

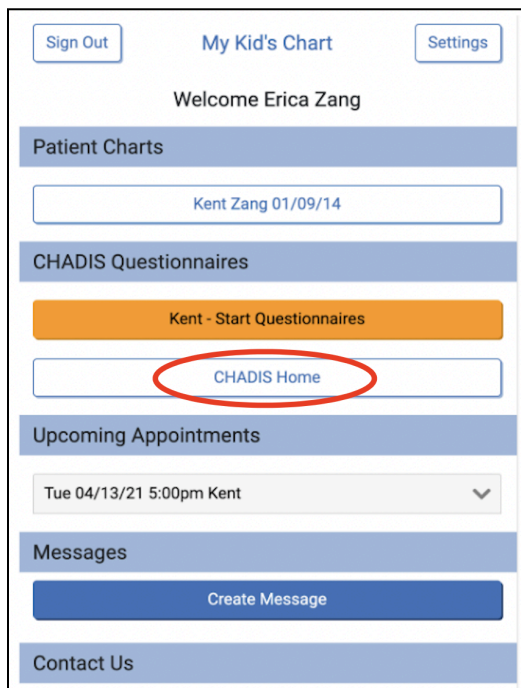


How to Invite Teachers to Complete Health Questionnaires

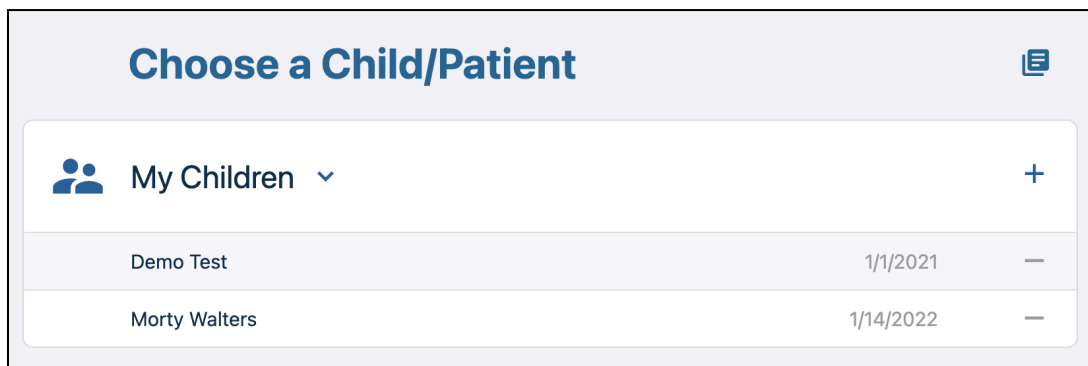
Why Invite a Teacher?

If your child has any issues that affect learning or behavior, getting information from teachers about his or her progress can make a big difference in the care the doctor provides. Teachers may require your permission to provide information and you can give this permission through CHADIS.

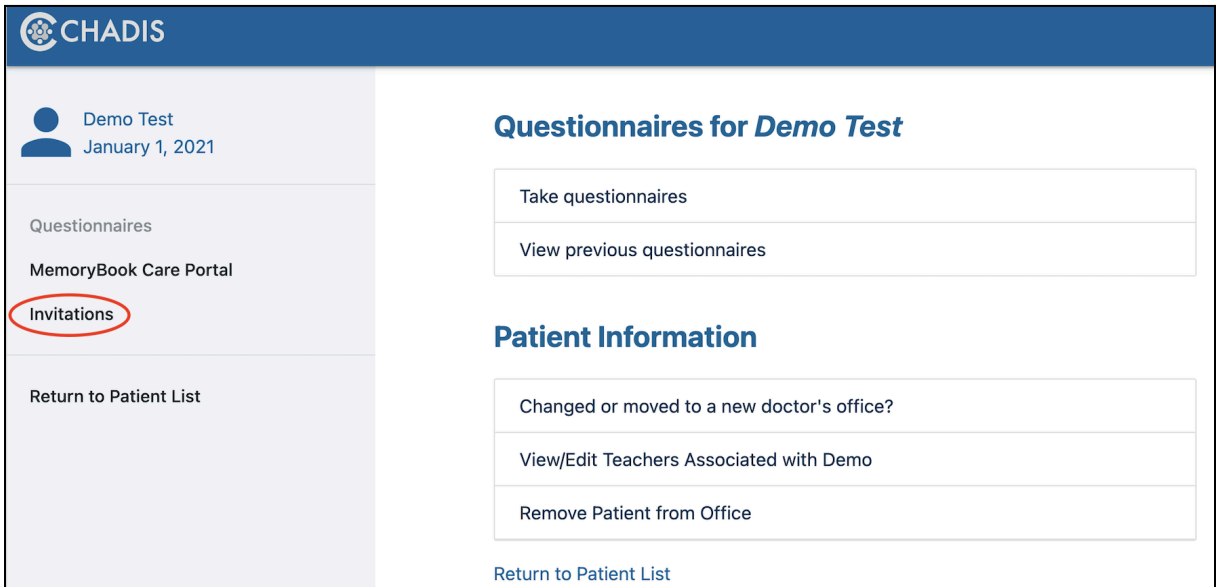
1. Log into your practice's patient portal and select 'CHADIS Home'.



