

EMPLOYEE ACCIDENT REPORT
COMPTON UNIFIED SCHOOL DISTRICT
FORM F-309 REV 9/17

INSTRUCTIONS: Report all injuries, no matter how trivial, within 24 hours. Benefits cannot be paid without this report. The Employer's Report of Occupational Injury or Illness will be completed from this information. Both forms must be signed by the Principal and immediately forwarded to the Office of Risk Management and Safety Services.

NAME: _____ **HOME TELEPHONE:** _____
 FIRST MIDDLE INITIAL LAST

ADDRESS: _____
 STREET & NUMBER CITY OR TOWN STATE ZIP CODE

DATE OF BIRTH: _____ **SEX:** MALE ___ FEMALE ___

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____ **OCCUPATION:** _____

WHAT WAS YOUR RATE OF PAY AT THE TIME OF INJURY? \$ _____ **PER HOUR** \$ _____ **PER MONTH**

WHERE DID ACCIDENT HAPPEN? _____
 SCHOOL OR DEPARTMENT ADDRESS

WHEN DID ACCIDENT HAPPEN? _____
 MONTH DATE YEAR

HOW COULD THE ACCIDENT HAVE BEEN PREVENTED? Describe briefly: _____

WHAT WERE YOU DOING AT THE TIME OF THE ACCIDENT? Describe briefly: _____

HOW DID THE ACCIDENT HAPPEN? Describe fully. Give all factors contributing to the accident. Attach another sheet if necessary.

DESCRIBE IN DETAIL THE NATURE OF THE INJURY AND THE PART(S) OF THE BODY AFFECTED: _____

HAVE YOU SEEN A PHYSICIAN REGARDING THIS INJURY? YES ___ NO ___

NAME AND ADDRESS OF PHYSICIAN: _____

WITNESSES? YES ___ NO ___ **IF "YES" USE SEPARATE SHEET TO LIST NAMES AND ADDRESSES OF ALL WITNESSES**

NOTICE: SECTION 2 OF THE CALIFORNIA PENAL CODE PROVIDES: "EVERY PERSON WHO, WITH THE INTENT TO DEFRAUD; PRESENTS FOR PAYMENT TO ANY SCHOOL DISTRICT ANY FALSE OR FRAUDULENT CLAIM IS GUILTY OF A FELONY PUNISHABLE BY FINE AND/OR IMPRISONMENT."

I HAVE READ THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

 SIGNATURE OF INJURED PERSON TELEPHONE DATE

 SIGNATURE OF PRINCIPAL OR DEPARTMENT HEAD TELEPHONE DATE

BY SIGNING THIS DOCUMENT YOU ARE ACKNOWLEDGING THAT THE EMPLOYEE HAS REPORTED AN INJURY



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above **Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____

2. Home Address. *Dirección Residencial.* _____

3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____

4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____

7. Social Security Number. *Número de Seguro Social del Empleado.* _____

8. Check if you agree to receive notices about your claim by email only. *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____

You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*

9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. **Empleador—complete esta sección y note la notación abajo.**

10. Name of employer. *Nombre del empleador.* Compton Unified School District

11. Address. *Dirección.* 501 S. Santa Fe Ave, Compton, CA 90221

12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____

13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____

14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____

15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

Keenan & Associates, P.O. BOX 2707, Torrance, CA 90509

16. Insurance Policy Number. *El número de la póliza de Seguro.* _____

17. Signature of employer representative. *Firma del representante del empleador.* _____

18. Title. *Título.* _____ 19. Telephone. *Teléfono.* **(310) 639-4321**

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJD): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance-SDI*), o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en una Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "solle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator-AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan



Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. You should read all of the information below. Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not pre-designate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. Ud. debe leer toda la información a continuación. Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos



KAISER PERMANENTE

(*Kaiser Permanente entities are
Listed on reverse side of this form)

**AUTHORIZATION FOR USE
OR DISCLOSURE OF PATIENT
HEALTH INFORMATION**

Patient Name: _____
Medical Record number: _____ Birth Date: _____
Address: _____
City: _____ State: _____
Zip Code: _____ Phone #: (____) _____
Email: _____

Note: Fees may apply to certain requests.

