

MEDICAL LEAVE OF ABSENCE
REINSTATEMENT FORMS

Hello Student,

We are excited you feel ready to return to Johns Hopkins University! Please review this information carefully as it explains the paperwork and process for reinstatement from a Medical Leave of Absence (MLOA).

Medical Leave of Absence Reinstatement Process:

- Disclosure of Documentation
 - After Part 1 and Part 2 has been received by Student Outreach & Support, your paperwork will be shared with the MLOA Committee for review.
- MLOA Committee Meets
 - The submitted information and documentation will be reviewed by the MLOA committee.
 - The Student Questionnaire, Provider Letter, and your prior consultations will all be considered to determine your readiness for reinstatement
 - If there are questions from the committee you will be contacted by Case Manager, Ruth Sherman.
 - The decision will either be (1) you are cleared to return (with or without recommendations); (2) you are not cleared for return at this time and must apply at a later date.
- Consultation with the Office of Student Outreach & Support
 - Once the decision is confirmed by Office of Student Outreach & Support, you will have a consult with Case Manager, Ruth Sherman via phone or in person.
- Decision is Made Regarding Reinstatement
 - You will be notified by phone and/or email by the Office of Student Outreach and Support as to the decision regarding your reinstatement.

You should also note you will not be able to register for classes until you are cleared for reinstatement by the Office of Student Outreach & Support and have any relevant holds removed on your account (e.g. academic or financial holds).

Materials must be received by Office of Student Outreach & Support no later than July 15th (Fall semester) or December 1st (Spring semester) to be considered for reinstatement.

Paperwork needed to return from a Medical Leave of Absence:

1. Complete the reinstatement online application (provided to you in your leave confirmation email).
2. Complete Part 1 (pages 3-5) of this packet. Submit via mail, fax, or email:
Mail: Ruth Sherman, Case Manager
Office of Student Outreach & Support
3400 N. Charles Street
Mattin Center, Suite 260
Baltimore, MD 21218
Email: rsherm11@jhu.edu
Fax: 410-800-4086
3. Have your health care provider complete and submit Part 3 (pages 6-7) to Ruth Sherman, Case Manager. Please note if you are receiving treatment from multiple providers, each provider must submit a letter.

Be Well,
Student Outreach & Support

REINSTATEMENT PART ONE**Authorization for Release of Health Information****1. I AUTHORIZE THE FOLLOWING PROTECTED HEALTH INFORMATION TO BE RELEASED FROM THE RECORD OF:**

Last Name _____ First Name _____ Date of Birth _____
Email Address _____ Last Year attended _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____

2A. PHYSICAL HEALTH LEAVES--EXCHANGE INFORMATION WITH: (Psychological Health Leaves see 2B)***YOUR INITIALS ARE REQUIRED**

- > _____ I authorize the **Johns Hopkins University Student Health and Wellness Center** and **Student Outreach & Support within the Office of Dean of Student Life** to exchange information with one another. (Used for Reinstatement recommendation)
- > _____ I authorize my **provider** listed below and the **Johns Hopkins University Student Health and Wellness Center** to exchange information with one another.
- > _____ I authorize my **provider** listed below to exchange information with **Student Outreach & Support within the Office of Dean of Student Life**.

PROVIDER INFORMATION:

Name/Organization _____
Street Address _____
City/State/Zip Code _____
Phone _____
Fax _____

- > Be aware that off-campus providers may charge a fee for providing your record.

AND/OR**2B. PSYCHOLOGICAL HEALTH LEAVES--EXCHANGE INFORMATION WITH:** (Physical Health Leaves see 2A)***YOUR INITIALS ARE REQUIRED**

- > _____ I authorize the **Johns Hopkins University Counseling Center** and **Student Outreach & Support within the Office of the Dean of Student Life** to exchange treatment information (minimum information needed to coordinate medical leave of absence) with one another.

> ___ I authorize my **provider** listed below and the **Johns Hopkins University Counseling Center** to exchange information with one another.

