



New York State Paid Family Leave is employee-funded insurance that provides job-protected, paid time off to care for a family member with a serious health condition; bond with a newly born, adopted, or fostered child; or assist when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Licensed health care providers play a key role in helping patients and their families take Paid Family Leave.

What is your role in Paid Family Leave family care?

As a health care provider, you can play a critical role in:

- Educating your patients and their families about New York State Paid Family Leave.
- Determining if a patient with a serious health condition is in need of family care and helping them receive the support they need. Paid Family Leave can be taken to care for a spouse, domestic partner, child/stepchild, parent/stepparent, parent-in-law, grandparent, grandchild, or *sibling (biological, adopted, half, and step).
- Providing the required certification or documentation to patients and family members who request Paid Family Leave for caring for a family member with a serious health condition.

The following licensed health care providers may complete necessary documentation for Paid Family Leave within their scope of practice:

Physician	Physical Therapist	Optometrist	Midwife
Physician Assistant	Nurse Practitioner	Psychologist	Mental Health Practitioner
Chiropractor	Registered Professional Nurse	Licensed Clinical Social Worker	Speech-Language Pathologist
Dentist	Podiatrist	Occupational Therapist	Audiologist

What certification is needed for family care?

Your patients must have a serious health condition, certified by you as their health care provider, to receive family care under Paid Family Leave.

The family care certification must include:

- Your name, address, telephone number, email address, license number and state of license, type of health care provider, and specialty.
- Time frame (approximately when your patient's serious health condition began and the expected duration).
- Certification of your patient's condition, including the appropriate ICD-10 codes (requested, but not required).
- The estimated duration and frequency of care the patient requires from the employee requesting leave, including whether the care will be continuous or intermittent.

Note: As a health care provider, you protect the well-being of the patients you serve. You may refuse to supply a certification for family care when the family member (employee) requesting leave is the perpetrator of domestic violence or child abuse against your patient (care recipient).

**New in 2023. Employees should check with their employer's insurance carrier for details on when this goes into effect for their policy.*



What is a serious health condition?

A serious health condition is defined as an illness, injury, impairment, or physical or mental condition requiring:

- **inpatient care** in a hospital, hospice, or inpatient/outpatient residential health facility, or
- **continuing treatment** or supervision by a health care provider.

Continuing treatment or supervision means one of the following reasons listed with some examples:

REASONS	EXAMPLES
Chronic serious health condition that continues over an extended period of time, requires periodic treatment visits, and may cause episodic periods of incapacity	Asthma, diabetes, epilepsy, psychosis, schizophrenia, bipolar disorder, or post-traumatic stress disorder (PTSD)
Long-term or permanent period of treatment that may not be effective and the family member is under continuing supervision	Alzheimer’s disease, severe stroke, or terminal stage of a disease
Treatment or recovery from restorative surgery after an accident or other injury, or a condition that would likely result in a period of incapacity of more than three consecutive full days in the absence of treatment	Cancer (chemotherapy and radiation), severe arthritis (physical therapy), or kidney disease (dialysis)
A period of more than three consecutive full days involving treatment two or more times by a health care provider or treatment on at least one occasion followed by continuing treatment under supervision	A course of prescription medication as a regimen of continuing treatment

Medical conditions like the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontia problems, periodontal disease, etc., are examples of conditions that are generally not included unless there are complications that meet the criteria.

Paid Family Leave may also be available in situations when an employee or their minor dependent child is under an order of quarantine or isolation due to COVID-19. See PaidFamilyLeave.ny.gov/COVID19 for full details.

Care from a patient’s family member can include providing: necessary physical care, emotional support, visitation, assistance in treatment, help arranging for a change in care, assistance with essential daily activities, personal attendant services, and transportation.

What is your role in the request process for family care?

The steps below outline an example of the request process and your role in it:

1. Your patient completes a *Release of Personal Health Information (Form PFL-3)* and submits this form along with the *Health Care Provider Certification for Care of Family Member with Serious Health Condition (Form PFL-4)* which is completed by the patient’s family member (the employee) and given to you as the health care provider.
2. Keep a copy of *Form PFL-3* for your records. Complete your portion of *Form PFL-4* and return it to the patient’s family member (the employee), the patient, or their authorized representative.
3. Your patient then gives *Form PFL-4* to their family member (the employee) requesting leave.
4. The patient’s family member (the employee) sends the completed *Request for Paid Family Leave (Form PFL-1)* and *Form PFL-4* to their employer’s Paid Family Leave insurance carrier.

Note: Employees must submit *Form PFL-4* to their employer’s Paid Family Leave insurance carrier within 30 days of the start of their leave or risk losing Paid Family Leave benefits, so your timely completion of this form is crucial.

For more information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303.



Paid Family Leave