Kaiser Permanente may release this information to: Check if the same as above

Recipient Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone # (____) _____ Email: _____

This disclosure can be used for the following purpose(s): Personal Use Legal Insurance
 Medical Treatment Medical Condition Verification Disability FMLA Workers' Comp

Check ONLY one of the following three options to identify the health information to be released.

- Option 1: Form Completion (a substitute form or relevant medical records may be released)
- Option 2: Last 2 years of Kaiser Permanente Medical Office and Kaiser Foundation Hospital records
- Option 3: Records as specified. You must complete Step 1 and Step 2 below.

Step 1. Enter date range or date(s) of the records to be released: _____

Step 2. Select types of records to be released:

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> KP Medical office | <input type="checkbox"/> Kaiser Foundation Hospital | <input type="checkbox"/> Immunization | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Diagnostic Images | <input type="checkbox"/> Copays & Deductibles | <input type="checkbox"/> Itemized Billing | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Other (provider, department, specialty): _____ | | | |

NOTE: Hospital and Medical office records released as part of this authorization may contain references related to mental health, addiction, and HIV medical conditions.

Check the boxes below if you want this release to include the following information, otherwise, this information will be excluded.

Mental Health Treatment Records Addiction Medicine Treatment Records HIV Test Results

Media Type: Electronic Paper Delivery Preference: Electronic Mail Pickup

DURATION: Authorization shall remain in effect for one year from the date of signature below. However, in Washington, D.C. permission to release addiction medicine treatment records expires after six (6) months.

REVOCAION: You or your personal representative may cancel this authorization for future releases by submitting a written request to the Release of Information Unit listed for your region of service on the reverse side of this form. Your cancellation will not affect information that was released prior to receipt of the written request.

REDISCLASURE: Once this information is released, it may not be protected under federal privacy law (HIPAA). State or other federal law may require the recipient to obtain your authorization before further disclosure.

Kaiser Permanente may not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. This disclosure is made at your request. For Virginia patients, a copy of this authorization, and a note stating to whom your information was disclosed will be included in your medical record. A copy of the original authorization is valid. You have a right to a copy of this completed authorization.

Date

Signature

If personal representative, print name/relationship

Authorization to Release Medical Information

(Please fill out completely; incomplete forms may delay processing)

1. **Explanation:** This authorization to receive or release medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, Section 56 et. Seq., of the California Civil Code.

2. **Authorization:** I hereby authorize _____
(Name of physician, hospital or healthcare provider)

(Address of physician, hospital or healthcare provider)

To furnish to KEENAN & a, and/or its representatives including but not limited to attorneys, claims adjusters, investigators, nurse case managers, and consulting physicians records relating to any claim made by me or on my behalf for workers' compensation benefits.

(Name of patient)

(Social Security Number)

(Date of birth)

3. **All medical information without exception, diagnosis, x-rays, x-ray interpretation, laboratory and pathological tests, medical history obtained, medical reports of medical examination (both in and outpatient), pre-operative reports, operative reports, and billings or charges.**

4. **Uses:** This information supplied is to be used for the following purpose(s): continuity of medical care.

5. **Duration:** This authorization shall become effective immediately and shall remain in effect for two years.

6. **Restrictions:** I understand that the recipient may use such information only in a matter relating to any claim made by me or on my behalf for workers' compensation benefits.

7. **Additional Copy:** I understand that I have the right to receive a copy of this authorization.
Copy requested and provided: () YES () NO

Signed: _____
(Signature)

Date: _____

(Print Name) Witness: _____

*If signed by other than patient, indicate relationship: _____

** Authorized representative must submit copies of legal documents supporting assignment of this authority.*

This authorization will comply with requirements of the HIPA Privacy Rule except when other applicable law imposes additional or more stringent authorization requirements. KEENAN acknowledges the Health Insurance Portability and Accountability Act (HIPAA) requirements medical providers must follow to protect patients' privacy. Workers' compensation is specifically excluded from HIPAA regulations. Because the federal government excluded workers' compensation from HIPAA, we do not anticipate a change in how we obtain medical information from medical providers.

