

MEDICAL/MENTAL HEALTH WITHDRAWAL GUIDE FOR STUDENTS

Counseling Services and Student Health Services has been asked by Academic Support and Undergraduate Studies, Dean of Graduate Studies, Business Office, Registrar's Office, and Financial Aid to help process student's requests for withdrawals due to a medical/mental health problem. Please use this document as a guide to assist you with the completion of your Medical/Mental Health Withdrawal.

You are responsible for your academic performance until the date that your Medical or Mental Health Withdrawal is approved. The first step should be to speak with your professor as she/he may be able to help you.

Any refund of tuition and fees will follow the University's Refund Policy for Withdrawal or Dropping Courses (see page 57 of *UTSA bulletin*) at the time of the effective date of the withdrawal. The effective date of the withdrawal will be determined by the M/MH Committee.

Your Responsibilities: You are required to request and ensure that **all** of the following documentation is submitted in a timely fashion:

1. *Authorization To Release Records For Medical/Mental Health Withdrawal Request* - This document allows UTSA Wellbeing Services permission to act on your behalf with Academic Support and Undergraduate Studies, Dean of Graduate Studies, Business Office, the Registrar's Office, and Financial Aid.
2. *Authorization To Release Information For Medical/Mental Health Withdrawal Request* - This document enables the UTSA Wellbeing Services to contact and/or accept corroborating documentation from your doctor, provider, therapist, etc. for the purpose of your Medical/Mental Health Withdrawal.
3. *Informed Consent: Medical/Mental Health Withdrawal Requests* - This document provides explanations of confidentiality, maintenance of records, services offered, and emergency/after-hours resources.
4. *Personal Statement* - A **typewritten** statement by you with an explanation of **why** you are requesting a medical or mental health withdrawal. Please include the dates of when this problem/concern began. Please be as descriptive as possible regarding the severity of your condition (i.e. how your problem affected your ability to complete the semester in question).
5. *Provider's Statement* - A statement on **letterhead** from your attending health care provider (i.e. physician, therapist, psychiatrist, psychologist, etc.) to include dates of onset, problem description, diagnosis, plan of treatment, prognosis, and his/her recommendation for withdrawal. If your mental health withdraw request is in regards to a recent death, a copy of the death certificate will be required.
6. *Transcript* - A current transcript (i.e. can be an *unofficial* copy) with the **final grades** earned during the semester in which you are applying for the Medical or Mental Health Withdrawal. Transcripts can be requested by accessing the Registrar's Office online at <http://www.utsa.edu/registrar/>
7. *Optional* - Any supporting documentation to verify the validity of your concern/problem (e.g. hospital records, police report, emergency department summary, court records, etc.).

UTSA Wellbeing Services Role in the Mental Health Withdrawal Process:

Our role is to collect, review, and verify the documentation that you submit supports your request for a Medical or Mental Health Withdrawal. UTSA Wellbeing Services will maintain the privacy of your documents throughout this review process. UTSA Wellbeing Services will submit a recommendation to the M/MH Committee after all the documentation has been received and verified. The M/MH Committee will make the final decision regarding each student's Medical or Mental Health Withdrawal request. Any questions regarding Mental Health/Medical Withdrawals should be directed to UTSA Wellbeing Services at 210-458-4589 Thank you.

MEDICAL/MENTAL HEALTH WITHDRAWAL CHECKLIST

- Authorization to Release Records Form:**
This document allows UTSA Wellbeing Services permission to act on your behalf with Academic Support and Undergraduate Studies, Dean of Graduate Studies, Business Office, the Registrar's Office, and Financial Aid.
- Authorization to Release Information Form:**
This document enables the UTSA Wellbeing Services to contact and/or accept corroborating documentation from your doctor, provider, therapist, etc. for the purpose of your Medical/Mental Health Withdrawal.
- Informed Consent** (i.e. for Wellbeing Services office)
- Personal Statement** (i.e. type-written by the student)
- Healthcare Provider's Statement** (i.e. written on doctor's / counselor's / therapist's letterhead)
- Transcript** (i.e. with final grades earned during the semester in question)
- Other Supporting Documentation**
i.e. OPTIONAL – examples such as hospital records, police reports, etc.)



Student Assistance Services
Phone : (210) 458-4985
SU 1.02.22

AUTHORIZATION TO RELEASE RECORDS AND INFORMATION FOR
MEDICAL/MENTAL HEALTH WITHDRAWAL REQUEST

I, _____, hereby authorize
(Student's Name)

Dr. Melissa Hernandez

Office and (name of other agency/person): _____
(Physician, Therapist, Provider)

Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Fax (_____) _____

To work together along with other UTSA Services (Academic Support and Undergraduate Studies
or Dean of Graduate Studies), Business Office, Registrar's Office, Student Financial Aid,
Wellbeing Services

To release to each other the following:

- X Treatment and Progress Summary
X Medical/Psychological Assessments and/or Reports
X Communicate by phone, letter, or email with above parties for confirmation that
documentation was received and reviewed by clinician/staff.

