

OBERLIN COLLEGE & CONSERVATORY

Healthcare Provider Supporting Information

For Student's Request to Begin Medical Leave of Absence

*This information will be maintained in confidential files at Student Health/the Counseling Center.
Further details regarding confidentiality can be found on page 4.*

Student Name (printed):

Provider Information:

Provider's Name (printed)

Provider's Contact Information (or submit business card or letterhead accompanying this form)

Provider's Profession

Healthcare License Type:

<input type="text"/>	<input type="text"/>
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Provider's License Number

State of Provider's Healthcare License

<input type="text"/>	<input type="text"/>
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PROVIDER RECOMMENDATION TO BEGIN MEDICAL LEAVE OF ABSENCE

Date(s) of treatment of this student:

Date of most recent visit/assessment contact:

Conditions, diagnoses and symptoms and the related impairments interfering with student's ability to complete current academic responsibilities and/or live independently as a student:

Do you support the student's decision to request a Medical Leave of Absence? *(if no, please explain in treatment recommendations, below, including your opinion on what would facilitate the student's successful continuation)*

Yes

No

Treatment recommendations:

Prognosis/estimated duration of treatment:

Have you communicated with the student about prognosis, and initial estimated timeline of treatment, recovery, and/or improved management of their condition and possible variances or reassessment of that expected timeline? *[Please note: When the student applies to return, they will be expected to have medical documentation that reflects a plausible timeline for treatment/recovery/improved management of their health.]*

Yes

No

Please describe the student's engagement with treatment planning, treatment, and management of their condition(s), including insight, as applicable:

Any other information you find relevant:

If it would be helpful, a staff member from our Student Health and/or Counseling Center could consult with you about this specific decision and/or our process. Would you like to consult with our Student Health and/or Counseling Center staff by phone?

Yes, please contact me at

No, I don't need to consult with a staff member at student health or the counseling center.

Information Sharing, Privacy and Student's Authorization:

In order to facilitate and support the student's request for medical leave of absence, it is important that the treating health care provider and the appropriate Oberlin administrators be able to share information regarding the student's status and medical condition. Medical information received by Oberlin College will be maintained confidentially with the Oberlin College Student Health Services and Counseling Center.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, **we are asking treating health care providers not to provide any genetic information** when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

For your reference, students submitting a request to begin a medical leave of absence will have agreed to the following in the request form they submitted to the College, in addition to any release of information filed with you:

-The student authorizes the treating health care providers to provide medical information to Oberlin College in support of their request for medical leave. They understand that this information will be sent directly to Oberlin College Counseling Center, 247 West Lorain Street, Suite D, Oberlin, OH 44074 or faxed to 440-775-8868. The student also authorizes their treating health care provider to speak directly with the Director of Student Health and the Counseling Center or his/her designee for the purpose of assessing the student's request for medical leave.

-The student authorizes the Oberlin College Medical Leave Coordinator, the Director of Student Health and Counseling Center, and their designees to share educational record information with the treating health care provider for the purpose of assessing the student's request for medical leave.

-The student authorizes the Director of the Student Health and the Counseling Center or his/her designee to share information with Oberlin College administrators with a need to know, such as the Medical Leave Coordinator, with their recommendation regarding the student's request for medical leave based on a review of confidential medical information received.

Provider's signature page:

Are you a relative of this student? Yes _____ No _____

Thank you for providing your professional opinion regarding this student's request for medical leave. Please sign below:

Provider's Printed Name

Provider's Signature

Date

In order to complete the signature, you are welcome to do one of the following:

- A) print, sign and send that signed copy (on paper or by scanning your signed copy)
- B) paste a scanned or photographed image of your signature into the PDF,

OR

- C) to utilize Adobe's electronic signature feature.

This form must be submitted by the healthcare provider directly to:

John Harshbarger, PhD, Director of Student Health and the Counseling Center
Oberlin College Counseling Center
247 West Lorain St, Suite D
Oberlin, OH 44074
Fax Number: (440) 775-8868

For questions about medical documentation or to consult, please contact Dr. Harshbarger at 440-775-8470 or by email at John.Harshbarger@oberlin.edu.