

# Communication

## Appointment Notifications and Reminders

### Text Message (SMS)

Standard messaging & data rates may apply, messaging frequency can vary and you can update your preferences anytime.

**Text Message (SMS) 2 hours before appointment**

**Text Message (SMS) 3 days before appointment**

## News and Special Promotions

**Yes, I would like to receive news and special promotions by email**

---

## Intake Form & Service Agreement (Updated 2026) – Consents

### About Me – *Required*

My name is Nadeem Momenzadeh and I'm a Registered Social Worker and Psychotherapist with the Ontario College of Social Workers and Social Service Workers (Registration #838900). I received my Master of Social Work degree from Wilfrid Laurier University in 2021 and my Bachelors of Arts Degree in Child & Youth Care prior.

I take a holistic and strengths-based approach in my work, drawing on evidence-based Cognitive Behavioural Therapy (CBT) treatments, some of which include: Acceptance and Commitment Therapy (ACT), Exposure-Response Prevention (ERP), Unified Protocol (UP), Dialectical-Behavioral Therapy (DBT), Compassion-Focused Therapy (CFT), Prolonged Exposure (PE), and Motivational Interviewing (MI). I'm particularly passionate about working with young people and focus on treating those who struggle with anxiety and related disorders. At the heart of my work is a commitment to empowering people to build resilience, engage in the present moment, embrace their strengths, identify their values, and live up to their full potential. For a full list of my training experience and credentials, please visit my website at [mindflextherapy.ca](http://mindflextherapy.ca) (<http://mindflextherapy.ca>).

initials

---

### Scope of Practice and Limits – *Required*

I understand that Nadeem Momenzadeh ("therapist") **may** provide counselling, psychotherapy, and/or other social work interventions within the scope of his practice and professional discretion, based on the needs of the client.

I understand that Nadeem Momenzadeh ("therapist") does **not** provide:

- Formal confirmation of fitness to return to work.
- Professional opinions regarding who is most fit to parent or have custody of children.

- Advocacy in legal matters or preparing reports/documents for reasons not disclosed in the initial request for service.
- Formal medical diagnoses, including DSM or ICD diagnoses.

Please note, this is **not** a crisis or emergency service. In cases of crisis or emergencies, I agree to call **988** (Canadian Suicide Crisis Helpline), **911**, or go to the local **hospital**.

initials

---

## Privacy and Limits to Confidentiality – *Required*

I understand that all of my personal health information that is disclosed to Nadeem Momenzadeh (“therapist”) is kept in strict confidence. Release of information occurs only upon my informed consent and written permission.

I understand there are exceptions to confidentiality and professional ethics. Exceptions include but are not limited to:

- When it becomes evident that I am at risk of injuring myself or others (i.e., suicide, assault and homicide).
- When I disclose that a child has been, or is at risk of being, physically, sexually or emotionally abused or neglected, or has been a witness to violence or abuse in the home
- When my file has been subpoenaed by a court to disclose information in a legal proceeding.

To maintain an ethical standard of care, I understand that my therapist consults with other regulated mental health professionals. When consulting with a clinical supervisor, clients’ personal health information may be disclosed and the same standards of confidentiality apply. When consulting with peers, no identifying client information is disclosed.

I understand that my therapist is required to keep a confidential record of the service I receive. Client records are stored and preserved in a secure electronic location for at least ten years from the date of the last entry or, if the client was less than eighteen years of age at the date of the last entry, at least ten years from the day the client became or would have become eighteen.

Sessions **cannot** be audio recorded or videotaped unless agreed upon prior.

initials

---

## Risks and Benefits – *Required*

The intention of counselling/psychotherapy is to help clients find clarity for a situation or to help learn a new skill going forward. As I engage in counselling/psychotherapy, I understand that I may encounter risks such as recalling distressing events, experiencing unfamiliar sensations, or feeling strong or unexpected emotions and memories. I might confront aspects of my life that are uncomfortable, and the process could lead to changes in my relationships or beliefs that have unexpected results. I have the right to ask questions about, or stop, any therapeutic exercises suggested in the sessions at any time. There are also benefits to consider. I may develop an increased ability to live more effectively, enhancing my skills to manage various stressors and life challenges. Through this journey, I could gain a deeper understanding of myself, my goals, and values, which can aid in my personal growth. I may find relief from mental health struggles, cultivate skills, increase my resilience, and develop a healthier relationship with myself and others.

