

## Request for Voluntary Medical Leave of Absence

This form is to be completed by students requesting a Voluntary Medical Leave of Absence (MLOA) from Drake University and, at the student's discretion, may be provided to any one of the following individuals:

- a. The Associate Dean of the College in which the student has most recently enrolled ("Associate Dean")
- b. The Drake University Counseling Center ("Counseling Center")
- c. The Drake University Student Health Center ("Health Center")

### Student Statement and Request:

1. I am experiencing a health issue that I believe is significantly impacting my academic and or university life and I am therefore requesting a MLOA.
2. I am submitting this request to (check one):  
 The Associate Dean of the College in which I have most recently enrolled  
 The Drake University Counseling Center ("Counseling Center")  
 The Drake University Student Health Center ("Health Center")
3. I will provide my licensed health care provider with a signed patient's waiver provided to me by the University authorizing him or her to discuss my request for a Voluntary Medical Leave of Absence with the with the above individuals and to provide any relevant medical records, facts, opinions and recommendations pertaining to my request.
4. If I am submitting this request to my Associate Dean, I authorize my Associate Dean to discuss and share the information provided herein and any information received from my licensed health care provider on a need to know basis with the Counseling Center or Health Center (my "Primary Health Liaison"). I further understand my Primary Health Liaison may request a meeting with me follow up directly with my licensed health care provider.
5. If I am submitting this request to the Drake University Counseling Center or the Drake University Student Health Center, I authorize them to discuss and share the information provided herein and any information received from my licensed health care provider on a need to know basis with my Associate Dean.
6. I understand my Associate Dean is ultimately responsible for granting or denying all student applications and requests for leaves of absence, including MOLAs, within my School or College and I will be informed by the Associate Dean whether my request for a MLOA had been granted or denied.

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(Student Signature)

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Student's Printed Name

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Date

**Authorization for Release of Medical/Psychological Information to Drake University  
(pertaining to voluntary medical leave of absence)**

I am currently enrolled as a student at Drake University and have requested a voluntary medical leave of absence from the University because I believe I am experiencing a health issue that is significantly impacting my academic and or university life. In order to consider my request the University may require relevant medical/psychological records, facts, opinions and recommendations from you. Therefore, I voluntarily authorize the direct \_\_\_\_\_  
\_\_\_\_\_ to release any relevant medical records, facts, opinions and recommendations that pertaining to my request for this leave of absence to:

(Check one of the following)

Associate Dean  
Drake University 3116  
College of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drake University Counseling Center  
Carpenter Ave  
Des Moines, Ia. 50311  
(515)271-3864

American Republic  
Student Health Center  
3116 Carpenter Ave  
Des Moines, Ia. 50311

I understand this disclosure may include any or all of the following information:

1. Oral and /or written disclosure of counselor/therapist/health care provider notes, and/or records as a result of any medical exams, evaluations, and therapy/counseling sessions.
2. The results of any medical and psychological tests performed.
3. Any progress notes.
4. Any history obtained
5. Other \_\_\_\_\_

I understand the information to be released may include information in the following categories unless I specifically indicate that should not be released by checking below:

**(INITIAL ANY CATEGORY NOT TO BE RELEASED)**  
Substance Abuse \_\_\_ Mental Health \_\_\_ HIV-Related Info \_\_\_

This authorization is effective for \_\_\_ months, but no longer than one year from the date of my signature below. I understand I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the name and address I have checked above.

I certify that any person(s) who may furnish any information disclosed pursuant to this Authorization for Release of Medical/Psychological Information to Drake ("Authorization") shall not be held accountable for releasing or disclosing such information, and I hereby release said person(s) from any and all liability for damage of whatever kind which may at any time result to me, my heirs, and my family and my associates because of compliance with this Authorization.

I further release Drake University from any and all liability for damage of whatever kind which may at result to me, my heirs, my family and my associates because of information it receives pursuant to this Authorization.

