

Clearance Process to Return from Medical Leave

Guidelines governing clearance from medical leave seek to assure, in consultation with the student and their medical care providers, that the student will be able to function effectively in the autonomous student environment at Brown. The clearance process also provides a review of the ongoing support a student may need (e.g. reasonable modifications). Because the provider letter may include private medical information, a limited Release of Information Authorization is required in order for the Graduate School to share the letter with Brown clinicians in University Health Services (UHS) and Counseling and Psychological Services (CAPS) so that they can participate fully in the clearance process. This release does not apply to any information aside from the letter and any associated documentation submitted by the provider and it does not give permission to share the contents of the letter or other documentation with anyone outside of UHS or CAPS. Find more information on the process for returning from medical leave on the [Guidelines for Clearance to Return from Medical Leave](#) webpage. If you have any questions about this form or the clearance process, please email gsmloa@brown.edu (doctoral and MFA students) or spasmloa@brown.edu (all other master's students).

Please complete the form below and submit it as part of your request for readmission from medical leave.

Medical Leave of Absence Release of Information Authorization	
<i>Section 1 – Student Information</i>	
Name: _____	Brown or Banner ID: _____
Date of Birth: _____	Phone: _____
<i>Section 2 – Disclosure</i>	
<p>I, the undersigned, authorize Brown University Graduate School to share the letter and any associated documentation submitted by my healthcare provider with the appropriate director(s) within Brown University Health Services and Counseling & Psychological Services for the purpose of processing my petition for clearance to return from a Medical Leave of Absence. This documentation may be shared digitally via encrypted email or portal, verbally, by mail, or by fax.</p>	
<i>Section 3 – Authorization</i>	
<p>I certify that this request has been made voluntarily and that the information given above is complete and accurate to the best of my knowledge. I understand that I may revoke this Authorization at any time in writing, except to the extent that action has already been taken to comply with it. Without my express written revocation, this Authorization will automatically expire upon satisfaction of the need for disclosure, but in any event on the earlier of _____ (date), or 180 days from the date below. A facsimile or photocopy of this Authorization shall be considered as effective and valid as the original. I hereby release Brown University, its employees and agents, from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of the University's good faith compliance with this Authorization.</p> <p>I have read this Authorization prior to signing and I understand its contents.</p>	
Signed: _____	Dated: _____
Relationship to Student: <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	