



## INVITE TEACHERS OR OTHER EDUCATORS TO COMPLETE ADHD CHADIS QUESTIONNAIRES

Parent/caregivers please follow the steps outlined below to invite your child's educators to complete initial ADHD Evaluation forms.

1. On your web browser go to CHADIS.com. Log in using your assigned username and password. If you don't have a username or password to CHADIS please contact our office.



Evidence-based Shared Decisions

**Families and Teens**  
Fill out online questionnaires prior to your appointment.  
Learn more | Login | Register

**Clinicians**  
Share information to provide better care for your patients.  
Learn more | Knowledge Base Login | Login

**Teachers**  
Collaborate with families and providers.  
Learn more | Login | Register

2. Once logged in you will be prompted to choose a child/patient. Select the appropriate child by clicking the child's name or clicking on the "Go" icon before the patient's name.

CHADIS

### Choose a Child/Patient

Below is a list of Children/Patients who are assigned to you in CHADIS.

Please press "Go" next to the name for which you want to take questionnaires or complete some other activity.

	Name	Birth Date
Go	<a href="#">Pepper Mint</a>	3/1/16
Go	<a href="#">Chocolate Mint</a>	3/14/14

Other Options	
Go	<a href="#">Add another child/patient</a>
Go	<a href="#">Enter an invitation code you have received for another child</a>
Go	<a href="#">Changed or moved to a new doctor's office?</a>

3. CHADIS may ask you to enter your phone number. Please enter the best phone number to reach you at and click ok.
4. CHADIS will open your child's account and you will now see the option to **Take questionnaires, Invite a Teacher to do CHADIS, Invite another Person to do CHADIS, View Previous Invitation, and Edit Patient Information.**

C H A D I S

## Mint, Pepper

age: 12 months - tel: 5039890007

### Questionnaires

[Go](#) Take questionnaires

### Invitations

[Go](#) Invite a Teacher to do CHADIS [\[why?\]](#)

[Go](#) Invite another Person to do CHADIS [\[why?\]](#)

[Go](#) View Previous Invitations

### Patient Information

[Go](#) Edit Patient Information

Back to [Choose a Child/Patient](#).

5. To invite a Teacher:
  - a. Click on the **“Go”** icon before Invite a Teacher to do CHADIS
  - b. Create Invitation (fill in all areas under Email Notification):
    - i. Relationship- select Teacher or other Educator
    - ii. Check box to Send Email
    - iii. Enter Teacher or other Educators name
    - iv. Enter the Teacher or Educators Email Address
    - v. You have the choice of adding “extra text” here you can add a custom message for your child's teacher to see.
    - vi. Click on **Create Invitation** once you've completed the steps above

C H A D I S

**Create Invitation to take questionnaires or give permission to share information about Pepper Mint**

Relationship <sup>(?)</sup> Teacher or other Educator

**Email Notification (optional)**

Send email <sup>(?)</sup>

Recipient Name <sup>(?)</sup> Mrs. Teacher

email address <sup>(?)</sup> teacher@school.com

Extra Text <sup>(?)</sup>

I have concerns that Pepper has ADHD could you please fill out and ADHD evaluation form.  
Thanks! Peppers mom

253 characters left

**Text Message Notification (optional)**

Send text <sup>(?)</sup>

Mobile Phone Number <sup>(?)</sup>  

Create Invitation
Cancel

c. Give Permission:

Because you have chosen to invite a Teacher or other Educator you will need to give additional permissions in order to allow your child's teacher to release information to your child's provider. **Please do not skip this important step, failing to give consent will keep your child's teachers from filling out the questionnaires and exchanging important information for the proper diagnosis and/or treatment of your child.**

- i. Select **School Release**, consent for exchange of information to a school. And click **Next**.

