Request for a Voluntary Health Withdrawal

University of Nevada, Las Vegas

UNLV students may apply for a Voluntary Health Withdrawal (VHW) if they experience medical or psychological conditions that significantly impair their ability to function successfully and safely in their role as a student. Students must submit required documentation from a licensed health/mental health provider who has been providing treatment to them for the condition(s) to the Voluntary Health Withdrawal Committee (VHWC). At no additional charge, students may receive a medical or psychological evaluation from Student Wellness which includes the Student Health Center (702-895-3370) and Student Counseling and Psychological Services (CAPS) (702-895-3627).

The VHWC maintains the confidentiality of all PHI received from students. The committee may disclose that you have requested a VHW to other UNLV departments such as the Registrar's Office as necessary. Specific details about your medical or mental health will not be disclosed. In the event the committee needs to contact your healthcare provider to obtain additional information or clarification, an Authorization for Release of Protected Health Information (PHI) will be required.

A student must be enrolled in the current semester to be eligible for a VHW and it can only be applied to the current semester **before grades are posted**. A VHW cannot override a posted grade. If a grade has been posted, the student may go through the Faculty Senate petition process. Students can learn more about that on the Faculty Senate website. Visit: https://www.unlv.edu/facultysenate/student-resources/general-petition. Please note that if you are taking a term-length course, grades may be posted before the official VHW deadline. For the exact date of the submission deadline for the current semester, visit: https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal. **The deadlines are firm**.

The VHW policy does not extend to family members who are ill. If a student experiences hardship due to caring for an ailing family member, the student can submit a petition to the Faculty Senate based on extenuating circumstances. For graduate students, you may consider submitting a Leave of Absence form found in your Grad Rebel Gateway portal

VHW 2-YEAR LIMIT:

Per the UNLV Registrar's Office Personal Leave of Absence Procedures for Students, **undergraduate and graduate students** may remain on a VHW for up to two years. Undergraduate and graduate students who do not return from leave within the approved time frame (up to two years) will be discontinued and will need to reapply for admission. To review the registrar's policy on leave of absence programs, visit: https://docs.google.com/document/d/1UWprkzm-u4-bCnfwoVq6k8qkki1pjEOb/edit

Graduate students will receive an email notification that they have reached the maximum VHW limit at the two-year mark of their leave. After the two-year mark, a graduate student on a VHW will have to enroll in at least one graduate-level credit or they will be separated from the university. If the student is separated, they can appeal to return via the Graduate College Appeal form. Students can email gradrebel@unlv.edu for access to the form.

If A VHW IS APPROVED:

All classes for the semester are removed from the student's transcript. The student cannot select "1 or 2" courses; a VHW applies to all courses for the semester. The student is placed in "leave of absence" (LOA) status and an administrative hold is placed on the student's academic transcript. This ensures compliance with withdrawal agreements and prevents unauthorized reenrollment in future semesters by the student. It is expected that the time a student takes away from the University (typically one semester) will be used for treatment and recovery. The student cannot enroll in future semesters until the student has undergone treatment and has been approved by the VHWC for a return to UNLV from a VHW.

Tuition Refunds: The student may be eligible for a refund of a portion of the semester's tuition in accordance with applicable University policies and procedures. Special fees - course fee, lab fee, facility fee, etc. - cannot be refunded. A refund of tuition is *not* guaranteed for all approved withdrawals.

Financial Aid: It is very important that the student contact Financial Aid and Scholarship prior to requesting a voluntary health withdrawal if any financial aid or scholarships were received for the semester/term. In some cases involving financial aid, a student will not receive a refund since they technically did not utilize ("earn") their financial aid. Furthermore, unearned portions of financial aid received may need to be returned to the Cashier/Student Accounts Office according to U.S. Department of Education regulations, which may result in the student owing money to UNLV. Receiving a VHW does not absolve a student from Financial Aid policies nor the responsibilities involved in accepting financial aid and scholarship funds. Financial Aid Counselors can discuss all financial aid eligibility issues based upon the voluntary health withdrawal.

Military and Veterans Services: It is very important that the student contact UNLV Military and Veterans Services Center prior to requesting a voluntary health withdrawal if any financial aid or scholarships were received for the semester/term. In some cases, involving financial assistance or scholarship via the Military and Veteran's Services, a student will not receive a refund since they technically did not utilize ("earn") their financial aid. Portions of financial assistance received may need to be returned according to federal law and University policies and procedures, resulting in an amount owed to UNLV.