Signature of Patient/Client or Legal Representative \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient/Client if signed by Legal Representative: \_\_\_\_\_

Prohibition of Redislosure: This form does not authorize redislosure of information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific consent of the patient/client, or as otherwise permitted by such law and/or regulations. A general authorization for the release of information is NOT sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

**Approval of Request to Re-enroll from Voluntary Medical Leave of Absence**

[Date]

[Address]

Dear \_\_\_\_\_ [*Student's Name*]:

Your Request to Re-enroll following a Voluntary Medical Leave of Absence from Drake University has been approved by the Re-enrollment Committee. You will be contacted soon by your Primary Health Liaison who will schedule a check-in visit with you to review your plan for sustained health in an effort to allow for a successful return to academics and University life and to cover any recommendations for ongoing treatment on or off campus. You and your Associate Dean should also make plans to meet as soon as possible to discuss any and all applicable academic requirements you will be expected to fulfill upon returning to the University.

We are very pleased you will be returning to the University. We look forward to seeing you and wish you every success in your future academic endeavors.

Re-enrollment Committee

By: \_\_\_\_\_

## Voluntary Medical Leave of Absence (MLOA) Policy

### Introduction

The University recognizes that students may experience health issues that significantly impact their ability to function successfully or safely in their role as students. In those situations, students may request a medical leave of absence (MLOA), which, if granted, permits them to take a break from University life and their studies, so that they may receive treatment.

Drake University has designed this policy to help students get the individualized attention, consideration, and support needed to address health issues that arise or escalate during their time at the University and significantly interfere with their academics or University life. This policy outlines a flexible and individualized process that students should follow to request a MLOA to address these types of health issues. Note: Students may also be eligible to take other types of leave from their academic program.

### Medical Leave of Absence Process

The following procedures provide for an individualized approach for assessing a student's eligibility to take and return from a MLOA and are designed to be reasonable and flexible.

### The Exit Process

A student who is experiencing a health issue that significantly interferes with their academics or University life may choose to request a MLOA. **Students interested in a MLOA may either:**

1. Contact the Associate Dean of the College in which they have most recently enrolled ("Associate Dean") to explain the reason they are requesting a MLOA and, if requested, arrange for their licensed health care provider to communicate with the Associate Dean to convey the health care provider's professional opinion as to the advisability of the student taking a MLOA. The Associate Dean, will then either:
  - a. grant the MLOA; or
  - b. contact the University Counseling Center or the Drake Student Health Center (hereinafter referred to as the "Primary Health Liaison") to explain the student's MLOA request and any information provided by the student and his/her health care provider. The Primary Health Liaison may meet with the student and follow up with the student's health care provider, if deemed appropriate, and then make a recommendation to the Associate Dean either to:
    - i. approve the student's request for a MLOA, if the Primary Health Liaison determines the student's health issue significantly compromises the student's academics or University life, including, but not limited to, the safety of others, or
    - ii. deny the student's MLOA request if the Primary Health Liaison determines the student's health issue does not significantly compromise the student's

academics or University life, including, but not limited to, the safety of others.

2. Alternatively, the student may contact the University Counseling Center or the Drake Student Health Center (hereinafter referred to as the “Primary Health Liaison”) to explain the reason they are requesting a MLOA and, if requested, arrange for their licensed health care provider to communicate with the Primary Health Liaison to convey the health care provider’s professional opinion as to the advisability of the student taking a MLOA. The Primary Health Liaison will then make one of the following recommendations to the student’s Associate Dean:
  - a. approve the student’s request for a MLOA, if the Primary Health Liaison determines the student’s health issue significantly compromises the student’s academics or University life, including, but not limited to, the safety of others; or
  - b. deny the student’s MLOA request if the Primary Health Liaison determines the student’s health issue does not significantly compromise the student’s academics or University life, including, but not limited to, the safety of others.
3. The Associate Dean is ultimately responsible for granting or denying all student applications for leaves of absence, including MLOAs, within their respective School or College.
4. The exit process proceeds as quickly as possible to allow a student experiencing significant difficulties due to a health issue to immediately step away from academics and University life in order to receive the treatment they need.
5. Because every student’s situation is different, the length of a MLOA will be determined individually. The goal of taking a MLOA is to help students return to the University with an increased opportunity for a successful academic and University life that is productive for the student and the University community. Students should take the time necessary to achieve this goal. Students should check in with office of their Associate Dean during their MLOA, as such leaves are not permitted to continue indefinitely.
6. When a MLOA is granted the student will be reminded of the re-enrollment procedures set forth below.
7. Where a MLOA is granted the Primary Health Liaison may make individualized treatment recommendations to the student designed to help them become academically and personally ready to resume life at the University.

