

Short Term Disability (STD)

Overview

Note – This overview provides you with basic information about STSD. However, you will need to talk with your employer or HR to determine your specific STD benefits.

What are Short-Term Disability Benefits?

Short term disability (STD) is a type of insurance that pays a percentage of an employee's salary for a specified amount of time, if they are ill or injured, and cannot perform the duties of their job. Generally, the benefit pays around 40 to 60 percent of the employee's weekly gross income.

When Short-Term Disability Starts Covering the Employee

Coverage usually starts anywhere from one to 14 days after an employee suffers a condition that leaves them unable to work. The time of coverage may vary from 9 to 52 weeks from eligibility. Many times, employees are required to use sick days before short term disability kicks in if it's an illness that keeps them out of work for an extended period of time.

For this reason, employers often have other types of insurance that cover workplace injuries vs. those that occur off the job. There may also be a different policy for short term disability for sicknesses and injuries.

If an employee must be out for longer than the short term disability benefit covers, then either a long term disability plan or permanent disability kicks in.



PSYCHOTHERAPISTS TO MEET ALL OF YOUR COUNSELING NEEDS

Family Medical Leave Act (FMLA)

Overview

Note – This overview provides you with basic information about FMLA. However, you will need to talk with your employer or HR to determine your specific FMLA benefits.

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Eligible employees are entitled to:

- Twelve workweeks of leave in a 12-month period for:
 - the birth of a child and to care for the newborn child within one year of birth;
 - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
 - to care for the employee's spouse, child, or parent who has a serious health condition;
 - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
 - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;"

or

- Twenty-six workweeks of leave during a single 12-month period to care for a covered servicemember with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin (military caregiver leave).



PSYCHOTHERAPISTS TO MEET ALL OF YOUR COUNSELING NEEDS

Short Term Disability (STD) / Family Medical Leave Act (FMLA) Request Form

_____ STD Disability Request _____ FMLA _____ Both

Client Last Name: _____ Client First Name: _____ M.I.: _____

Date of Birth: _____ Social Security #: _____

Contact Phone: _____ Email Address: _____

Insurance Company: _____ Policy Number/Id: _____

Employer: _____

Claim Number: _____

Insurance Company: _____ Phone: _____

Primary Care Physician: _____ Therapist Name: _____

Important Policy Information *(please initial)*

- Initial Paperwork Fee \$50.00 and Follow-up Paperwork Fee \$25.00 _____
- Insurance provider is responsible for determining your benefits. _____
- Please allow up to 5 business days to process the request. _____
- Patients are required to attend weekly counseling sessions during STD / FMLA period. _____

Client Signature: _____ **Date:** _____

Client Print Name: _____



PSYCHOTHERAPISTS TO MEET ALL OF YOUR COUNSELING NEEDS

AUTHORIZATION TO RECEIVE / DISCLOSE HEALTH INFORMATION

Client Name: _____

Date of Birth: _____

Person Authorizing Release: _____

Relationship to Client: _____

Recipient / Organization to Receive/Disclose: _____
(Name / Address / Fax / Email)

This data shall include (please check data to be received or disclosed)

- | | |
|--|--|
| <input type="checkbox"/> Assessments | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Psychiatric Evaluations | <input type="checkbox"/> Financial Obligations |
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Substance Abuse/Treatment |
| <input type="checkbox"/> Diagnoses | <input type="checkbox"/> HIV / AIDS Information |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Treatment Plan / Goal | |

Purpose of Release or Disclosure

- | | |
|---|--|
| <input type="checkbox"/> At the request of individual | <input type="checkbox"/> Determination of benefits |
| <input type="checkbox"/> Court proceedings | <input type="checkbox"/> Coordination of Care |
| <input type="checkbox"/> Assessment / Evaluation | |

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time. I further understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I understand that my information may not be protected from re-disclosure by the requester of the information; however, if this information is protected by the Federal Substance Abuse Confidentiality Regulations, the recipient may not re-disclose such information without my further written authorization unless otherwise provided for by state or federal law.



PSYCHOTHERAPISTS TO MEET ALL OF YOUR COUNSELING NEEDS

I understand that if my record contains information relating to HIV infection, AIDS or AIDS-related conditions, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing this disclosure will include that information.