Student Housing/UNLV Residential Halls: If the student is living in UNLV Residence Hall(s) (which for the purpose of this document, consists of the Dayton Complex, Tonopah Complex, South Complex, and the Upper-Class Complex (UCC)), their UNLV Office of Housing and Residential Life Residence and Dining Hall License Contract will be terminated on a prorated basis and a refund shall be issued based on the per diem rate for the unused portion of the semester. *The student living in the UNLV Residence Halls must contact UNLV Housing and Residential Life at housing@unlv.edu or (702) 895-3489 for details* ***and*** *fill out a Request for Contract Release at https://unlv.co1.qualtrics.com/jfe/form/SV_bOswhSTyqtHFLRY* . Please note that the UNLV Office of Housing and Residential Life Residence and Dining Hall License Contract **requires that unenrolled students vacate the UNLV Residence Halls within 72 hours after a loss of status,** so it is very important to promptly contact the UNLV Office of Housing and Residential Life. The amount of the refund shall be determined as of the date the student removes all belongings, surrenders the room key, and officially checks out of the assigned UNLV Residence Hall. If the student lives at the U District, or lives off-campus, the terms of your lease upon approval of a VHW are not the responsibility of UNLV and must be discussed with the property owner.

Once a VHW is approved, the student is no longer eligible to utilize the Student Wellness Center services which includes the Student Health Center and Student Counseling and Psychological Services. Care Management services are available to students approved for a Voluntary Health Withdrawal in order to ensure students are connected to appropriate community resources to address their unique needs. Connecting with the necessary supports to improve your overall health and well-being can help to prepare you for a successful return to your studies. Resources could include but are not limited to:

- Medical Providers
- Mental Health Providers
- Financial Supports
- Support Groups
- Insurance Assistance

Our Care Management Department is here to assist you through this time and is available to answer questions about resources and services. Contact the Student Wellness Care Manager at 702-895-4146.

FORMS REQUIRED TO REQUEST A VHW

There are four (4) forms required to request a VHW. The forms can be found online on our VHW website. Visit: https://www.unlv.edu/studentwellness/health-center/crisis/voluntary-health-withdrawal
All 4 forms **must** be submitted. A letter or "doctor's note" does not supersede or replace any of the forms listed above.

Forms may be submitted to our HIPAA compliant Secure File Drop which can be found at our website here: https://unlv.co1.qualtrics.com/jfe/form/SV_5aqfvWugXwW1tv8

Forms may also be submitted via fax at 702-895-4316. They may also be dropped off at the front desk of the Student Health Center or Student Counseling and Psychological Services.

Do not submit Voluntary Health Withdrawal paperwork to Enrollment Services, OISS, your academic advisor, etc.

FORMS REQUIRED TO RETURN TO UNLV FROM VHW

There are three (3) forms required to Request to Return from a Voluntary Health Withdrawal. These forms are sent to the student after their initial request for VHW has been approved and processed. If the student needs additional forms, they can be found on the VHW website or by sending a request to vhw@unlv.edu.

Return forms must be completed by a licensed provider who has been treating the student or is familiar with the treatment received while out on a VHW. UNLV Student Wellness providers may not complete return forms.

Students must meet the following conditions in order to be eligible to return from a VHW and pursue reenrollment:

- A substantial improvement of the medical and/or psychologica1 condition or symptoms that precipitated the need for a Health Withdrawal.
- The ability to function safely, as evidenced by a substantial reduction of any relevant welfare-related behaviors, including, but not limited to suicidal behaviors, self-injury behaviors, substance abuse, purging or other potentially harmful compensatory behaviors used for weight management, or failure to maintain weight at a minimum of 90% of normal body weight for age and height.
- The student will need to identify and work towards recovery with a licensed **off-campus** medical/mental health provider who must complete the UNLV Medical/Mental Health Clearance Form attesting to the improvement via treatment and submit the form to the VHWC to review. The VHWC will determine whether the conditions of return have been satisfactorily met.
- The VHWC must receive the written request to return to UNLV and have all required documentation by **April 1** for a proposed summer semester return, **July 1** for a proposed fall semester return, and **November 1** for a proposed spring semester return. If a student does not meet one of these deadlines, their return from a Health Withdrawal may be delayed.

Student Checklist for Requesting a Health Withdrawal

1. Complete the following steps and initial each line before submitting a request for a Voluntary Health Withdrawal (VHW).

☐ _____ It is very important to contact the **Financial Aid and Scholarships Office**, to discuss how a withdrawal may affect your eligibility. Your possible tuition reimbursement amount may be impacted by your financial aid/scholarship OR withdrawal could result in an amount owed to UNLV. You can contact the Financial Aid and Scholarships Office via the Self-Service Help Center, calling 702-895-3424, or visiting the office on the second floor of the Reynolds Student Services Complex, Building A.