## Requesting Permission to Re-enroll following a MLOA

When a student is interested in re-enrolling at the University following a voluntary MLOA, the student should take the following steps in order to initiate the re-enrollment process:

1. Well in advance of the desired return date, students must contact either their Associate Dean or their Primary Health Liaison to advise them of their student's interest in re-enrolling. The Associate Dean, the Dean of Students, and the Primary Health Liaison ("Re-enrollment Committee")<sup>1</sup> will consider the student's request for re-enrollment. Students will need to submit the materials described in paragraphs 2 and, if applicable, 3 below, by November 1 for consideration for re-enrolling for the spring semester, April 1 for the summer sessions, and June 30 for the fall semester. This allows the Re-enrollment Committee sufficient time to review the student's request and associated information in advance of the semester in which student seeks to re-enroll.
2. At the outset of this re-enrollment process, students should also determine from their Associate Dean whether any unfinished course work should be completed prior to returning from the leave.
3. The Associate Dean or Primary Health Liaison will provide Students with a re-enrollment form for their licensed health care provider(s) to complete and send to The Primary Health Liaison documenting their treatment since the commencement of the MLOA, their clinical status, and an opinion as to the student's readiness to successfully resume academics and University life. The Re-enrollment Committee will rely heavily on information received from licensed health care provider(s) in considering requests for re-enrollment from a MLOA. Students will be asked to provide Release of Information so, in addition to discussing the request within the Re-enrollment Committee, the Primary Health Liaison may also communicate with licensed health care provider(s) and, where appropriate, Disability Resources, and/or the Office of Academic Assistance, regarding a student's return.
4. Depending upon the nature and individual circumstances of the MLOA, students requesting re-enrollment from a MLOA may be required to provide a brief statement (no more than two pages) describing (1) their experience away from Drake including the activities undertaken while away, (2) their current understanding of the factors that led to the need for the leave, and the insights they have gained from treatment and time away, (3) the current level of their day-to-day functioning,<sup>2</sup> and (3) how they plan for successful return to academics and University life. In

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<sup>1</sup> If the student seeks to enroll in a College other than the College in which the student was enrolled at the commencement of the leave, the Associate Dean of College in which the student seeks to enroll will also be included on the Re-enrollment Committee.

<sup>2</sup> There are many ways a student might be able to demonstrate their day-to-day functioning. Students may choose to provide a letter from a reliable, adult community observer who can comment on their activities and readiness to successfully resume studies at Drake University and participate productively in University life. A reliable, adult community observer could be a mentor, a member of the clergy, a work or community service supervisor, coworker, personal trainer, athletic coach, or some other individual in a position to have observed the student

some cases, students will be informed at the time a MLOA is granted if they will be required to provide this information at the time of their request for re-enrollment. However, even if a student is not informed of the need to provide this information at the time their MLOA is granted, it is possible they will be asked to submit this information at a later time if the Re-enrollment Committee determines that the information provided under paragraph 3 is not sufficient to make a decision on a request for re-enrollment. Any requests for additional information are made on an individualized basis and may extend the timeframe for reviewing the re-enrollment request. Students will be notified if consideration of their request is delayed and the cause for the delay.

