Application for CAPS Medical Withdrawal Support Letter (Undergraduate)
The University of Houston/Main Campus

To have your request for a medical withdrawal support letter processed at CAPS, the following conditions must apply:

Please check (√)

☐ I am currently an enrolled student at University of Houston.

→ *If you are not enrolled, you are not eligible to receive services at CAPS but can contact us for referrals to mental health providers in the community who may be able to help.*

☐ I have met with a representative at Office of Undergraduate Academic Affairs (UAA), and have been advised about my academic options.

→ *If you have not yet done so, please schedule a meeting with UAA before scheduling an appointment at CAPS.*

☐ Fewer than 60 days have transpired since the semester for which I am seeking a medical withdrawal ended.

→ *If more than 60 days have transpired, we at CAPS do not believe we can confidently attest to whether or not your mental health concerns were the reason you did not perform as well in your classes as you typically do. You may still choose to see a mental health provider off-campus, and a CAPS clinician can assist you with referrals.*

☐ I understand that the general time frame for CAPS to process my application for a medical withdrawal support letter could be up to 60 days.

→ *If you need the letter sooner, you may choose to see a mental health provider off campus who may be able to expedite the process.*

☐ I am committed to attending ongoing therapy with my CAPS clinician as part of the assessment process needed to determine if I qualify for a support letter.

☐ I did not receive therapy or treatment from a mental health professional outside of CAPS during the semester for which I am seeking a medical withdrawal.

→ *If you saw a mental health provider outside of CAPS during the semester for which you are seeking a medical withdrawal, that person will typically be better equipped to provide a support letter than a clinician at CAPS and should be your first point of contact.*

☐ I understand that obtaining a support letter from CAPS is not a guarantee that my request for a medical withdrawal will be granted. The final decision is made by the *Office of Undergraduate Academic Affairs.*

☐ I understand that students who are approved for a medical withdrawal have an enrollment hold placed on their student account. To receive UAA approval to lift the enrollment hold, a student must submit a letter from a licensed professional verifying their ability to successfully resume coursework. **I further understand that getting a support letter for a medical withdrawal from CAPS does not guarantee that I will also be able to get a reinstatement support letter verifying that I am ready to return to school. I understand that these two processes are separate and will require separate evaluations.**

I agree to initiate my request for a medical withdrawal support letter and understand the conditions and limitations as described above.

_____ _____

Signature Date

_____ _____

Printed Name Student ID #

STEP 1 Please complete the following information.

Name: _____

PeopleSoft ID:

Today's Date: _____

Date of Birth: _____

Local Address (Street, Apt/Rm #):

City: _____ State: _____ Zipcode: _____

Email Address: _____

Year in School: _____

STEP 2 Please answer the following questions.

A. Please identify the semester and year *for which you are requesting a medical withdrawal*:

B. Are you registered with Center for Students with Disabilities? ☐Yes ☐No

D. Have you applied for a medical withdrawal before? ☐Yes ☐No
If yes, please list the semester(s) and year(s) of each medical withdrawal. Briefly note the circumstances:

STEP 3 Seek appropriate advising.

As recommended by the UH Office of Undergraduate Academic Affairs (UAA), you should first seek advising about the potential consequences a medical withdrawal may have on any of the following that apply to your particular status/situation.

I have obtained guidance from these departments, as applicable to my situation, and understand the potential consequences of a medical withdrawal (please check all that apply):

- ☐ Academic Advising
- ☐ UH Office of Scholarships and Financial Aid
- ☐ UH Veterans Services
- ☐ UH Office of International Student and Scholar Services
- ☐ CURRENT SEMESTER WITHDRAWAL ONLY: UH Student Housing and Residential Life

STEP 4 Description and Explanation

Please describe your situation and/or symptoms and explain how they negatively affected your ability to manage successfully your academic responsibilities. Handwriting must be legible. You may attach additional pages if necessary.

_____

STEP 5 Medical Documentation

If you have received care *for this condition* from a UH Health Center psychiatrist or a CAPS clinician, we have access to your records and you do not need to provide copies.

