



THE UNIVERSITY OF SOUTHERN MISSISSIPPI

MOFFITT HEALTH CENTER

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

Phone: 601.266.5340 | Fax: 601.266.4205 | www.usm.edu/health-center

CONSENT TO RELEASE ADHD MEDICAL RECORDS TO USM STUDENT HEALTH SERVICES

NAME: _____
 ID#: _____
 DOB: _____
 FROM: _____
 PHONE #: _____
 FAX #: _____
 ATTENTION TO: _____

I authorize the release of my medical records to:

The University of Southern Mississippi Student Health Services
 118 College Drive, #5066
 Hattiesburg, MS 39406
 601-266-5390
 601-266-6871 (fax)

What **EXACTLY** do you want copied and released:

Moffitt Health Center requires documentation of a comprehensive evaluation/psychological testing by a licensed professional with experience in ADHD 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 signed