### **Processing a Student's Request to Re-enroll following a MLOA**

1. Once students have arranged for the materials described in paragraphs 2-3 above to be sent to the Primary Health Liaison, they should call the Primary Health Liaison to double check that the materials have been received.
2. Following a review of the required materials, the Re-enrollment Committee will determine if, in the Committee's reasonable opinion, the student is ready to successfully return to their academic program and University life. Every effort will be made to respond to a student's request within 14 calendar days of submission of all the required materials. A longer response time may be caused by an inability to reach a treatment provider or other extenuating circumstances.
3. As described above, the Re-enrollment Committee gives significant weight to the opinion of a student's licensed health care provider(s). If the Re-enrollment Committee determines that information provided by a licensed health care provider is incomplete, requires further explanation or clarification, or when there is a disconnect between the medical information provided by a licensed health care provider and other information within the possession of the University pertaining to the student, the Primary Health Liaison will contact the licensed health care provider to obtain additional information. In extraordinary circumstances, the Primary Health Liaison may request that the student undergo an additional assessment to allow the Re-enrollment Committee to make a determination about the student's readiness for return. In those rare instances, the Primary Health Liaison will notify the student of its rationale for making this request.

### **Re-enrollment Approved**

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during the course of their leave (not a family member). Where possible, the letter should be submitted on letterhead stationery, signed, dated, and should describe the student's daily activities and the extent to which the writer feels the student is ready to resume studies at Drake University and participate productively in University life. The student may choose to have the letter sent to the Associate Dean or Primary Health Liaison. Alternatively, a student may provide the Associate Dean or Primary Health Liaison with the name and contact information of a reference who will be able to provide respond to telephone or written inquiry for information concerning the student's daily activity and readiness to successfully resume studies at Drake University and participate productively in University life.

1. If the decision is made to approve a request to reenroll, the Primary Health Liaison will contact the student to request a check-in visit to review the student's plan for sustained health to allow for an ongoing successful return to academics and University, including recommendations for ongoing treatment, on- or off-campus.
2. Students with disabilities may be eligible for reasonable accommodations and/or special services in accordance with the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Students are responsible for communicating their requests for academic accommodations to Disability Services. Information on the process for requesting accommodations may be found at <http://www.drake.edu/acadassist/disabilityservices/>.
3. The Associate Dean will contact the student regarding any applicable academic requirements the student will be expected to fulfill upon returning to the University.

### **Re-enrollment Denied**

If upon review, the Re-enrollment Committee denies a student's request for re-enrollment, the student will be advised of that decision in writing along with recommendations that will enhance their chance of a positive decision the next time they submit a request for re-enrollment.

### **Appeal where Re-enrollment Denied**

1. Students may appeal a decision denying their request to re-enroll by submitting an appeal letter in writing to the Academic Dean of their school or college within 10 business days or receiving notice of the denial.
2. The student may also submit any information they believe to be relevant to the appeal.
3. The Academic Dean will review the student's submission and make a final determination as to a request for re-enrollment from a voluntary MLOA.

**Licensed Health Care Provider (Form Pertaining to Request for Re-enrollment)**

*(This form is to be completed by a current licensed health care provider of a student who is on a voluntary medical leave of absence and is seeking re-enrollment at Drake University)*

1. I \_\_\_\_\_ [*health care provider's name*] am a health care provider licensed in the state(s) of \_\_\_\_\_.
  
2. \_\_\_\_\_ [*Student/Patient/Client's name*] is currently under my care and the following information is provided with respect him/her.
  
3. Brief description of the treatment provided since \_\_\_\_\_ [*date of commencement of voluntary medical leave of absence from Drake University*].  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Clinical status at this time: \_\_\_\_\_
  
5. The following is my opinion as to the above Student/Patient/Client's readiness to resume academics and University life at Drake University.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. In providing the above opinion I reviewed and took into consideration the information contained in following documents which set forth certain specific program requirements which I understand it is necessary to be able to successfully meet within the Student/Patient/Client's particular educational program at the University (include title of document(s) or if none have been provided answer "NA"):  
\_\_\_\_\_  
\_\_\_\_\_
  
7. The Student/Patient/Client has provided me with a signed patient's waiver authorizing me to discuss his/her request for re-enrollment at Drake University with certain University officials.

