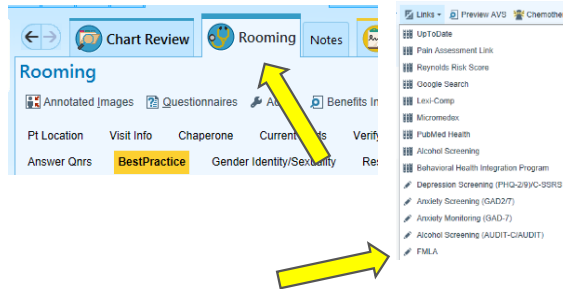


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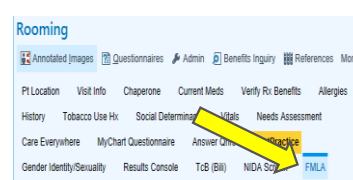
FMLA paperwork

1. FMLA paperwork can be either dropped off by the patient OR filled out in EPIC (Recommended)
2. BEST = complete FMLA Smartform with EPIC so that it saves as a letter and can be copied and updated the next time FMLA is requested.

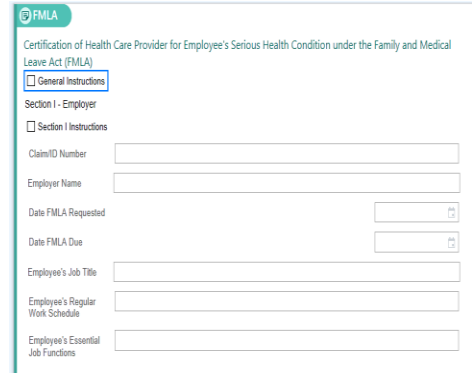
a. Open "Rooming" tab during Office Visit or Telephone Encounter. SmartForm also available on "Links" tab



b. Select "FMLA" Section



c. Complete FMLA SmartForm Questions



d. After completing SmartForm, select whether to print, fax, or send FMLA to patient's MyChart (located at bottom of SmartForm)

e. If sending to MyChart, select "Send Now." If printing for patient, select "Print Now." You can also forward to your nursing team by selecting "Route draft to staff"

Part C - Essential Job Functions

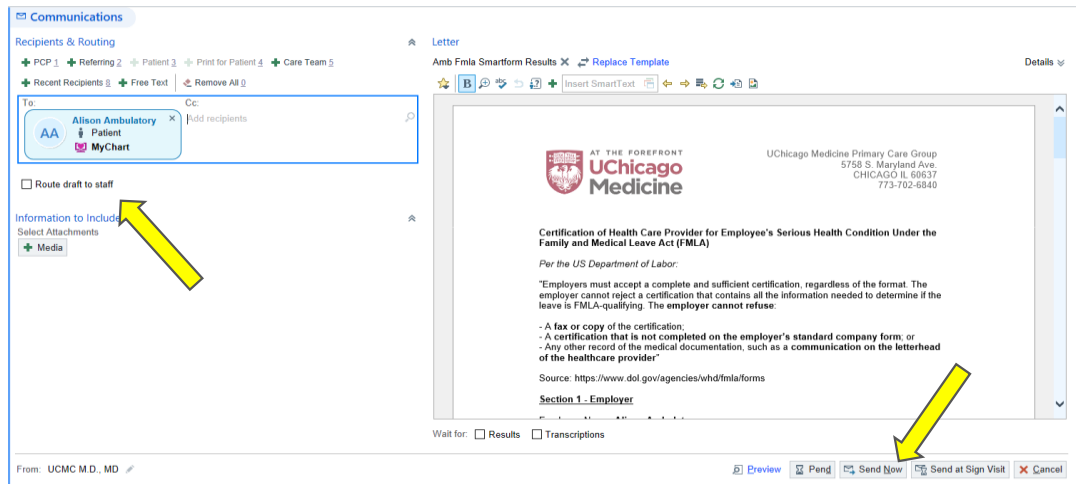
Part C Instructions

Due to the condition, the employee was not able/is not able/will not be able to perform one or more of the essential job function(s) Yes No

[Click here to file FMLA as letter and send to patient's MyChart](#)

[Click here to file FMLA as letter and print for patient](#)

[Click here to file FMLA as letter and fax to patient's employer \(will need to select "Free Text" option\)](#)



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f. If directly faxing to employer, select “Free Text” option. Fill in Name + Fax Number accordingly and click “Accept.” Then select “Send Now”

Communications

Recipients & Routing

PCP 1 Referring 2 Patient 3 Print for Patient 4 Care Team 5

Recent Recipients 8 Free Text Remove All 0

Hide recipients

Route draft to staff

Recipient Editor

Contact Information

Name: [Redacted]

Address: [Redacted]

City (or ZIP): [Redacted]

State: [Redacted] ZIP: [Redacted]

County: [Redacted]

Country: [Redacted]

Phone Number: [Redacted]

Fax Number: [Redacted]

Accept Cancel

g. If renewing/updating FMLA that was already filed as letter, select “New Communication” -> “Copy Letter” -> Select prior FMLA letter -> click “Accept” -> update FMLA information accordingly

Communications

Templates

No letter To: PCP Provider Notes Create Send

Letters: Return to Work/School Blank Referral To NWI Blank NWI Referral to NWI Return to Work/School

Let's get sending! Start a New Communication.