initials

## Fees & Cancellations – *Required*

- Payment: The current hourly rate can be found on the Jane booking website. To book a session, a Credit Card is required to be on file via the *Jane Payments* PCI-compliant platform. Credit Cards will be immediately charged at the end of each session and a receipt will be automatically emailed. If requested, payment can also be made via Interac eTransfer or cash (for face-to-face sessions). Payment is due immediately at the end of each session and invoices overdue by 24 hours will incur a \$40 late payment fee. Receipts will be issued upon payment and may be submitted to your insurance provider for reimbursement or used as a medical expense claim on your tax return.
- Insurance and Benefits Providers: It is the client's responsibility to determine with their benefits provider or insurer regarding coverage of services. The therapist is not responsible for negotiating with benefits providers or insurance companies or determining the client's eligibility for coverage. The client acknowledges that any financial obligations not covered by their insurance are solely their responsibility.
- Reports: All letters, reports, and written summaries will be billed at one-half hour per page at the current hourly rate.
- Telephone Calls: Phone calls lasting longer than 15 minutes will be billed at one-half hour of the current hourly rate.
- Client Cancellation: All session cancellations require a minimum of 48 hours' notice prior to appointment time. Apart from compassionate reasons (i.e., medical, family emergency) at the therapist's discretion, I understand that I will be charged full session fees for no-shows, and for appointments that I have cancelled with less than 48 hours' notice.
- Collections: Outstanding accounts of more than 60 days will be eligible for submission for collection. No therapeutic information will be released.

initials

---

## Parental Consent and Custody – *Required*

In situations where parents have joint legal custody, or where there is no legal custodial agreement, I understand that both parents are required to provide written consent for children under the age of 12 to attend counselling/psychotherapy.

initials

---

## Communication Methods – *Required*

I understand that I may leave confidential telephone voice messages for Nadeem Momenzadeh ("therapist"). The therapist will make every attempt to return my call within 48 hours during his business hours, but may not always be able to do so. Email and text is also available as a means of contact for initial inquiries, scheduling, or billing purposes. I agree to refrain from sharing personal health information via email and text. I understand that email and text is not generally considered a secure or confidential means of communication and that if I use it I do so at my own risk. In cases of crisis or emergencies, I agree to contact 988 (Canadian Suicide Crisis Helpline), 911, or go to the local hospital emergency department.

initials

---

## Social Networking Sites/Apps – *Required*

I understand that Nadeem Momenzadeh (“therapist”) will not accept friend requests or contact requests on social networking sites from any current or past clients. Adding clients on these sites may compromise client privacy and blur the boundaries of the therapeutic relationship.

initials

---

### **Clients' Rights – Required**

I understand that I have the right to ask questions and discuss with Nadeem Momenzadeh (“therapist”) any concerns or dissatisfactions I have with my services. I understand I have the right to discontinue receiving services from the therapist by informing him verbally or in writing. I also understand that the therapist is accountable to a professional code of ethics as set forth by the Ontario College of Social Workers and Social Service Workers (OCSWSSW) which may be viewed on their website: [https://www.ocswssw.org/wp-content/uploads/OCSWSSW\\_Code\\_of\\_Ethics\\_Standards\\_of\\_Practice\\_edition3.pdf](https://www.ocswssw.org/wp-content/uploads/OCSWSSW_Code_of_Ethics_Standards_of_Practice_edition3.pdf)

([https://www.ocswssw.org/wp-content/uploads/OCSWSSW\\_Code\\_of\\_Ethics\\_Standards\\_of\\_Practice\\_edition3.pdf](https://www.ocswssw.org/wp-content/uploads/OCSWSSW_Code_of_Ethics_Standards_of_Practice_edition3.pdf))

initials

---

### **Virtual Services – Required**

I understand that counselling/psychotherapy will be delivered via a secure and legally compliant video-conferencing platform. The benefit of this method of service delivery is that this offers me the convenience of accessing therapy from any location, which can provide greater flexibility and comfort. I acknowledge that this mode of service relies on a stable internet connection and functioning technology, and I am aware of the potential risks of interruptions or technical difficulties. Additionally, I recognize that, despite using a secure platform, there are inherent privacy risks associated with online communication (e.g., hackers, eavesdropping, etc.).