**AUTHORIZATION FOR RELEASE OF
PATIENT HEALTH INFORMATION**

PATIENT NAME:

DATE OF BIRTH:

CLAIM NUMBER:

SOCIAL SEC. NO.

I, the undersigned, hereby authorize the following health care providers:
Requestor: _____ and Compton Unified School District

1. _____ PHONE: _____

Address: _____

2. _____ PHONE: _____

Address: _____

3. _____ PHONE: _____

Address: _____

4. _____ PHONE: _____

Address: _____

to release any and all medical information including but not limited to mental health records protected by the Lanteman-Petris-Short Act, drug and/or alcohol abuse records and/or HIV test results, if any to an agent, designee or representative of the Requester for the specific purpose of handling my workers' compensation claim in compliance with the appropriate governing codes including California Civil Code Section 56 et seq., California Evidence Code Section 1158. et. al.

This authorization is effective now and will remain in effect for one year following the execution of this authorization.

I understand I have a right to receive a copy of this authorization.

Print Name _____

Date: ____/____/____

*Signed: _____

Date: ____/____/____



Compton Unified School District
501 South Santa Fe Avenue
Compton, California 90221

MEDICAL PROVIDER NETWORK

Dear Employee:

Compton Unified School District has established a Medical Provider Network to provide medical services for eligible employees who have been injured on the job. The Medical Provider Network is established in compliance with laws of the State of California and has been approved by the Administrative Director of the Division of Workers' Compensations, Department of Industrial Relations effective June 20, 2005.

I, _____ acknowledge that the Compton Unified School District (District) has provided me with the Medical Provider Network list.

Signature

Date

Print Name

Witness

Attachment F - Complete Written MPN Employee Notification

Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification Re: Medical Provider Network (Title 8, California Code of Regulations, section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Keenan & Associates.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080

Fax Number: (703) 673-0181

Email Address: MPNMAA@harborsys.com

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact

Title: MPN Contact

Address: P.O. Box 11779, Newport Beach, CA 92658-5041

Telephone Number: (888) 626-1737

Email address: MPNcontact@harborsys.com

General information regarding the MPN can also be found at the following website:
www.harborsys.com/Keenan.

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/Keenan. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the

county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians, which includes all telehealth physicians in the MPN, by going to the website at www.harborsys.com/Keenan.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with a MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers and telehealth services for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

There are two types of telehealth physicians; physicians who provide services via telehealth only and physicians who provide services at a brick and mortar facility and also via telehealth. The physician who is available for only telehealth appointments will be counted when determining if the MPN has met access standards, if you consent to see the telehealth physician. The physician who is available for only telehealth appointments will not be counted when determining if the MPN has met access standards, if you do not consent or retract your consent to receive telehealth services prior to delivery of telehealth treatment.

Physicians who provide services at a brick and mortar facility and also via telehealth, if you choose and consent to telehealth services, the physician will be counted when determining if the MPN has met access standards. If you do not consent or retract your consent prior to delivery of telehealth treatment, inclusion of physician in determining MPN's compliance with access standards, is dependent upon whether or not the physician's physical location is within 30 minutes or 15 miles (if Primary Treating Physician), or within 60 minutes or 30 miles (if specialist), of your residence or workplace, in accordance with 8 CCR §9767.5(a)(1) and (a)(2).

Your consent is required prior to delivery of the telehealth treatment and must be documented in your medical record, pursuant to Business and Professions Code section 2290.5(b).

