Name and Contact

_____

Client Initials for Optional Authorization _____