2. Select the appropriate patient.



- Click on 'Invitations' in the left column:



CHADIS

Demo Test
January 1, 2021

Questionnaires

MemoryBook Care Portal

Invitations

Return to Patient List

Questionnaires for *Demo Test*

Take questionnaires

View previous questionnaires

Patient Information

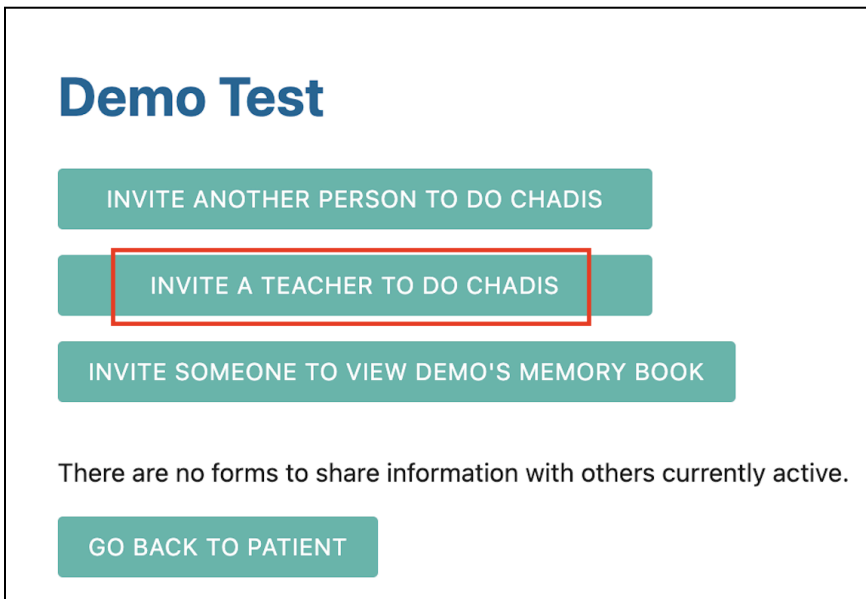
Changed or moved to a new doctor's office?

View/Edit Teachers Associated with Demo

Remove Patient from Office

[Return to Patient List](#)

- Click on 'Invite a Teacher to Do CHADIS':



Demo Test

INVITE ANOTHER PERSON TO DO CHADIS

INVITE A TEACHER TO DO CHADIS

INVITE SOMEONE TO VIEW DEMO'S MEMORY BOOK

There are no forms to share information with others currently active.

GO BACK TO PATIENT

- Complete the Email or Text Notification form and click **Create Invitation**. An email or text will be sent inviting the teacher to register for CHADIS. You can send an extra note to the teacher in the 'Extra Text' section if desired but the invitation will include information on CHADIS and instructions to register.

Invite a new Respondent

Create Invitation to take questionnaires or give permission to share information about Demo

What is this person's relationship to Demo?

Relationship Teacher or other Educator

Text Message Notification (optional)

Email Notification (optional)

Email address teacher@teacher.com

Recipient Name Teacher Test

Extra Text

Do not include Protected Health Information

CREATE INVITATION
CANCEL

- CHADIS prompts you to create a viewable and printable consent form for the teacher. Click **Next** to complete the 'School Release' form or **Skip** if you don't need to complete a consent form. *This consent form may be required by school districts before teachers may participate. This process documents caregiver consent.*

Invite with Permission

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.