☐ _____ Contact the **Registrar's office** at (702) 895-3443 if you have questions about whether you are eligible for a refund of a portion of the semester's tuition. Not all fees can be refunded, and **a refund of tuition is *not* guaranteed for all approved withdrawals.**

☐ _____ Contact the **Advising Office** of your particular college/school to find out what specific academic conditions or restrictions will apply to you in conjunction with a VHW, if granted. For graduate students, please contact the Graduate College at gradrebel@unlv.edu or 702-895-5773.

☐ _____ Students who live in residential housing should contact **UNLV Housing and Residential Life** (702) 895-3489 to determine what specific conditions or restrictions will apply in conjunction with a health withdrawal, if granted.

☐ _____ If you are enrolled in the **Student Health Insurance Plan**, contact your health insurance carrier to determine how a withdrawal will impact your insurance coverage by contacting the insurance provider at the number listed on your insurance card. Students on the UNLV Student Health Insurance Plan should also visit https://www.unlv.edu/studentwellness/health-center/health-insurance.

☐ _____ Graduate Students must contact the **Graduate College** at (702) 895-5773 or GradRebel@unlv.edu to determine if you are eligible to take a leave of absence or proceed with a medical withdrawal.

☐ _____ If you have received financial assistance or scholarship via the **Military and Veterans Services Center** (702) 895-2290, please call to discuss any impact and/or possible balance owed as a result of a Voluntary Health Withdrawal.

☐ _____ If you are an international student (F-1 visa), you must inform an **Office of International Students and Scholars** (OISS) advisor that you are applying for withdrawal by calling (702) 774-6477 or visiting SSC-A 201.

☐ _____ Student athletes should contact the **Student Athlete** Academic Services (SAAS) office in the Lied Athletic Complex or call (702) 895-3177 to speak with their team's specific eligibility specialist to notify them of a VHW.

I have read the above checklist and information. I have contacted the applicable departments, and I understand the Committee may need to contact other UNLV departments when processing my request for a Voluntary Health Withdrawal:

Student Signature:_____ **Date:**_____

2. Complete the following steps to request a VHW:

☐ _____ Read, complete and sign the Request for a Voluntary Health Withdrawal form. Please include a signed copy of this Student Checklist.

☐ _____ Send the Heath Care Provider Evaluation Summary for a Voluntary Health Withdrawal form to your current provider(s) to document reasons to support your VHW.

☐ _____ Submit all completed paperwork to:

UNLV VHW Secure File Submission Form
Fax (702) 895-4316
Phone (702) 895-0136
Email: vhw@unlv.edu

Request for a Voluntary Health Withdrawal

TO BE COMPLETED BY STUDENT:
Date Completed:_____

Reason for requesting a Voluntary Health Withdrawal (be as specific as possible):

_____

_____

_____

_____

_____

_____

_____

_____

Major_____

Please check as applicable:

- Do you receive **financial aid or scholarship?**
  Yes ☐ No ☐
- Are you registered with **OISS**?
  Yes ☐ No ☐
- Are you a **graduate** student?
  Yes ☐ No ☐
- Are you a **nursing** school student?
  Yes ☐ No ☐
- Are you a **dental** school student?
  Yes ☐ No ☐
- Are you a **medical** school student?
  Yes ☐ No ☐
- Are you affiliated with campus **Military and Veterans Services**?
  Yes ☐ No ☐
- Are you an **NCAA** athlete?
  Yes ☐ No ☐
- Do you live in the **residence halls**?
  Yes ☐ No ☐

Printed Legal Name of Applicant:

_____

Printed Preferred Name of Applicant:

_____

Student's NSHE #_____

Applicant contact information regarding this leave:
Mailing Address

_____

_____

_____
CITY ST ZIP CODE

Telephone_____

Email_____

I have read the information provided and have asked for any needed clarification and explanation. I understand the required conditions of return and the deadlines involved in returning from a Voluntary Health Withdrawal. I accept these conditions and deadlines as part of my responsibilities in taking a Voluntary Health Withdrawal from UNLV. I agree to abide by these conditions, and I voluntarily request that the Health Withdrawal Committee issue a recommendation that I be granted a withdrawal for health reasons. I understand that my signing this form does not guarantee that I will receive a Voluntary Health Withdrawal.