REINSTATEMENT PAPERWORK PART ONE CONTINUED

> ___ I authorize my **provider** listed below to exchange information with the **Student Outreach & Support within the Office of Dean of Student Life.**

PROVIDER INFORMATION:

Name/Organization _____

Street Address _____

City/State/Zip Code _____

Phone _____

Fax _____

3. SPECIAL INSTRUCTIONS _____**4. REASON FOR RELEASE OF INFORMATION** _____**5. SIGNATURE OF PATIENT/CLIENT**

- I understand that signing this form is voluntary. My treatment, payment, or eligibility for services will not be conditioned upon my authorization of this disclosure.
- Unless otherwise revoked, this authorization will expire on (date or event) _____.
If I fail to specify an expiration date or event, this authorization is valid for one (1) year from the date of my signature.
- I may revoke this authorization in writing at any time, except to the extent that Johns Hopkins has already relied on this authorization. I may revoke it by mailing or faxing my written request along with a copy of the original authorization to the clinic or department where my authorization was made or given.
- I understand that the records released may include information relating to HIV or AIDS and I have read and below:
 - Confidential HIV-related information is any information indicating that a person had a HIV-related test, or has HIV infection, HIV related illness or AIDS, or any information that could indicate that a person has been potentially exposed to HIV.
 - Please be aware that the records you have authorized for release may include information relation to discussion, testing, or treatment of HIV or AIDS.
 - If you do not want such information to be included in this release, please write “exclude HIV-related information” in the “Special Instructions” area of this form.

- I understand that the records released may include information relating to treatment for or history of drug or alcohol abuse.
- I understand that information disclosed under this authorization might be redisclosed by the Student Outreach & Support within the Dean of Life Office and may no longer be protected by federal and state privacy laws.
- I understand that a photocopy of facsimile copy of this authorization shall be considered as effective and valid as the original.
- I understand there are legal and ethical requirements that mental health professionals take responsible action in those situations as prescribed by law 1) where there is danger of imminent harm to self or others, and 2) in the case of apparent child abuse.

I have read and fully understand the above statements and consent to the disclosure of my health record for the purpose and to the extent state above.

> Signature _____

> Today's date _____

REINSTATEMENT PAPERWORK----PART TWO**Student Questionnaire**

To be completed by students seeking reinstatement to Johns Hopkins University

The following questions have been designed to facilitate the return process after taking a Medical Leave. Please complete the following questions and return to the Office of Student Outreach & Support via the options on page 1.

1. What were the reasons that necessitated your taking a Medical Leave of Absence from the University?
2. What have you learned about yourself from treatment and other experiences during your leave that will enable you to function more successfully in school both personally and academically?
 - a. If applicable, what coping skills have you learned that would allow you to successfully manage new stress?
 - b. Are you working with any Faculty/Staff to provide additional support and structure (Case Managers, Advisor(s), SDS, other offices)?
 - c. Who would you reach out to if you were in need of help?
3. How have you displayed sustained stability during your leave? This may be shown through the general activities (work, exercise routine, independent projects, volunteering, general daily routine and self-care) while on leave that contribute to the readiness to return to Johns Hopkins University.
4. What is your plan to maintain your continued health upon return to the University? Please include plans for self-care and/or medical care.
 - a. What would allow you to cope successfully should you have a relapse?
 - b. Do you need referrals to local area providers or specialists?
5. (If applicable) Do you currently have health insurance that will adequately and affordably cover your specialty care (including mental health coverage)?
 - a. If yes:
 - i. Please provide the name of your insurance carrier and describe your mental health insurance coverage (are you covered for hospitalization, inpatient care, outpatient care, and medication?)
 - ii. Will your insurance change if you are reinstated?
 - b. If no:

- i. How will you pay for mental health care if you are required to receive treatment off campus?
- ii. How would you pay for any medication required?
- iii. Are you interested in receiving student health insurance, which includes mental health care coverage?

RESINSTATEMENT PAERWORK PART THREE

Treating Provider Letter: Instructions

To be completed **only** by treating providers of students seeking reinstatement to Johns Hopkins University

This form is for the student's treating physician, licensed mental health provider, or other licensed healthcare provider. In order for Johns Hopkins University to effectively determine the student's readiness to resume academic study, please address the criteria listed below on official letterhead with the provider's signature. The student and the provider should have a shared understanding of the information being submitted to the university on the student's behalf. Please note, a letter must be received by each treating professional providing care while away.

The treating physician, licensed mental health provider, or other licensed healthcare provider may mail the documentation to the following address or fax number listed below:

Ruth Sherman, Case Manager
Office of Student Outreach & Support
Office of the Dean of Student Life
3400 N. Charles Street
Mattin Center, Suite 260
Baltimore, MD 21218
Email: rsherm11@jhu.edu
Phone: 410-516-7857 Fax (**confidential**): 410-800-4086

The receiver of this documentation is a mandatory reporter to the University's Title IX process. Please be aware of any information that is disclosed surrounding physical and/or sexual abuse will be reported to the necessary agencies. This documentation will be shared with the Johns Hopkins University MLOA Committee.