Other: _____

The purpose of this release is: to assist the university and the student explore the possibility of a mental
health withdrawal from UTSA.

This authorization will be valid until request is approved or denied, but no more than three months (90
days) from date of signature or (insert date) _____; unless the student prior to this date,
withdraws permission. Any verbal request must be followed immediately by a written request.

Student's Signature _____ Banner ID _____

In the Presence of _____ (Signature of Witness)

Date _____

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the
Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to
have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of
Texas System Business Procedures Memorandum 32. The information that
U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code)
and rules. Different types of information are kept for different periods of time.



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AUTHORIZATION TO RELEASE RECORDS AND INFORMATION FOR
MEDICAL/MENTAL HEALTH WITHDRAWAL REQUEST

I, _____, hereby
authorize _____ (Student's Name)

Dr. Melissa Hernandez

To communicate with the following individuals and/or UTSA departments: Academic Support, Dean of Undergraduate Studies, Dean of Graduate Studies, Business Office, Registrar's Office, Student Financial Aid, Counseling Services, Student Health Services, and any others on the UTSA Medical/Mental Health Withdrawal Committee.

To release to each other the following:

- X Treatment and Progress Summary
X Report of Medical/Psychological Assessment
X Communicate by phone, letter, or email with above parties for confirmation that documentation was received and reviewed by clinician/staff
X Academic Transcripts, Class Attendance, Student Request for Withdrawal, Medical/Mental Health records/documentation

The purpose of this release is: to assist the university and the student explore the possibility of a medical or mental health withdrawal from UTSA.

This authorization will be valid until request is approved or denied, but no more than three months (90 days) from the date of signature or (insert date) _____; unless the student prior to this date, withdraws permission. Any verbal request to withdraw this release must be followed immediately by a written request.

Student's Signature _____ Banner ID _____

In the Presence of _____ (Signature of Witness)

Date _____

PRIVACY NOTICE

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INFORMED CONSENT for Medical/Mental Health Withdrawal Requests

Please ask if you have any questions about information in this document. By signing, you agree to engagement in services at UTSA Wellbeing Services with the following guidelines and for the purpose of processing your mental health withdrawal request.

Name _____ Banner ID _____

Date of Birth _____ Phone _____

Email _____

Address _____

City _____ State _____ Zip _____

Preferred Method of Contact (circle one): Phone Mail Email

Authorization to speak to parent/ family member (if applicable):

___ **YES** - Name _____ Phone _____ Valid Until _____

___ **NO** - Not Applicable

Confidentiality

Confidentiality is an important and sensitive issue to our clients and our Staff. Information pertaining to you cannot be shared with another person, professional, or agency outside of UT Health, UTSA Wellbeing Services without your written permission. A caveat to this rule may be the case of an advanced graduate intern discussing a case with their supervisor at their own university. In these cases, **to protect your confidentiality, no identifying information will be used.** Exceptions for disclosure required by law include: reasonable suspicion of child or elder abuse or the client presents a serious danger of self harm or harm to another person, unless protective measures are taken. If you disclose physical or sexual abuse when you were under the age of 18, this will be reported to Child Protective Services, even if the abuse was previously reported.

Client Records

We are required to maintain accurate records of services received and keep those records secure; these records will not be part of your permanent University record. Records are stored on an electronic database for a period of ten years. There are instances when records may need to be faxed between the Downtown and 1604 campuses to ensure continuity of care at either location. Open communication with the receiving party ensures the transmission was complete. Although rare, there are also instances when client records may be subpoenaed for legal proceedings.



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INFORMED CONSENT for Medical/Mental Health Withdrawal Requests

If you are interested in further services

UTSA Wellbeing Services offers offer individual and group therapy as well as learning disability assessment; to be eligible for these services, you must be currently enrolled and attending classes at UTSA. Appointments are paid through your Student Services Fee, so most services are free with the exception of nominal costs associated with learning disability assessments. If you are interested in services outside of UTSA, our staff will make appropriate referrals to community practitioners and resources. If you are an employee of UTSA, please be aware that Human Resources Employee Assistance Programs offers eight (8) free counseling sessions.

UTHealth Wellness 360 offers individual appointments for acute illnesses and injuries, Monday through Friday from 8am-5pm. You can call (210)458-4142, option 3 for an appointment. Please visit UTHealth Wellness 360 for more information.