I understand that I am responsible for arranging to be in a quiet, private place with limited interruptions during the session. A strong, secure internet connection and a video/audio communication device (e.g. laptop, tablet, phone) is required. It is recommended that headphones be used with your device for optimal sound quality, to reduce echoing, and to increase privacy. With respect to confidentiality and safety, I agree to share my location at the beginning of each session and inform Nadeem Momenzadeh (“therapist”) if there is another person present during the session. Sessions cannot be audio recorded or videotaped unless agreed upon prior.

initials

---

### **Procedures for Technical Difficulties – Required**

Video-conferencing is technical in nature and problems with internet and/or devices may occur. If something beyond our control disrupts the connectivity of our session, the therapist will immediately try to video call the client again. If the call is repeatedly unsuccessful for 10 minutes, sessions will be completed via phone (the therapist will attempt to call the client’s primary phone number).

Consistent with the "Fees & Cancellations" policy, full session fees are due for disruptions within the client’s control, such as depleted device battery. If the client becomes aware of a technical problem prior to the scheduled video session, they agree to contact Nadeem Momenzadeh as soon as possible.

initials

---

### **Security Camera Usage – Required**

I understand that Nadeem Momenzadeh (“therapist”) uses security cameras for safety and security purposes during client appointments. This video recording **does not record audio** and is used only to maintain a physical record of our time together.

Video footage is stored securely on an encrypted device, accessible only to the therapist, and reviewed in the event of a safety or security concern. Footage is retained only for as long as reasonably necessary and in accordance with applicable privacy legislation.

I acknowledge that I have been informed of the presence and purpose of security camera usage, have had the opportunity to ask questions, and to withdraw consent at any time, which may lead to a discussion about alternative services that could better meet my needs.

initials

---

### **Use of Artificial Intelligence (AI) Tools – Required**

I understand that the Nadeem Momenzadeh (“therapist”) may use artificial intelligence (“AI”) tools to assist with administrative tasks and to support treatment planning. Where the use of AI involves personal health information (“PHI”), only tools that are **compliant** with applicable privacy legislation, including the Personal Health Information Protection Act (PHIPA) and the Personal Information Protection and Electronic Documents Act (PIPEDA), will be used. AI tools are **not** used to replace the Therapist’s professional judgment in providing clinical care, and the Therapist remains fully accountable for all professional services provided.

initials

---

### **Termination of Services – Required**

I understand that my service with Nadeem Momenzadeh (“therapist”) may be terminated under the following circumstances:

- the client requests the discontinuation;
- the client withdraws from the service;
- the services provided no longer benefit the client;
- continuing service would require the therapist to contravene ethical and/or legal requirements;
- the provision of services to the client has created a situation where the therapist’s values, ethics and/or boundaries have been violated to the extent that the therapist is unable to provide appropriate professional services;
- the client has repeatedly, and without adequate explanation, cancelled or changed appointment or meeting times to the extent that the therapist experiences or believes that financial hardship and/or service disruption will occur;
- the client is unable or unwilling to reimburse the therapist for services rendered, when such reimbursement has been previously agreed to by the client and is both appropriate and required as a condition of providing services;
- or continuing to provide the services would place the therapist at serious risk of harm.

In these circumstances described above (except when continuing poses a risk of harm to the therapist), the therapist will attempt a termination session and explain the reasons for discontinuing the services. If service termination or interruption is anticipated, the client will be notified promptly, and arrangements will be made for the termination, transfer, referral, or continuation of service, in accordance with the client’s needs and preferences.

initials

## **Prevention of Conflicts of Interest – *Required***

To prevent potential conflicts of interest, services are not offered to Nadeem Momenzadeh's ("therapist") former clients who were served at a previous or current employer. I confirm that I am not a former, current, or future client of Peel Children's Centre, Nexus Youth Services, or EveryMind Mental Health Services.

initials

## **Informed Consent Statement – *Required***

By signing below, I am declaring that I have read and understand the information contained herein, have had my questions answered, and consent to receiving services under these terms. I am aware that I may cancel this agreement at any time by notifying Nadeem Momenzadeh (“therapist”) in writing.

initials

**Signature – Required**

Draw  Type

## Submit Intake Form

(<https://jane.app>)

Terms of Use (<https://jane.app/terms>)

Privacy Policy (<https://jane.app/privacy>)