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second-opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an MPN Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the section below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I am being treated by an MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose an MPN physician. These conditions are set forth in the "***Can I Continue Being Treated By My Doctor?***" section above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician

for a medical report on whether you have one of the four conditions stated in the section above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **MPN Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:
DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

Información Importante sobre el Cuidado Médico si tiene una Lesión o Enfermedad Relacionada con el Trabajo

Notificación por Escrito Completa para los Empleados: Red de Proveedores Médicos
(Título 8, Código de Regulaciones de California, sección 9767.12)

La ley de California requiere que su empleador proporcione y pague por el tratamiento médico si se lesiona en el trabajo. Su empleador ha elegido proporcionar este cuidado médico utilizando la red de proveedores médicos de Compensación de Trabajadores (con sus siglas en inglés, MPN). Esta Red de Proveedores Médicos es administrada por Harbor Health Systems.

Esta notificación le indica lo que debe conocer sobre el programa de la MPN y describe sus derechos para elegir el cuidado médico para las lesiones y enfermedades relacionadas con el trabajo.

- **¿Qué sucede si me lesiono en el trabajo?**

En caso de una emergencia, usted debe llamar al 911 o dirigirse a la sala de emergencia más cercana.

Si se lesiona en el trabajo, notifíquelo a su empleador lo antes posible. Su empleador le proporcionará un formulario del reclamo. Cuando le notifique a su empleador que tuvo una lesión relacionada con el trabajo, su empleador o asegurador hará la cita inicial con el médico de la MPN.

- **¿Qué es la MPN?**

La Red de Proveedores Médicos (MPN) es un grupo de proveedores de cuidados de la salud (médicos y otros proveedores médicos) utilizados por SU EMPLEADOR para tratar a los empleados lesionados en el trabajo. Las Redes de Proveedores Médicos deben permitirles a los empleados tener una opción de proveedor(es). Cada MPN debe incluir una combinación de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de la medicina.

- **¿Que MPN es utilizada por mi empleador?**

Su empleador se encuentra utilizando la Red de Proveedores Médicos PRIME MPN Administrada por la Red de Proveedores Médicos de Harbor Health Systems con el número de identificación 2357. Cuando tenga preguntas o solicitudes sobre la MPN, debe referirse al nombre y número de identificación de la MPN.

- **¿Con quién puedo comunicarme si tengo preguntas sobre mi MPN?**

El Contacto de la MPN mencionado en esta notificación será capaz de contestar sus preguntas sobre el uso de la MPN y se ocupará de cualquier queja relacionada con la MPN.

El contacto de su MPN es:

Nombre: Contacto de la MPN Harbor Health Systems
Título: Contacto de la MPN
Dirección: PO Box 54770
Número de Teléfono: (888) 626-1737
Dirección de Correo Electrónico: MPNcontact@harborsys.com

Información general relacionada con la MPN también puede ser encontrada en el siguiente sitio web:
www.harborsys.com/Keenan

- **¿Qué sucede si necesito ayuda para encontrar y hacer una cita con el médico?**

El Asistente de Acceso Médico de la MPN le ayudará a encontrar los médicos de su elección y podrán ayudarlo a programar y confirmar las citas con los médicos. El Asistente de Acceso Médico se encuentra disponible para asistirle de lunes a sábado de 7am-8pm (Pacífico) y programarle citas médicas durante horas normales de los negocios de los médicos. La asistencia se encuentra disponible en inglés y español.

La información de contacto del Asistente de Acceso Médico es:

Número de Teléfono de Línea Gratuita: (855) 521-7080
Número de Fax: (703) 673-0181
Dirección de Correo Electrónico: MPNMAA@harborsys.com

- **¿Cómo puedo saber que médicos se encuentran en mi MPN?**

Usted puede obtener una lista de todos los proveedores regional de la MPN en su área llamando al Contacto de la MPN o dirigiéndose a nuestro sitio web en: www.harborsys.com/Keenan. Como mínimo, la lista regional debe incluir una lista de todos los proveedores de la MPN dentro de quince (15) millas de su lugar de trabajo y/o residencia, o una lista de todos los proveedores de la MPN dentro del condado donde usted vive y/o trabaja. Usted puede elegir la lista que desea recibir. También, tiene derecho a obtener una lista de todos los proveedores de la MPN, una vez lo solicite.