Choose Letter

Search Letter Templates

Return to Work/School Blank Referral To

Copy Letter

Copy Previous Letter

Show: This Visit Only My Letters Sent Letters Deleted/Retracted

Created On	From	Template	Reason	Comment	Encounter Date	Status
05/23/2024	UCMC M.D., MD	AMB FMLA SMARTFORM RESULTS			5/20/2024	Sent
04/21/2023	AMB R.N., RN	AMB BLANK LETTER			4/21/2023	Sent

6 letters loaded, 4 letters filtered out

AT THE FOREFRONT
UChicago Medicine

UChicago Medicine Primary Care Group
5750 S. Maryland Ave
CHICAGO IL 60637
773-702-6840

Certification of Health Care Provider for Employee's Serious Health Condition Under the Family and Medical Leave Act (FMLA)

Per the US Department of Labor:
"Employers must accept a complete and sufficient certification, regardless of the format. The employer cannot reject a certification that contains all the information needed to determine if the leave is FMLA-qualifying. The employer cannot refuse."

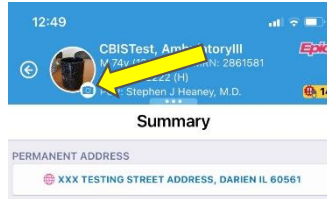
Accept Cancel

Firm Faculty Coaching Topic PGY1 #8

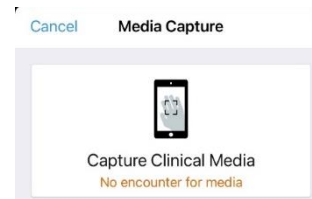
FMLA paperwork (alternative option)

1. If paperwork dropped off. Take a picture for media tab when completed. (a-c)
2. FMLA form can be found in ANY encounter where Communication tab is found (telephone, clinic visit, or just by starting a letter.) (d-e)

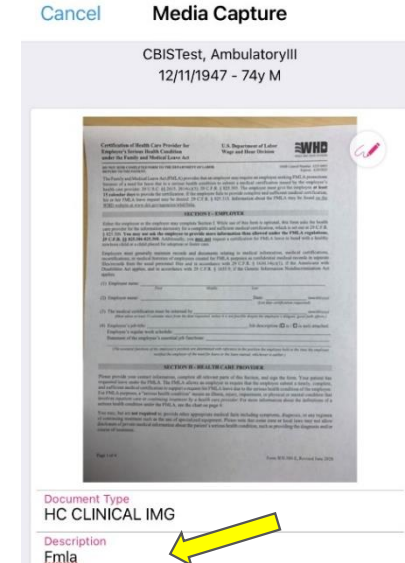
a. Open Pt Chart in Haiku. Click on Camera



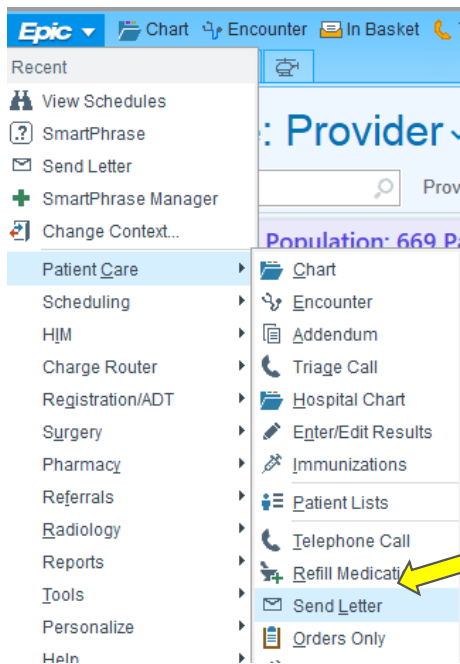
b. Click Capture Clinical Media. Take Picture.