\_\_\_\_\_  
[*Signature of Licensed Health Care Provider*]

\_\_\_\_\_  
[*Printed Name of Licensed Health Care Provider*]

\_\_\_\_\_  
Date

**Authorization for Release of Medical/Psychological Information to Drake University**  
*(pertaining to re-enrollment)*

I am currently on a medical leave of absence from Drake University because I was experiencing a health issue that was significantly impacting my academic and or university life. I have requested the opportunity to re-enroll and in order to consider my request the University will require certain relevant medical/psychological records, facts, opinions and recommendations from you. Therefore, I voluntarily authorize the direct \_\_\_\_\_ to complete the attached form and to further release any relevant medical records, facts, opinions and recommendations that pertaining to my request for re-enrollment to:

(Check one of the following)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Associate Dean<br>Drake University 3116<br>College of _____<br>_____<br>_____ | <input type="checkbox"/> Drake University Counseling Center<br>Carpenter Ave<br>Des Moines, Ia. 50311<br>(515)271-3864 | <input type="checkbox"/> American Republic<br>Student Health Center<br>3116 Carpenter Ave<br>Des Moines, Ia. 50311 |
|--|--|--|

I understand this disclosure may include any or all of the following information:

1. Oral and /or written disclosure of counselor/therapist/health care provider notes, and/or records as a result of any medical exams, evaluations, and therapy/counseling sessions.
2. The results of any medical and psychological tests performed.
3. Any progress notes.
4. Any history obtained
5. Other

I understand the information to be released may include information in the following categories unless I specifically indicate that should not be released by checking below:

**(INITIAL ANY CATEGORY NOT TO BE RELEASED)**

Substance Abuse \_\_\_\_\_ Mental Health \_\_\_\_\_ HIV-Related Info \_\_\_\_\_

This authorization is effective for \_\_ months, but no longer than one year from the date of my signature below. I understand I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the name and address I have checked above.

I certify that any person(s) who may furnish any information disclosed pursuant to this Authorization for Release of Medical/Psychological Information to Drake ("Authorization") shall not be held accountable for releasing or disclosing such information, and I hereby release said person(s) from any and all liability for damage of whatever kind which may at any time result to me, my heirs, and my family and my associates because of compliance with this Authorization.

I further release Drake University from any and all liability for damage of whatever kind which may at result to me, my heirs, my family and my associates because of information it receives pursuant to this Authorization.

Signature of Patient/Client or Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient/Client if signed by Legal Representative: \_\_\_\_\_

Prohibition of Redislosure: This form does not authorize redislosure of information beyond the limits of this consent. Where information has been disclosed from records protected by federal law for mental health records, federal requirements (42 C.F.R. Part 2) and state requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific consent of the patient/client, or as otherwise permitted by such law and/or regulations. A general authorization for the release of information is NOT sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

**Response to Request for Voluntary Medical Leave of Absence**

[Date]

[Address]

Dear \_\_\_\_\_ [Student]:

We have carefully considered your request for a voluntary medical leave of absence from the University and do not find that your particular circumstances meet the criteria necessary for approval of such a leave. You are welcome to contact me directly to further discuss this matter.