Signature of applicant: _____

Date signed: _____

Health Care Provider Evaluation Summary for Health Withdrawal *(page 1 of 2)*

To be completed by the student:

Student's Name(s): _____Today's Date_____

Student's NSHE #: _____ Student's Date of Birth: _____

To be completed by the health care provider:

Describe the student's condition and check all that apply:

_____

_____

_____

_____

_____

Recent Safety Related Behaviors

____Suicidal ideation with lethality or imminence
____Suicidal gesture or attempt
____Self-injury behaviors
____Failure to maintain minimum body weight
____Otherwise unsafe to remain on campus
____Disruptive to campus community
____Failure to engage in essential self-care activities
____Other: _____

Recent Function Impairment

____Marked academic impairment
____Frequent missed classes
____Inability to complete Activities of Daily Living
____Other: _____

Recent Disruptive Life Circumstances

____Physical or Sexual assault
____Family problems
____Financial problems
____Legal/Office of Student Rights and Responsibilities issues
____Other:_____

Existing Treatment Situation

____Failure to respond adequately to current treatment efforts
____Recent hospitalization
____Need for hospitalization or other inpatient treatment at this time
____Other:_____

Brief history of symptoms/condition:

_____

_____

_____

_____

_____

Diagnoses:

_____

_____

_____

Treatment history:

Describe the reason(s) why the student's condition warrants a health withdrawal:

Treatment recommendations during the period of the health withdrawal:

Clinician's Signature

Date Signed: _____

Clinician's Printed Name (REQUIRED)

Clinician's License Type, Number, State (REQUIRED)
If you have a clinical supervisor, they must sign and add their license number.

Mailing Address:

Telephone: _____

Fax: _____

PLEASE SEND TO:

This completed form and Release of Information should be sent to:

Fax (702) 895-4316
OR
UNLV VHW Secure File Submission
This file drop is HIPAA compliant.

Phone: (702) 895-0136

Email: vhw@unlv.edu

UNLV Voluntary Health Withdrawal Committee

UNLV Voluntary Health Withdrawal Committee
4505 Maryland Parkway / Box 453020, Las Vegas, Nevada 89154-3020
(702) 895-0136 | FAX (702) 895-4316

AUTHORIZATION FOR DISCLOSURE OF PATIENT HEALTH INFORMATION

(For purposes other than treatment, payment or health care operations)

Name: _____ DOB: _____ NSHE #: _____

Phone No. to contact you: _____

I HEREBY AUTHORIZE INFORMATION TO BE RELEASED:

FROM (healthcare provider who completed VHW forms):	**TO:**
Name/Agency: _____	**Name/Agency: VHW Committee**
Address: _____	**Address: 4505 S Maryland Parkway, Las Vegas, NV 89154**
Phone: _____	**Phone: (702) 895-0136**
Fax: _____	**Fax: (702) 895-4316**

☐ **Allow mutual disclosure between agencies listed above**

PURPOSE FOR RELEASE: Voluntary Health Withdrawal or VHW Return Request.

INFORMATION TO BE RELEASED:

☐ **Current diagnosis(es)**

☐ **All related medical and psychological information**

☐ **Treatment history**

☐ **Healthcare evaluation**

SPECIFIC AUTHORIZATION: The undersigned acknowledges, agrees, and understands that any health information released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or substance abuse. My signature below authorizes release of all such information.

This authorization is effective immediately and is subject to revocation in writing at any time, except to the extent that action has already been taken in reliance thereon. Otherwise, this authorization **expires one year from date of signature.**

The confidentiality of medical, psychiatric and substance abuse information is protected by State and Federal Statutes, Rules and Regulations including Nevada Revised Statutes and Title 42 of the Code of Federal Regulations. These Statutes, Rules and Regulations require that the individual give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules and Regulations. I understand if I do not authorize the release of my full health record, the recipient will be notified that only a limited health record is provided per patient request. A provider will not require me to sign an authorization as a condition of further treatment. I understand that the information used or disclosed pursuant to this authorization should not be re-disclosed without the written authorization of the patient. The university, the Student Wellness Center (Student Counseling and Psychological Services, Student Health Center, FAST Center), its employees, officers, and healthcare providers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Patient or Legal Representative (if applicable): _____ Date:

Print Name of Legal Representative (if applicable): _____ Phone No.

Legal Representative Relationship to Patient (if applicable): ☐ Parent ☐ Legal Guardian (Attach documentation of guardianship)

Date Disclosed: _____ PHI Sent to Requestor Via: ☐ Fax; ☐ Mail; ☐ Pick Up Box; ☐ Given to Patient; ☐ Secure Message