Name(s) of provider(s) you saw at UH Health Center and/or CAPS:

If you have received care outside of UH Health Center or CAPS *for this condition*, you must submit, along with this application, either a signed letter from your provider or copies of your medical records. The documentation must include: 1) diagnosis or condition; 2) date of onset of the condition; 3) dates of treatment; and, 4) prognosis.

Name(s) of off-campus provider(s):

STEP 6 Application Review Process

- Once you have completed this application and collected any pertinent supporting medical documentation, please deliver all materials to your CAPS clinician.
- Commit to meet with your CAPS clinician *for as many sessions as necessary* for a thorough assessment and application review to be conducted.
- Understand that your CAPS clinician will examine your UH grade report in order to help determine if your condition *directly impacted your ability to perform at your usual or typical level*.
- Be prepared to provide, if necessary, additional documentation/transcripts of your grades at previous learning institutions (high school, community college, or other college attended prior to enrolling at UH), so that your CAPS clinician can determine *if your condition was the primary reason for your academic problems*.
- If you meet the criteria for a support letter, your CAPS therapist will communicate this decision to you and inform you about when the letter will be available for you to pick up at CAPS.

Please note that CAPS does not have the capacity to receive or send documents electronically. Acceptable methods for receiving or sending documents to and from CAPS include mailing, faxing or hand-delivery.

STEP 7 Notifications and Authorization to Release Information

The purpose of this application is to assist you in your request for a medical withdrawal. *CAPS staff are not responsible for making a final decision regarding your request. Final decision rests with the UH Office of Undergraduate Academic Affairs*. Before a support letter can be provided to you, CAPS requires that you sign and date the pre-populated "**Authorization to Release Mental Health Information/Records**" attached to this application. The reasons for this requirement are indicated below:

- In order to safeguard your privacy, State and Federal laws require a signed authorization before any information pertaining to your personal health information at CAPS can be released to an outside third party.
- This release allows your CAPS clinician and the Program Coordinator at UH Office of Undergraduate Academic Affairs to consult about your case, as needed, in order to assure that this process goes as smoothly as possible.

If a support letter is provided, it is your responsibility to deliver the letter, along with any other documentation required by UH Office of Undergraduate Academic Affairs for their application, to the appropriate personnel at that office.

Student's Signature: _____ Date: _____
By my signature, I affirm that all personal statements and documents submitted are true and correct.

AUTHORIZATION TO RELEASE MENTAL HEALTH INFORMATION/RECORDS

Client Name:

PeopleSoft ID#: Date of Birth: (mm-dd-yyyy)

✖ I authorize CAPS to release records **TO (select all that apply):**

✖ Self (Client listed above) ✖ Other:

Name:
Sara Diaz, UAA Program Coordinator
Dr. Heidi Kennedy, Ph.D., UAA Assistant Dean

Address:
109 E. Cullen Building

City, State, Zip:
Houston, TX, 77204

Phone 713-743-9112

Fax
713-743-0717

☐ Mail the records ✖ I will pick up the records

☐ Fax the records ☐ Verbal consultation only

The purpose of this disclosure is **FOR:**

☐ Continuation of care

☐ Attendance verification

☐ Application for academic accommodations

✖ Medical Withdrawal

☐ Litigation/Criminal proceedings

☐ Application for employment

☐ Other (specify):

☐ I authorize _____ to release records to CAPS

Information to be disclosed is **limited** to:

☐ Psychological Report

☐ Attendance Records

✖ Diagnosis

☐ Billing Record

☐ Other: (specify)_____

☐ Treatment Plan

☐ Treatment Summary

✖ Withdrawal / Re-admission recommendation

☐ All Progress Notes

☐ All Treatment Records **by checking this box I indicate that progress notes will be included when records are requested.*

This consent may be revoked at any time by you except to the extent that action has already been taken on it. Specify Expiration of Authorization (from date of signature)

✖ One Year ☐ Other: (specify)_____

_____

Client (or authorized representative) signature Date

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulation (42 DFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. C:\Users\mfolmall\Desktop\CAPS Authorization form prefilled form.docx

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