Treating Provider Medical Leave Reinstatement Questions:

Providers, please submit a dated letter addressing the student's readiness to return. The letter must be on letterhead with a signature, and must include/address:

Please use this checklist to verify all information is included.

- Your professional credentials and license number
- Credentials
- Student's name
- Student's diagnosis (if applicable)
- Treatment summary
- When the student's treatment began and if it has concluded
 - How many visits you've had with the student
 - If specialists were involved in the care of the student (including psychiatrists)
 - Specific intensive treatment, if any, while student was on Medical leave of Absence
 - If treatment has concluded (with or without the healthcare provider's approval), please include date
- If it has not concluded, please describe plans for ongoing treatment
 - Please include the student's plan for care once they return to the Baltimore area (if applicable), including contact information for additional providers
 - Has the student demonstrated sustained stability? This may be shown through the general activities of the student while on leave that contribute to the student's readiness to return to Johns Hopkins University.
- If the student is currently taking medication (please indicate medication(s) and dosage) for concern addressed, and if in your estimation the student will need to continue their medication
- If the student has a diagnosed disability that is interfering with their functioning and would benefit from disability accommodations.
- If the student is capable of carrying a full academic course load (12-19 credits) at an academically rigorous institution.
- Do you consider the student a threat to themselves or others? If so, explain.
- To your knowledge, are the parents and/or legal guardians of the student aware of the problem(s) for which you have provided treatment?
- Any other comments or recommendations

Please note, letters from providers with missing information will result in the documentation being deemed not sufficient for review of student's return.

END OF PART THREE**Reinstatement MLOA Committee Review Process****Timeline & Process**

In order to carefully consider each request for reinstatement and the individual situation of each student, the review process takes approximately 2 weeks following the respective deadlines.

- Week One: Committee members will review all submitted materials and note any missed information or address follow up questions to student or provider.
- Week Two: Committee will meet and determine outcome
 - MLOA Case manager will complete phone/in-person consultation with the student to go over recommendation and follow up questions
 - Student will be notified of outcome via email
 - Student status will be changed in JHU system- holds lifted
 - Appropriate campus partners/offices notified of student's return to JHU
 - Memos sent to student outlining return status/ reminders/recommendations

MLOA Committee and Criteria

The committee is comprised of members from Student Outreach & Support, Student Disability Services, the Counseling Center, Student Health and Wellness, and Academic Advising. The committee makes an informed decision based on the student's submitted documentation along with the criterion listed below:

- Received appropriate and sufficient treatment from psychological and/or medical health care providers.
- Demonstrates insight regarding the circumstances that led to their medical leave and an ability to use appropriate health care resources for prevention/treatment as needed.
- Demonstrates sustained stability. This may be shown through the general activities of the student while on leave that contribute to the student's readiness to return to Johns Hopkins University.
- Demonstrates an appropriate plan for maintaining their wellbeing upon return. The plan may include their academic and social life balance, their support system (family and friends) and how it contributes

to their readjustment, continued care from clinicians, and other activities in which they will engage to care for themselves.

Decision Letter & Transition

Once the review is complete, students are notified by letter of the disposition of their clearance. For students who are cleared, the letter will also include recommendations for support resources on campus that may be useful to the student. When a student is cleared, the Office of Student Outreach & Support begins the process of notifying other offices on campus. Once cleared, a student will be expected to meet with their assigned Case Manager and attend the Welcome Back Luncheon.

Appeal Process

Within five (5) days of notification of a denial for clearance, the student may appeal, in writing, the decision of the committee, setting out the reason for the appeal and any supporting materials. Appeals will be submitted to Dean of Student Life. Appeals will normally be considered only when: (1) there is relevant new information that was not reasonably available at the time of the original clearance deadline and that, in the judgment of the appeal officer, the introduction of the information may have changed the original decision; or (2) when a substantial procedural error by the University or MLOA Committee is demonstrated and in the reasonable judgment of the appeal committee such error is sufficient enough that it may have affected the original decision. If the appeal committee determines that the appeal has merit, they may change the decision or may remand the matter to the MLOA Committee. Decisions will be communicated to the student within ten (10) days of the appeal deadline.