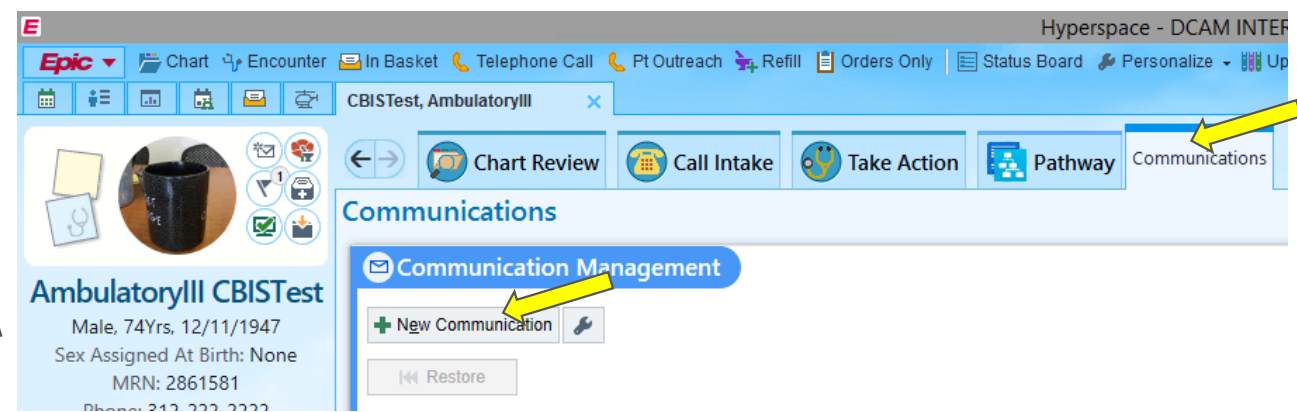
c. Save picture with "FMLA". Save to Media.



d. Start an FMLA form in a letter. EPIC-> Patient Care -> Send Letter



e. Start an FMLA form in a telephone note. Communication tab -> New Communication



Firm Faculty Coaching Topic PGY1 #8

FMLA paperwork (continued)

1. After Clicking “New Communication”, Chose Recipient for FMLA letter, usually Patient if on Mychart or Fax # in Free Text (f)
2. Click “Other Templates” and search for “AMB FMLA”, “Add to Favorites” and “Accept” (g-i)
3. Complete FMLA form and route a copy to nurse. In the future you can copy forward and update FMLA form by choosing “Copy Letter” and view FMLA in “Letters” tab (l-m)

Communication Management

Search all contacts + Add 1 PCP 2 Referring 3 Patient 4 Print For Patient 5 Care Team 6 ED/FU/Provider 7 Providers 8 Previous 9 Last

Free Text

To: AmbulatoryIII CBISTest (Patient) ✕

UCMC LETTER - UTILI... AMB MD GENERIC LE... AMB UCM ABNORMAL... AMB UCM NORMAL RE... Copy Letter Other Templates

Letter: AMB FMLA FORM ✕ From: OYLER M.D., JULIE L Reason: []

Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act) U.S. Department of Labor

SECTION I: For Completion by the EMPLOYEE INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) requires an employer to provide an employee with a reasonable amount of unpaid leave for the employee or his or her family member who has a serious health condition. The employee's response is voluntary. While you are not required to provide more information than allowed by the law, you may choose to do so.

Attach File Attachments: No attachments

Route draft to: WINBO, R.N., SONJA [U005]

Instructions Clean up letter Recipient information incomplete

Please print and leave for patient in DCAM 3C, Julie L Oyler, M.D.

New Communication Preview Pending Route Now Route at Sign Visit Cancel

Restore

Enc Meds Labs Pathology Imaging Procedures Misc Orders Consults/Referrals Notes Letters

Preview Refresh (11:47 AM) Review Selected Route Load Remaining Add to Bookmarks Edit

Filters Default filter Unsent

To save time, not all records have been loaded and sorted. Load All Records Now Hide

Creation Date	Letter From	Reason	Comments	Status	Enc Date	Sent Date
Yesterday	Julie L Oyler, M.D.					
02/24/2022	Rn H-Ts Phm Care Man...					
02/20/2022	Mark Steiner, M.D.					

Letter by Julie L Oyler, M.D. on 7/5/2022
 Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act) U.S. Department of Labor Wage and Hour Division

f. If patient has Mychart, chose “Patient” as recipient. Can also “Free text” to include fax #

g. Click “Other Templates”

h. Search for AMB_FMLA

i. Add to Favorites and Accept

j. In future, can “Copy Letter” to copy forward and update previous FMLA form

k. F2 through the document, make sure to complete every blank space with N/A if not relevant to patient

l. Route a copy to your nurse, and ask them to print if patient needs paper copy

m. Completed FMLA form can be found in Letter tab in EPIC chart review