I also understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment for services, or my eligibility for benefits; however, if a service is requested by a non-treatment provider (e.g., insurance company) for the sole purpose of creating health information (e.g., physical exam), service may be denied if authorization is not given. If treatment is research-related, treatment may be denied if authorization is not given.

I further understand that I may request a copy of this signed authorization.



PSYCHOTHERAPISTS TO MEET ALL OF YOUR COUNSELING NEEDS

AUTHORIZATION TO RECEIVE / DISCLOSE HEALTH INFORMATION

Signature Page

Client Name (print)

Date

Client signature

Parent / Guardian signature

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0

36-item version, self-administered

Patient Name: _____ Age: _____ Sex: Male Female Date: _____

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include **diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs**. Think back over the **past 30 days** and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only **one** response.

Numeric scores assigned to each of the items:							<i>Clinician Use Only</i>									
							1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score		
In the <u>last 30 days</u> , how much difficulty did you have in:																
Understanding and communicating																
D1.1	<u>Concentrating on doing something for ten minutes?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		30	5		
D1.2	<u>Remembering to do important things?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.3	<u>Analyzing and finding solutions to problems in day-to-day life?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.4	<u>Learning a new task, for example, learning how to get to a new place?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.5	<u>Generally understanding what people say?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D1.6	<u>Starting and maintaining a conversation?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
Getting around																
D2.1	<u>Standing for long periods, such as 30 minutes?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		25	5		
D2.2	<u>Standing up from sitting down?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D2.3	<u>Moving around inside your home?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D2.4	<u>Getting out of your home?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D2.5	<u>Walking a long distance, such as a kilometer (or equivalent)?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
Self-care																
D3.1	<u>Washing your whole body?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		20	5		
D3.2	<u>Getting dressed?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D3.3	<u>Eating?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D3.4	<u>Staying by yourself for a few days?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
Getting along with people																
D4.1	<u>Dealing with people you do not know?</u>						None	Mild	Moderate	Severe	Extreme or cannot do		25	5		
D4.2	<u>Maintaining a friendship?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D4.3	<u>Getting along with people who are close to you?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D4.4	<u>Making new friends?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					
D4.5	<u>Sexual activities?</u>						None	Mild	Moderate	Severe	Extreme or cannot do					

Numeric scores assigned to each of the items:							1	2	3	4	5	Clinician Use Only			
In the <u>last 30 days</u> , how much difficulty did you have in:							Raw Item Score	Raw Domain Score	Average Domain Score						
Life activities—Household															
D5.1	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do									
D5.2	Doing most important household tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do									
D5.3	Getting all of the household work <u>done</u> that you needed to do?	None	Mild	Moderate	Severe	Extreme or cannot do						20	5		
D5.4	Getting your household work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do									
Life activities—School/Work															
If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.															
Because of your health condition, in the past <u>30 days</u> , how much <u>difficulty</u> did you have in:															
D5.5	Your day-to-day <u>work/school</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do									
D5.6	Doing your most important work/school tasks <u>well</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do									
D5.7	Getting all of the work <u>done</u> that you need to do?	None	Mild	Moderate	Severe	Extreme or cannot do						20	5		
D5.8	Getting your work done as <u>quickly</u> as needed?	None	Mild	Moderate	Severe	Extreme or cannot do									
Participation in society															
In the past <u>30 days</u> :															
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious, or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do									
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> around you?	None	Mild	Moderate	Severe	Extreme or cannot do									
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?	None	Mild	Moderate	Severe	Extreme or cannot do									
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition or its consequences?	None	Some	Moderate	A Lot	Extreme or cannot do						40	5		
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?	None	Mild	Moderate	Severe	Extreme or cannot do									
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?	None	Mild	Moderate	Severe	Extreme or cannot do									
D6.7	How much of a problem did your <u>family</u> have because of your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do									
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do									
General Disability Score (Total):												180	5		

© World Health Organization, 2012. All rights reserved. Measuring health and disability: manual for WHO Disability Assessment Schedule (WHODAS 2.0), World Health Organization, 2010, Geneva.

The World Health Organization has granted the Publisher permission for the reproduction of this instrument. This material can be reproduced without permission by clinicians for use with their own patients. Any other use, including electronic use, requires written permission from WHO.