

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). Please give several weeks to fully process a reinstatement from medical leave. You should also note you will not be able to register for classes until you are cleared for reinstatement by the Dean of Student Life office and have any relevant holds removed on your account (e.g. academic or financial holds). **Materials must be received by Office of the Dean of Student Life Office 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 to the address below.
Assistant Director of Student Support
Office of the Dean of Student Life
3400 N. Charles Street
Mattin Center, Suite 260
Baltimore, MD 21218
Email: dlehner@jhu.edu
Phone: 410-516-8208 Fax: 410-800-4086
3. Have your health care provider complete and submit Part 2 (pages 6-7) to the Assistant Director of Student Support.

Medical Leave of Absence Reinstatement Process:

- Disclosure of Documentation
 - After you have submitted Part 1 and Part 2 has been received, your paperwork will be disclosed to the appropriate on-campus care provider (Student Health and Wellness Center or Counseling Center) for review.
- Consultation with On-Campus Care Provider
 - Once materials have been received, you will contact the on-campus provider for a phone or in-person consultation to discuss your treatment while on Leave, your readiness to return, and your plan to maintain your health upon return to the University.
 - The provider will make a recommendation to the Office of the Dean of Student Life. The recommendation 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 the Dean of Student Life
 - Once your recommendation is received by Office of the Dean of Student Life, you will be contacted by a member of the CARE team. You will have a phone interview with a Case Manager discussing your Leave and plans for support and care upon return to the University.
- Decision is Made Regarding Reinstatement
 - The Student Questionnaire, Provider Letter, and your consultations will all be considered to determine your readiness for reinstatement.
 - You will be notified by phone or email by the Office of the Dean of Student Life as to the decision regarding your reinstatement.

Be Well,
Your Johns Hopkins CARE Team

REINSTATEMENT PAPERWORK----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 the **Office of the 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 the **Office of the 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 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.
- > _____ I authorize my **provider** listed below to exchange information with the **Office of the Dean of Student Life**.

REINSTATEMENT PAPERWORK----PART ONE

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 Dean of Student 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 hard 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 ONE**Student Questionnaire**

To be completed by students applying for reinstatement to Johns Hopkins University

Please respond to the following questions in reflection of your Medical Leave of Absence.

- 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 during 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) 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. Do you need referrals to local area providers or specialists?
- 4) Are you interested in receiving disability accommodations (*not all students are eligible; you will need to register with JHU Student Disability Services: studentaffairs.jhu.edu/disabilities/admitted-students*)?
- 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?

REINSTATEMENT PAPERWORK----PART TWO**Treating Provider Letter: Instructions****To be completed by treating providers of students applying for 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 a signature. The student and the provider should have a shared understanding of the information being submitted to the University on the student's behalf.

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:

DeeDee Lehner
Assistant Director of Student Support
Office of the Dean of Student Life
3400 N. Charles Street
Mattin Center, Suite 260
Baltimore, MD 21218
Email: dlehner@jhu.edu
Phone: 410-516-8208 Fax (confidential): 410-800-4086

The receiver of this documentation is a mandatory reporter to the University's Title IX process. The documentation is then passed on to confidential healthcare providers for review.

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:

- 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)

REINSTATEMENT PAPERWORK----PART TWO

- 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
- 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 courseload (12-19 credits) at an academically rigorous institution
- Do you consider the student a threat to their own life or the life of 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.