



Andrés Cardenas

Psychologue pédiatrique &
Neuropsychologue

SERVICE CONTRACT FOR EVALUATION PURPOSES
CONSENT AND AUTHORIZATION

Client's Name and last name:

Date of Birth:

I, the undersigned (holder of parental authority or individual aged 14 and over):

hereby request the services of Andrés Cardenas, pediatric neuropsychologist, to conduct an evaluation of my child:

to investigate the following issue(s):

Process and Procedures:

Step 1: Parent interview (child's history and clarification of the evaluation process) or, if necessary, with other stakeholders (professionals, school) and request for file transfer. Meeting duration varies depending on the complexity of the profile and the issues to be evaluated (approximate duration: 1 to 2 hours).

Step 2: Child evaluation (5 to 6 hours of evaluation).

Step 3: Feedback meeting with parents: diagnostic impression/conclusion, information, resources and guidance, recommendations, and intervention strategies (approximate duration: 1 hour).

Note: Parents are responsible for their child at all times at the Clinique de Psychologie St. Lambert. Furthermore, the clinic and its team disclaim any liability in the absence of the parent.

Fees and Payment Terms:

The rates are as follows:

- \$450 for a 1 hour 30 minutes evaluation session
- \$600 for a 2-hour evaluation session
- \$750 for a 2-hour 30 minutes evaluation session
- \$900 for a 3-hour evaluation session

The evaluation process includes direct and indirect fees (e.g., scoring, analysis, report writing). Additional fees equivalent to 1 hour of indirect time (\$150) are billed for neuropsychological evaluations of 5 to 6 hours. The base rate is \$2,250 (15 hours).

The price and total number of hours vary depending on the purpose of the consultation and the meeting duration. Additional fees may be charged to parents during the evaluation process based on identified needs (e.g., evaluation complexity, phone/email consultations, materials/tools, document review, subsidy requests).

Fees are payable at each session by electronic transfer or cash. It is the client's responsibility to verify the eligibility of psychological/neuropsychological services with their insurance company.

Cancellation Policy:

In case of cancellation, I commit to providing at least 48 hours' notice. Otherwise, 50% of the scheduled session fee will be charged. Late fees may also apply at the hourly rate, if applicable.

Confidentiality Clause:

Professionals ensure the confidentiality of the evaluation process. They are bound by professional secrecy, and no information will be disclosed to third parties without written authorization. However, professionals may be released from confidentiality if “required by law” or in cases of child abuse, suicidal or homicidal risk, or sexual abuse.

Informed Consent:

I confirm having been informed about the theoretical approach, therapeutic techniques, and the nature of the evaluation and, if applicable, the intervention, and I consent to

participating in such services.

The alternatives, disadvantages, and advantages have been explained to me.

I have no further questions regarding the theoretical approach or the evaluation process.

I understand that I may withdraw my consent at any time and have been informed about the process for doing so if I wish.

Mother’s Signature: _____

Father’s Signature: _____

Child’s Signature (if 14 years or older): _____

Practitioner’s Signature: _____

Signed in _____, on _____ (date).

- Use of cameras, audio, or visual recording is not permitted during the evaluation process. This authorization is valid for a period of ninety (90) days from the date of signing this document.