Dear ,

I recently brought my child, , to to begin the process of assessing whether he/she has ADHD. In order to determine this, my child's doctor needs to collect some information on the behavior you observe during the time he/she is in your classroom.

An account for my child has been created on the website myADHDportal.com. To access my child's account, follow the http://www.mehealthom.com/adhd Type the URL address in your computer's Internet browser. Click on the "Create a new account" link on the homepage and enter the Activation Code below:

Activation Code:

You should activate your account as soon as possible so that you can assist us with completing the assessment process. In accordance with national diagnostic standards, my child's doctor cannot determine whether my child has ADHD without input from the child's teacher.

After you have activated your account, you will be guided through the completion of the Vanderbilt Teacher Assessment questionnaire, which asks for current ratings of my child's behavior and adjustment at school. The questionnaire should take less than 5 minutes to complete.

In the event you are requested to use the website for additional students, you will not need to create another user account. You can add additional students' information to your account by clicking on the "Add a Student" button. You will then be prompted to enter in the new student's Activation Code.

Please note, some email programs/providers may send messages from myadhdportal.com to your spam or junk folder. Please set up your email to allow messages from "myadhdportal.com". Additionally some firewalls may block access to www.myadhdportal.com. Please set your firewall to allow access to www.myadhdportal.com. If you are using a computer at work, you may need to ask your IT department for assistance.

I appreciate your help.

Sincerely,

AUTHORIZATION FOR RELEASE OF INFORMATION
RELATED TO MY CHILD'S AD/HD DIAGNOSIS

Child:
D.O.B.
Parent Name:
Teacher Name:
Physician Name:

As the parent/guardian of the above named child, I hereby authorize the exchange of educational, diagnostic and treatment information between my child's physician and teacher(s), school support staff, hospital and/or community based specialists who are currently or may become involved with the management of his/her ADHD and associated psychiatric, psychological, and medical conditions. Information will be shared and disclosed by your child's physician(s), teacher(s), and specialist(s) to coordinate clinical care.

This authorization will be valid for a period of twelve (12) months but may be revoked at any time by contacting the above named physician or school with either a written or verbal request. However, until the physician or school receives notice of revocation, they may continue to rely on this Authorization. The above named physician will not deny or compromise treatment; or the payment, enrollment, or eligibility for benefits on the basis of the parent's/guardian's decision to revoke this authorization. Information disclosed under this Authorization may be subject to re-disclosure by the recipient and no longer protected under HIPAA.

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