Usted puede tener acceso a la lista de todos los médicos tratantes en la MPN dirigiéndose al sitio web en www.harborsys.com/Keenan.

- **¿Cómo selecciono un proveedor?**

Su empleador o el asegurador de su empleador harán los arreglos para la cita médica inicial con un médico de la MPN. Después de la primera visita médica, usted puede continuar siendo tratado por ese médico, o puede elegir otro médico de la MPN. Usted puede continuar eligiendo los médicos dentro de la MPN para todos sus cuidados médicos para esta lesión.

Si es apropiado, usted puede elegir un especialista o solicitarle a su médico tratante un referido a un especialista. Algunos de los especialistas solo aceptarán citas con un referido del médico tratante. Dicho especialista podría ser mencionado como "solo por referido" en el directorio de la MPN.

Si necesita ayuda en encontrar un médico o en programar una cita médica, puede llamar al Asistente de Acceso Médico.

- **¿Puedo cambiar de proveedores?**

Sí. Usted puede cambiar de proveedores dentro de la MPN por cualquier motivo, pero los proveedores que elija deberán ser apropiados para tratar su lesión. Comuníquese con el Contacto de la MPN o con su ajustador de reclamos si desea cambiar se médico tratante.

- **¿Qué estándares tiene que cumplir la MPN?**

La MPN tiene proveedores por todo el estado de California.

La MPN debe brindarle acceso a una lista de proveedores regionales que incluye al menos tres (3) médicos de cada especialidad, comúnmente utilizados en tratar lesiones/ enfermedades en el trabajo, en su industria. La MPN debe brindar acceso a los médicos tratantes primarios dentro de los primeros treinta (30) minutos o quince (15) millas, y especialistas dentro de los primeros sesenta (60) minutos o treinta (30) millas de donde trabaje o viva.

Si vive en un área rural o un área donde haya escasez de cuidados médicos, puede haber un estándar diferente.

Después de que ha notificado a su empleador de su lesión, la MPN debe proporcionar el tratamiento inicial dentro de tres (3) días laborables. Si el tratamiento con el especialista ha sido autorizado, la cita con el especialista deberá ser otorgada dentro de veinte (20) días laborables de su solicitud. Si tiene problemas para obtener una cita con el proveedor en la MPN, comuníquese con el Asistente de Acceso Médico.

Si no existen proveedores de la MPN disponibles en la especialidad apropiada para tratar su lesión dentro de los requerimientos de distancia y tiempo, entonces se le permitirá buscar el tratamiento necesario fuera de la MPN.

- **¿Qué sucede si no existen proveedores de la MPN donde me encuentro localizado?**

Si es un empleado actual viviendo o trabajando temporalmente en un área rural, o viviendo fuera del área de servicio de la MPN, o si es un ex empleado viviendo permanentemente fuera del área de servicio de la MPN, la MPN también puede permitirle elegir su propio médico fuera de la red de la MPN. Comuníquese con su Contacto de la MPN para obtener asistencia en encontrar un médico o para información adicional.

- **¿Qué sucede si necesito un especialista que no se encuentra disponible en la MPN?**

Si necesita ver un tipo de especialista que no se encuentra disponible en la MPN, usted tiene derecho a ver un especialista fuera de la MPN.

- **¿Qué sucede si no estoy de acuerdo con mi médico sobre el tratamiento médico?**

Si no está de acuerdo con su médico o si desea cambiar su médico por algún motivo, usted puede elegir otro médico de la MPN.

Si no está de acuerdo con el diagnóstico o con el tratamiento prescrito por su médico, puede solicitar una segunda opinión de otro médico dentro de la MPN. Si desea una segunda opinión, debe comunicarse con el contacto de la MPN o con su ajustador de los reclamos y dígame que desea una segunda opinión. La MPN deberá ofrecerle por lo menos la lista de los proveedores regionales de la MPN de la cual puede elegir un médico para la segunda opinión. Para obtener una segunda opinión, usted debe escoger un médico de la lista de la MPN y hacer una cita dentro de sesenta (60) días. Deberá informarle al Contacto de la MPN de la fecha de su cita, y la MPN le enviará al médico una copia de sus expedientes médicos. Usted puede solicitar la copia de sus expedientes médicos que serán enviados al médico.

