



THE UNIVERSITY OF SOUTHERN MISSISSIPPI.

MOFFITT HEALTH CENTER AND PHARMACY

118 College Drive #5066 | Hattiesburg, MS 39406-0001

Phone: 601.266.5390 | Fax: 601.266.4205 | clinicadmin@usm.edu | www.usm.edu

Consent to Release ADHD Medical Records TO Moffitt Health Center and Pharmacy

NAME: _____ USM ID#: _____ DOB: _____

FROM: _____

PHONE: _____ FAX: _____

I authorize the release of my medical records to:

The University of Southern Mississippi
Moffitt Health Center and Pharmacy
118 College Drive, #5066
Hattiesburg, MS 39406
601-266-5390
601-266-4205 (fax)

What EXACTLY do you want copied and released:

Documentation of comprehensive evaluation/psychological ADHD testing and assessment. ADHD screenings and prior medical records of stimulant medication refills are not sufficient documentation of the diagnosis. Documentation should state the specific disability as diagnosed. The ADHD diagnosis should be made by someone with appropriate professional credentials and should reference the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. Documentation should describe the comprehensive testing and techniques used to arrive at the ADHD diagnosis. Evaluators must be authorized and licensed by the state in which they practice to administer the necessary tests and to diagnose ADHD and these credentials must be listed on the ADHD assessment.

I have read and fully understand the above releases and authorization is hereby acknowledged with my signature below.

Patient's Signature: _____

Date: _____

Accredited by

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.