



HARTWICK COLLEGE

est. 1797

Office of AccessAbility Services

Health Care Provider Documentation for Emotional Support Animal Application

Introduction and Directions

The Office of AccessAbility Services recognizes that having an Emotional Support Animal (ESA) in the residence hall can be of benefit to someone who has a documented need. However, the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

The following documentation must be completed and signed by the student requesting an ESA and the Health Care Provider who has prescribed the accommodation. The request must include documentation from a licensed Health Care Provider who has provided treatment for the disability.

Once this documentation is completed, the Health Care Provider is asked to return the completed form to the Office of AccessAbility Services at Hartwick College using the contact information on page 2.

Student Information *Completed by Student or Authorized Legal Guardian*

Student Name

Date of Birth

Mailing Address

Phone Number

Email

Health Care Provider *Completed by Student or Authorized Legal Guardian*

Health Care
Provider Name:

Phone Number:

Fax Number:

Address:

Authorization for the Disclosure of Confidential Health/Mental Health Information

I request and authorize the above named Health Care Provider to disclose the information requested (in the **Questions** section) to the Office of AccessAbility Services for evaluation of approval for an Emotional Support Animal.

This authorization includes but is not limited to confidential information such as:

- Summaries of treatment record(s);
- Dates of service;
- Diagnosis/prognosis; and
- After care plan and recommendations.

I understand that the Office of AccessAbility Services may share this information in consultation with the Perrella Health Center or Perrella Counseling Center as appropriate.

I understand this authorization may be revoked at any time at the patient’s request. Unless earlier revoked, this authorization expires automatically twelve (12) months from the date signed below.

I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents.

_____ Signature of patient or authorized legal guardian	_____ Date
_____ Relationship to patient, if signed by authorized legal guardian	_____ Date

To the Receiving Agency: These records may not be disclosed without the patient’s consent and will only be shared as indicated above.

Contact Information for the Office of AccessAbility Services

Email: AccessAbilityServices@hartwick.edu

Phone: 607-431-4546

Mailing Address: 1 Hartwick Drive, Oneonta, NY 13820

Fax Number: 607-431-4574

ALL SECTIONS BELOW HERE TO BE COMPLETED BY HEALTH CARE PROVIDER

Health Care Provider Office Information

Please complete all sections below with the appropriate information.

Name:

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Address:

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Phone:

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Email:

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License #:

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Professional Signature:

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Date:

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Questions

Please answer the following questions with all pertinent information. The Health Care Provider may complete the questions on this document, on a separate sheet of paper, or in a letter format.

1. Evidence of the disability and the diagnosis related to the need of the emotional support animal.

2. Information about the student's disability (*A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities".*)

3. What is the nature of the student's physical or mental health impairment (that is, how is the student substantially limited)?

4. Does the student require ongoing treatment?

5. How long have you been working with the student regarding this physical or mental health diagnosis?

6. Evidence of the connection between the diagnosis/symptoms, the need for an emotional support animal and how the specific animal will benefit the student.

7. Evidence that the student will not be able to use and enjoy the residence hall or to participate in services or residence hall programming if the emotional support animal is not approved.