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

Next »
« Previous
Skip
Cancel



- Complete the consent form with as many details as possible and uncheck any boxes for types of information that do not need to be exchanged.

Complete Permission Form

Instructions to patient/parent giving consent:
Please enter the details for the "permission to obtain or release information form" as completely as you can now. It is not fully authorized until it is filled out completely. Typing in your name on the next page will represent your legal signature. If absolutely necessary, you can add information after you print this.

CONSENT FOR EXCHANGE OF INFORMATION

I hereby authorize
(Agency or Professional)
Test Teacher

(Address)

to exchange information about my child Demo Test Date of Birth 1/1/2021 with
(Clinician)
Doctor Test

(Address)

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

- Click Next and sign the consent form.

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

Signature

Use signature in consent/intake forms cloned from this one

Date 8/21/2024

Sign Permission « Previous Cancel

- After signing the consent form, you will be shown the teacher’s invitation card with instructions for them to register. This has been sent to them in the email/text so you do not need to print this page. Click Continue and you will be taken back to your child’s CHADIS Detail page.

This page shows the invitation you created and the *permission to obtain or release information* form you completed. Print this page and give it to the person you want to give information about Demo.

CHADIS Invitation Card

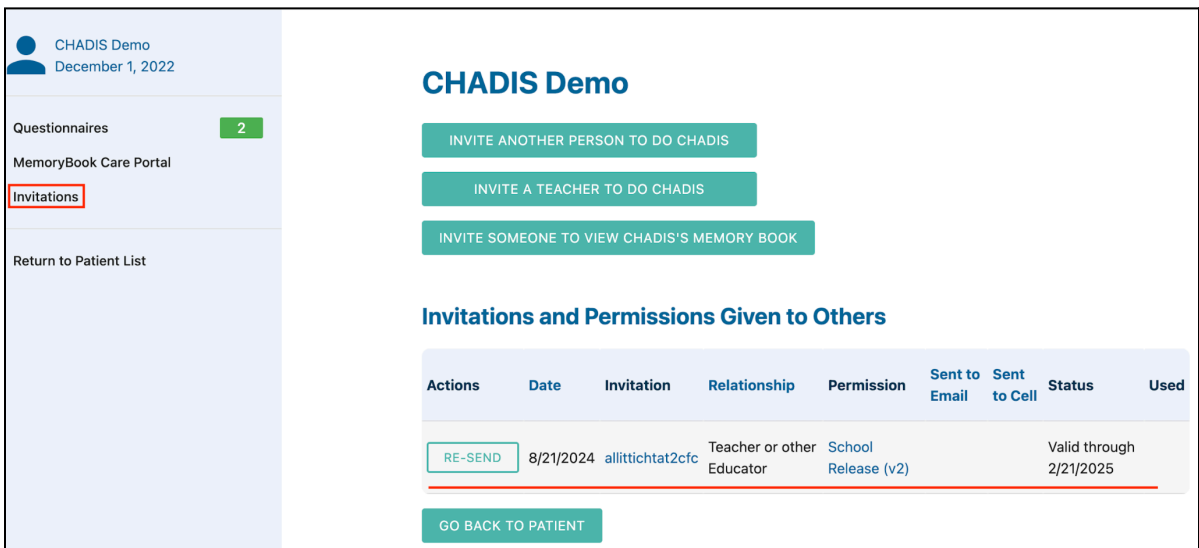
You are being asked to complete questionnaires about Demo Test to help his doctor care for him.

To complete these questionnaires:

- Go to www.chadis.com
- Choose 'Register' in the upper right
- When asked, your invitation code is **loweawlsicia2b91**

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

- You can view your previous invitations to make sure it was sent by clicking ‘Invitations’ in the left column.



CHADIS Demo

INVITE ANOTHER PERSON TO DO CHADIS

INVITE A TEACHER TO DO CHADIS

INVITE SOMEONE TO VIEW CHADIS'S MEMORY BOOK

Invitations and Permissions Given to Others

Actions	Date	Invitation	Relationship	Permission	Sent to Email	Sent to Cell	Status	Used
RE-SEND	8/21/2024	allittichtat2cfc	Teacher or other Educator	School Release (v2)			Valid through 2/21/2025	

GO BACK TO PATIENT

- The teacher will receive an invitation link in the email/text. Once logged in, the teacher will be able to view the consent form and complete the appropriate questionnaires assigned by your child’s doctor.