After Hours Emergencies

We do not offer services after hours or weekends. If you are on campus and need immediate assistance, call 911 and a UTSA Campus police officer will respond. If you are off-campus, dial 911 and the San Antonio Police will be dispatched. Alternately, you can call the UTHealth Wellness 360 Counseling Services Help-Line at (210) 458-4140 option 3; the Bexar County Crisis Hotline at (210) 223-7233; the United Way Help-Line at (210) 227-4357; or the Nix Specialty Health Center (210) 341-2633. If able, you may go to the University Hospital ER or the Nix Specialty Health Center. These are all open 24/7 to help you.

Signature **Date**

Witness Signature **Date**

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Medical and/or Mental Health Withdrawal POLICY

Students experiencing a significant medical or mental health challenge, compromising the student's ability to effectively participate in their educational program, may request a withdrawal from classes or, in rare circumstances, reduce their course loads at the University without unnecessary academic penalty. A Medical or Mental Health (M/MH) Withdrawal from the University should be considered only when all other options are exhausted by the student. Alternative options to a M/MH Withdrawal may include requesting a grade of Incomplete for courses enrolled or withdrawing using the regular withdrawal process if still within the withdrawal timeframe for the semester. Students also have the option to drop an individual course(s) during a specified timeframe. Instructor-initiated drops may also occur until the last day that a student may drop themselves. M/MH withdrawals can be granted only for the current semester or the semester immediately preceding the current semester (not including the summer semester); no other "retroactive" withdrawals are allowed.

Students should refer to the Academic Calendar (<https://.asap.utsa.edu/terms.htm>) for the established withdrawal, drop and refund deadline dates. A M/MH withdrawal may impact progression toward degree completion and result in financial consequences and obligations. Students are advised to consult with appropriate University personnel to determine what areas of their enrollment may be impacted. These areas include but are not limited to: funding received through financial aid, scholarships, veteran affairs or other funding sources, immigration status, employment with the university, restrictions on repeating courses including gateway courses and legislation such as Satisfactory Academic Progress for students receiving financial aid, the Six-Drop Policy, Three-Attempt Rule and Undergraduate Credit Limitation.

Students affected by legislation for dropping courses or withdrawing from the University due to health issues may seek academic relief through appropriate appeal options. A student granted M/MH Withdrawal or course load reduction will be assigned grades of "W" in the affected courses. If the effective date of the withdrawal or course load reduction is on or BEFORE the Census Date (12th class day), no record of the courses will appear on the student's transcript. If the effective date of withdrawal or course load reduction is AFTER the Census Date, a grade of "W" will appear on the transcript for all dropped/withdrawn courses. A M/MH Withdrawal does not guarantee the removal of a grade of "W" nor does it indicate a monetary refund.

Students will be limited to one M/MH Withdrawal during their academic career at UTSA, unless given special permission by the Dean of University College (if an undergraduate student) or the Dean of Graduate School (if a graduate student). Challenges identified by the student as a result of their medical or mental health condition will be evaluated by the appropriate service director (Associate Vice President for Student Services for a medical issue or the Director of Counseling Services for a mental health issue or their respective designees). These Service Directors and/or their designees will meet with the M/MH Committee to review the request. Based on this review, the Service Director will render a recommendation to the appropriate Dean regarding the approval/disapproval of the M/MH request including the date of onset of the medical or mental health condition.

The effective date of the withdrawal will be determined by the Dean of University College or the Dean of the Graduate School. The Financial Services and University Bursar office will process a student account credit, if appropriate, based on the refund percentage allowed for that effective withdrawal or drop date. To review the refund policy mandated by the Texas Education Code (See 54.006), please see the UTSA refund policy in the UTSA Information Bulletin or in the latest academic calendar.



**Student Assistance
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Medical and/or Mental Health Withdrawal POLICY

Medical/Mental Health Withdrawal Request Procedures

Requests for M/MH Withdrawals must be submitted in writing to the appropriate service office. Such requests must be accompanied by supporting documentation from a licensed physician, medical provider, or mental health professional. Hospitalization records from a recent admission, if relevant, should also accompany any application. Students must complete the Release of Medical/Mental Health Records Authorization form. This signed form allows for the review of records by the Service Director and/or their designee and by members of the M/MH Withdrawal Committee. All documents and any other requirements made by the Service Director (or their designee) must be provided or completed within one month of the initial request. Students should contact UTSA Wellbeing Services for a list of the required documents. If the application is not completed within one month, the file will be closed and no further action will be taken unless a new application is initiated before the end of the eligibility period.

