

Letter to health care provider

Dear health care provider,

At [insert organization name here], we are committed to supporting the mental health of all of our employees. We have a mental health policy in place with accompanying strategies and programs to ensure our employees are supported in these difficult times. We offer a benefits package that is specifically tailored to the mental health of our employees.

We believe that if we provide the appropriate support, including any necessary accommodations, it is often in our employee's best interest to remain in the workplace or return to work as soon as possible when experiencing a mental health condition.

We have attached a *Work Ability Assessment Form* for you to complete and for our employee to return. Your decisions regarding any temporary work limitations and restrictions will help us work collaboratively with you and our employee to develop a safe and sustainable accommodation plan so that they can remain in the workplace or return to work as soon as possible. Please consider if our employee can do some kind of meaningful work to remain in the workplace before advising they are unfit for work.

If you have any questions and/or concerns, please contact me at [(XXX)-XXX-XXXX].

We are willing to pay a fee of up to \$[XX.XX] for the completion of the *Work Ability Assessment Form*. Please mail or fax the invoice to the address or number below.

Sincerely,

[insert supervisor or HR name here]

[insert supervisor or HR title here]

[insert organization name here]

[insert address field 1]

[insert address field 2]

[insert address field 3]

[insert address field 4]

[insert fax number here]