The screenshot shows the CHADIS web interface. At the top, there is a navigation bar with the text 'C H A D I S' and links for 'Cambiar al español', '简体中文', 'My Profile', 'Help', 'Leave Feedback', and 'Logout'. Below the navigation bar, there is a text block: 'The respondent relationship you have chosen ("Teacher or other Educator") requires that you sign a "permission to obtain or release information", or consent, form. Please select the appropriate permission form to complete from the list below.' Below this text is a table with two columns: 'Name' and 'Description'. The table contains two rows: 'School Release (v2) Consent for Exchange of Information to a School (version 2)' and 'General Release (v2) Consent for Exchange of Information (version 2)'. The 'School Release (v2)' row has a radio button that is selected. Below the table, there are four buttons: 'Next »', « Previous', 'Skip', and 'Cancel'. The 'Next »' button is highlighted with a red box.

Name	Description
<input checked="" type="radio"/> School Release (v2)	Consent for Exchange of Information to a School (version 2)
<input type="radio"/> General Release (v2)	Consent for Exchange of Information (version 2)

Next »   « Previous   Skip   Cancel

- ii. Consent for Exchange of Information Form will populate and you will need to enter the **teacher's name, school address, your child's provider, your child's provider's office address**, check the type of information that you are authorizing the teacher to exchange with your child's provider.
- iii. Click **Next**
- iv. A copy of the consent will be generated and you will be asked to electronically sign by typing in your full name.
- v. Click on **Sign Permission**
- vi. After clicking on sign permission your invitation is complete. You will see a copy of the invitation and a copy of the consent to exchange information. You may print this off and give it to the teacher if you wish- they will get an email with the same information. See page 4 for example of a successful completed invitation and consent form.
- vii. Click **Continue** to return to your main account and repeat this process to invite multiple teachers.

## Example of a successful completed invitation and consent form:

CHADIS

[Cambiar al español](#) [简体中文](#) | [My Profile](#) | [Help](#) | [Leave Feedback](#) | [Log Out](#)

Thank you for creating an invitation to CHADIS. This page shows the invitation itself and the *permission to obtain or release information* form you completed. **An invitation email was sent to Mrs. [redacted] at [redacted]. Feel free to also print this page and give it to the person you want to complete questionnaires for Pepper.**

### CHADIS Invitation Card

You are being asked to complete questionnaires about Pepper Mint to help his doctor care for him.

To complete these questionnaires:

1. Go to [www.chadis.com](http://www.chadis.com)
2. Under 'Teachers', choose 'Register'
3. When asked, your invitation code is **oweention2440337**

For questions, please email [support@chadis.com](mailto:support@chadis.com) or call 1-888-4-CHADIS (1-888-424-2347) ext 1

Below is a *permission to obtain or release information* form that gives you permission to give feedback about this child. You will also be able to review the form from within CHADIS at any time.

### CONSENT FOR EXCHANGE OF INFORMATION

I hereby authorize

(Agency or Professional) Mrs. Teacher  
(Address) School Address Here

to exchange information about my child Pepper Mint Date of Birth 3/1/16 with

(Clinician) Your Child's Provider Here  
(Address) 445 E Main St. Hillsboro, OR 97123

Please exchange the following types of information (uncheck any you do not approve):

- questionnaires
- academic records
- medical records
- mental health records
- developmental testing/assessments
- substance use information

I understand that:

- this authorization is aimed at assisting this child's health care.
- this authorization is voluntary.
- this child's treatment will not change if I do not agree to this.
- the only risk is loss of confidentiality. I also understand that the computer system being used to exchange information is secure.
- this child's records are protected as confidential under Federal law.
- I may revoke this consent at any time except to the extent that action has been taken on it (e.g., already communicated).
- this consent automatically expires in one year, if this child is no longer cared for by this doctor or agency.
- that I may print this form and that I may request a copy of the information provided.

Please sign this *permission to obtain or release information* form by typing in your name in the "Signature" box. This constitutes a legal signature when filled out properly and in good faith.

Your Full Name \_\_\_\_\_ *Your Full Name*  
Parent or guardian name printed Digital Signature

Date: 3/8/17

[Print](#)

[Continue »](#)