Very Truly Yours,

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Associate Dean,

## **Request for Permission to Re-enroll following a Voluntary Medical Leave of Absence**

*(To be completed by a student seeking to re-enroll following a Voluntary Medical Leave of Absence (MLOA) and submitted with the materials referred to below to the student's Primary Health Liaison).*

### **Student Statement and Request:**

1. This request for permission to re-enroll is for (check one):
  - Spring semester *(this form must be submitted by **November 1** prior to the upcoming spring semester)*
  - Summer session(s) *(this form must be submitted by **April 1** prior to the upcoming summer session)*
  - Fall semester *(this form must be submitted by **June 1** prior to the upcoming fall semester)*
2. I have contacted my Associate Dean and have made arrangements to complete any unfinished course work prior to returning from my MLOA.
3. I understand the Associate Dean, the Dean of Students, any my Primary Health Liaison (collectively "Re-enrollment Committee") will consider my request for re-enrollment. If I am requesting re-enrollment in a school or college other than the one in which I was most recently enrolled, I understand the Associate Dean of that school or college will also be included as a part of the Re-enrollment Committee.
4. I am enclosing a re-enrollment form that has been completed and signed by my licensed health care provider documenting my treatment since the commencement of my MLOA, my clinical status, and his or her opinion as to my readiness to successfully resume academics and University life at Drake University.
5. I have also provided my licensed health care provider with a signed patient's waiver authorizing him or her to discuss my request for re-enrollment with my Primary Health Liaison and to provide any relevant medical records, facts, opinions and recommendations pertaining to my request.
6. I authorize the members of the re-enrollment committee to discuss my request for re-enrollment along with any other information I provide in connection with my request for re-enrollment and the information provided by my licensed health care provider in considering my request for re-enrollment. I have authorized my Primary Health Liaison to communicate with my licensed health care provider and, where deemed appropriate, I authorize my Primary Health Liaison to communicate with the University's Disability Resources and/or Office of Academic Assistance regarding my request for re-enrollment and return to the University.

7.  I have been asked to provide and I am enclosing a brief statement in accordance with paragraph 4 of the University's MLOA Policy pertaining to "Requesting Permission to Re-enroll following a MLOA". (*check and provide statement, only if previously requested*).

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*(Student's signature)*

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*(Student's printed name)*

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Date

## Approval of Request for Voluntary Medical Leave of Absence

[Date]

[Address]

Dear \_\_\_\_\_[Student's Name]:

Your request for a Voluntary Medical Leave of Absence (MLOA) granted.

Attached is the University's Voluntary Medical Leave of Absence Policy. Please take note of the section entitled "Requesting Permission to Re-enroll following a MLOA" for re-enrollment procedures. A form is enclosed for you to prepare when you are prepared to submit your Request for Permission to Re-enroll Following a MLOA. It is important to satisfy all of the requirements and meet the timelines set forth in the enclosed form in order to allow the sufficient time to those responsible for considering your request.

A Licensed Health Care Provider Re-enrollment form and a form authorizing your Licensed Health Provider to release information to us are also enclosed.

[Optional Statement A] You must also deliver the enclosed information pertaining to certain requirements associated with your educational program at the University to your licensed health care provider for his/her review prior to completion of the Licensed Health Care Provider Re-enrollment form.

[Optional paragraph B] At the time you request re-enrollment, you also will be required to provide a brief statement in accordance with paragraph 4 of the enclosed MLOA Policy on Requesting Permission to Re-enroll Following a MLOA.

We wish you the best during this leave of absence from the University and will look forward to hearing from you when you are ready to request permission to re-enroll.

\_\_\_\_\_

Associate Dean, \_\_\_\_\_

**Response to Request to Re-enroll from Voluntary Medical Leave of Absence**

[Date]

[Address]

Dear \_\_\_\_\_ [*Student's Name*]:

The Re-enrollment Committee has reviewed your Request to Re-enroll from your current Voluntary Medical Leave of Absence from Drake University and, after careful consideration; it has decided to deny your request at this time. The following recommendations are provided to enhance the possibility that a future request for re-enrollment will be approved:

[*state recommendations here*]

The Re-enrollment Committee and the University are hopeful you will follow the above stated recommendations. Upon your successful completion of these recommendations, the Committee will consider a future request for re-enrollment. In the meantime, please know we wish you all the best.

Re-enrollment Committee

By: \_\_\_\_\_