FMLA, Short-Term Disability, and Employment Documentation Policy

Vanessa Hentz, LCSW is committed to providing accurate and clinically appropriate documentation when clients request assistance with Family and Medical Leave Act (FMLA), short-term disability (STD), workplace accommodation, leave-of-absence, return-to-work, or other employment-related forms.

Requests for Documentation

Clients requesting employment-related documentation must provide the complete form or documentation packet, including:

- All pages of the form
- Employer or disability administrator instructions
- Submission deadline
- Relevant job duties or job description, when requested or applicable
- Information regarding where and how the completed documentation should be submitted

Completion of FMLA, short-term disability, workplace accommodation, leave, or other employment-related documentation requires a minimum of four completed therapy sessions before documentation will be considered.

The four-session minimum allows sufficient time for clinical assessment, development of a treatment history, evaluation of symptoms and functional limitations, and determination of whether the requested documentation can be clinically supported.

Completion of four sessions does not guarantee that requested documentation will be completed or that a specific leave period, accommodation, restriction, or disability determination will be supported.

Submission of paperwork does not guarantee that the requested leave, disability period, accommodation, work restriction, or other employment-related request will be clinically supported.

Clinical Determination

All documentation will be completed using independent clinical judgment and will be based on information available through assessment, treatment history, current symptoms, functional limitations, and the clinical record.

I will only document or certify information that I am able to reasonably support within my professional scope of practice.

I cannot guarantee that an employer, insurance company, disability carrier, or third-party administrator will approve a client's request.

Physical Health and Medical Conditions

When a request for leave, disability, accommodation, or work restrictions is primarily or substantially related to a physical health condition, medical diagnosis, medication side effects, physical limitations, or other medical concerns, the client may be asked to obtain documentation from their primary care provider, specialist, or other treating medical professional.

In some situations, both behavioral health and medical documentation may be appropriate.

I will not provide medical opinions, physical restrictions, or other information that falls outside of my professional scope of practice.

FMLA Documentation

When clinically appropriate, I may complete FMLA documentation related to a client's behavioral health condition and associated functional limitations.

FMLA certification will reflect the client's documented symptoms, treatment needs, and functional impact. Requested dates, frequency of intermittent leave, reduced schedules, or duration of leave must be clinically supportable and will not automatically be certified solely because they are requested by the client.

Short-Term Disability Documentation

Short-term disability documentation often requires more extensive information regarding a client's functional impairment, ability to perform occupational duties, treatment history, prognosis, and expected duration of impairment.

Completion of STD paperwork will be considered on a case-by-case basis after review of the requested documentation and after the minimum four-session requirement has been met.

When disability is primarily related to a medical condition or physical symptoms, a medical provider may be the more appropriate provider to complete or serve as the primary certifying clinician for the disability request.

Additional Assessment

Completion of forms may require a scheduled clinical appointment to discuss:

- Current symptoms
- Functional limitations

- Work-related impairment
- Essential job duties
- Treatment recommendations
- Requested leave or accommodation
- Expected duration of limitations

Additional information or consultation with another treating provider may also be necessary before documentation can be completed.

Processing Time

Please allow up to **10 business days** after all required forms and information have been received and the minimum treatment requirement has been satisfied.

Same-day or urgent completion cannot be guaranteed and may be considered on a case-by-case basis.

Clients are encouraged to submit paperwork as early as possible and remain aware of deadlines established by their employer, insurance company, or leave administrator.

Fees

Completion of extensive forms, letters, disability documentation, record review, or other administrative work may require time outside of scheduled psychotherapy sessions.

A separate administrative fee may apply when permitted by applicable law, insurance contracts, and platform or payer requirements.

Clients will be informed of any applicable fee before extensive documentation is completed.

Release of Information

A valid authorization for release of information may be required before documentation is sent directly to an employer, insurance carrier, disability administrator, attorney, or other third party.

Whenever appropriate, completed documentation may instead be provided directly to the client for submission.

Client Responsibility

Clients are responsible for:

- Providing complete paperwork and accurate information
- Informing the clinician of applicable deadlines

- Providing job descriptions or essential job functions when needed
- Responding to requests for additional information
- Coordinating with other treating healthcare providers when medical documentation is necessary

Important Notice

Completion of four therapy sessions does not guarantee completion or approval of any requested documentation.

Completion of documentation does not guarantee approval of FMLA leave, short-term disability benefits, workplace accommodations, or any other employment-related benefit.

Final eligibility and approval decisions are made by the employer, insurance company, disability carrier, or other applicable organization.