



# Carolinah HealthCare System

## Medical Leave and Disability Form – Gynecology/Surgery

### Important Information for Short Term Disability and FMLA for Gynecology/Surgery Patients

Your FMLA and/or Short Term Disability forms are due within 3-4 weeks prior to your surgery date. Forms are completed in date order received and can take up to 10 days for processing. While it may not always take this long, you will need to plan accordingly for form completion.

We are able to sign statements of disability and/or FMLA to begin the day of your surgery. The length of time you are disabled will be based on the type of surgery you have and according to our standard surgical guidelines. Additional out of work time beyond the recommended standard surgical guidelines is between you and your employer.

Those patients with medical problems will be handled on an individual basis. These exceptions will be based on medical necessity as determined by your provider.

The time you are disabled from work is a recommendation by your provider. Your Short Term Disability company may not always agree with the time your provider allows. If requested, we will provide medical documentation to support these recommendations. A signed release of health information authorization from you, must be on file prior to releasing any information. The signed authorization allows us to communicate, submit forms, medical records, etc to your short term disability company to validate/approve any recommended leave of absence. For your protection, we do not give out verbal information to employers or insurance companies.

1. Please indicate here if the physician has put you out of work for a medical reason:      Yes \_\_\_\_\_ No \_\_\_\_\_
2. 1<sup>st</sup> day out of work or surgery date: \_\_\_\_\_ (Dates will be confirmed with your physician)
3. Please indicate how to route forms after they are completed: CHOOSE ONE - CIRCLE and COMPLETE BELOW
  - a) Fax To: Name and Fax Number \_\_\_\_\_
  - b) Mail To: Name and Address \_\_\_\_\_
  - c) Pick up from our office. Name of person picking up forms \_\_\_\_\_ . Phone number to contact you or delegated person indicated above to pick up the forms when completed. \_\_\_\_\_

**The final decision regarding disability payment is made by your short term disability company.**

Date \_\_\_\_\_

Patient Name (Please Print) \_\_\_\_\_

Patient Signature \_\_\_\_\_

Please complete and submit the following two forms (Medical Leave/Disability Form AND Permission to Release Health Information Form) with your employers required medical leave/disability form(s). Your physician must receive all forms within 3-4 weeks prior to your surgery date.

**You will be contacted through MyCarolinah (Patient Portal) or by phone once forms are completed.**