The appropriate Service Director or their respective designee will review the request and the supporting documentation to determine whether the medical or mental health issue adversely affected the student's ability to function academically, and were substantial enough to warrant the student's withdrawal under this policy. Upon that review, the appropriate Service Director or their respective designee will meet with the M/MH Committee to review the recommendation and the proposed date of withdrawal. The Service Director will then provide a written recommendation to the Dean of University College (for undergraduate students) or the Dean of the Graduate School (for graduate students) communicating their assessment. The appropriate Dean will have one month to process their decision and make the final determination regarding the status of each application. The student will be notified of the final determination in writing in a manner consistent with the policies and procedures established by the Dean's offices.

An appeal of the Dean's determination may be considered if additional documentation can be presented that may support a possible change in the withdrawal decision. The appeal, along with this documentation, should be submitted in writing to the Associate Vice President for Student Services for medical withdrawals or to the UTSA Wellbeing Services Director for mental health withdrawals. All appeal recommendations will go back to the respective Dean for review. The Dean's decision based on the appeal recommendation shall be final.

Confidentiality of Medical/Mental Health Withdrawal Requests

The records and documentation submitted for the medical/mental health withdrawal will be maintained by UTSA Wellbeing Services. The documentation will remain confidential in accordance with the respective ethics and policies. The Dean's decision, however, will become part of the student's educational record.

Return to UTSA

Students who apply for medical and mental health withdrawal are strongly recommended to consult with their medical and/or mental health provider before making the decision to return to UTSA, or to other higher education environments. Returning students, who might continue to be impacted by their medical and/or mental health condition, should consider consulting with Student Disability Services (SDS) <http://www.utsa.edu/disability/>, to determine if their condition qualifies them for registration with SDS and for academic accommodations.

PERSONAL Statement for Medical/Mental Health Withdraw

Remember, a typewritten personal explanation is required in order to process your Mental Health Withdrawal request. Failure to do so may result in a delay and/or no further action towards your request. Please keep the following information in mind when completing your personal statement:

1. Your personal statement must be **typed** and should explain exactly why you are requesting a mental health withdrawal.
 - a. Please indicate the **semester** and **year** (e.g. *Spring 2016*) of your withdrawal request.
 - b. Please provide descriptive information as to what experiences, events, problems, and/or concerns impacted you **during the semester in question**. That is, what happened to disrupt your academic pursuits during the semester? **NOTE:** Please do not provide previous and/or past diagnoses; please only provide information regarding symptoms, events, problems, experiences, etc. that occurred during the semester in which you are apply for the Medical/Mental Health Withdrawal.
 - c. Be sure to include a timeline that provides the specific date(s) for when the problem started (e.g. *March 3, 2014 or between August 1st and October 20th, 2015*). In addition, please include the specific date(s) for when your problems/concerns reached the highest level of severity.
 - d. Please explain how your problem affected your ability to complete the semester in question. Provide details as to the severity of your condition. Be as descriptive as possible (e.g. *difficulty concentrating, sleeplessness, loss of motivation, etc.*). **NOTE:** If you are requesting a **Partial** Medical/Mental Health Withdrawal (i.e. *NOT withdrawing from all coursework*), then you will need to justify how the problem impacted this particular course, but not the other courses.
2. Your personal statement should also include your plans for the future; that is, if you plan to return to school in a future semester, how will you stay healthy?
 - a. Please specify how you will address your academic needs (e.g. *take fewer classes, access tutoring services, etc.*).
 - b. Please specify how you will balance your academic needs with your medical/mental health needs (e.g. *medication management, continue individual therapy, attend group counseling, etc.*).

PROVIDER'S Statement for Medical/Mental Health Withdrawal

Dear Health Care Provider,

Please keep the following information in mind while completing the student's Medical/Mental Health Withdrawal request:

1. This statement must be from an attending healthcare provider (e.g. *physician, therapist, psychiatrist, counselor, psychologist, etc.*); who treated the student for the **semester in which they are requesting the mental health withdrawal**. The Health Care Provider's statement must be typed on **letterhead**. The letter should provide enough information to support and justify the student's need for a medical/mental health withdrawal.
 - a. The statement must include specific dates (e.g. *January 8, 2016*) that identify the onset of the problem. If possible, please include specific dates and/or timelines to indicate the point at which the student experienced the **highest severity** of symptoms. Last, please provide the student's dates of attendance (e.g. *8/1/2016 initial appointment; follow-up scheduled for; etc.*) for services.
 - b. Please include a **diagnosis** for the student, based on your clinical impressions.
 - c. Please provide information as to the plan of treatment implemented with the student. In addition, please indicate your professional opinions as to the student's prognosis.
2. Your statement should include your recommendation for withdrawal.
 - a. Please provide an explanation of how the student's symptomatology warrants a Medical/Mental Health Withdrawal.
 - b. Please cite any further corroborating evidence to justify the student's need for a Medical/Mental Health Withdrawal during the semester in question.