Si no hace una cita dentro de sesenta (60) días de haber recibido la lista de los proveedores regionales, a usted no se le permitirá tener una segunda o tercera opinión con relación a este diagnóstico o tratamiento de este médico tratante.

Si el médico de la segunda opinión siente que su lesión se encuentra fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico notificará a su empleador o asegurador, y a usted. A usted se le brindará otra lista de médicos o especialistas de la MPN para que pueda hacer otra elección.

Si no se encuentra de acuerdo con la segunda opinión, usted puede solicitar una tercera opinión. Si solicita una tercera opinión, pasará por el mismo proceso que el pasó con la segunda opinión.

Recuerde que si no hace una cita dentro de sesenta (60) días de haber obtenido otro proveedor de la lista de la MPN, entonces no se le permitirá tener una tercera opinión con relación a este diagnóstico o tratamiento disputado de este médico tratante.

Si no se encuentra de acuerdo con el doctor de la tercera opinión, puede solicitar una Revisión Médica Independiente de la MPN (IMR). Su empleador o el Contacto de la MPN le brindarán información sobre como solicitar una Revisión Médica Independiente y un formulario, al momento de seleccionar el médico de la tercera opinión.

Si el médico de la segunda o tercera opinión o Evaluador Médico Independiente se encuentra de acuerdo con su necesidad del tratamiento o prueba, a usted se le puede permitir recibir ese servicio médico de un proveedor dentro de la MPN, si la MPN no contiene un médico que puede proporcionar el tratamiento recomendado, usted puede elegir un médico fuera de la MPN dentro de un área geográfica razonable.

Si el Revisor Médico Independiente respalda su necesidad de tratamiento o prueba, usted puede recibir ese cuidado de un médico que se encuentre dentro o fuera de la MPN.

- **¿Qué sucede si ya estoy siendo tratado por la lesión relacionada con el trabajo antes de que comience la MPN?**

Su empleador o asegurador tiene una póliza de "Transferencia de Cuidados Médicos" la cual determinará si puede continuar siendo tratado temporalmente por una lesión existente relacionada al trabajo por un médico que se encuentre fuera de la MPN, antes de que su cuidado médico sea transferido a la MPN.

Si su médico actual no se encuentra o no va a ser miembro de la MPN, entonces a se le puede requerir que vea a un médico de la MPN. Sin embargo, si ha pre-designado apropiadamente un médico tratante primario, usted no puede ser transferido a la MPN. (Si tiene preguntas sobre la pre-designación, pregúntele a su supervisor).

Si su empleador decide transferirlo a la MPN, usted y su médico tratante primario deben recibir una carta notificándoles la transferencia.

Si cumple con ciertas condiciones, usted puede cualificar para continuar tratándose con un médico que no pertenezca a la MPN por hasta un (1) año antes de ser transferido a la MPN. Las condiciones que cualifican para posponer la transferencia de su cuidado a la MPN se encuentran en el encasillado a continuación.

¿Puedo Continuar Siendo Tratado Por Mi Médico?

Usted puede cualificar para continuar el tratamiento con su proveedor que no pertenece a la MPN (a través de la transferencia de los cuidados o continuidad de los cuidados) por hasta un (1) año, si su lesión o enfermedad cumple cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento de su lesión o enfermedad será completado en menos de noventa (90) días;
- **(Seria o Crónica)** Su lesión o enfermedad es seria y continua por al menos noventa (90) días sin una cura completa o empeora, y requiere tratamiento en lo subsiguiente. Se le puede permitir ser tratado por su médico tratante actual por hasta un (1) año, hasta que pueda realizarse una transferencia segura de los cuidados médicos.
- **(Terminal)** Usted tiene una enfermedad incurable o una condición irreversible que es probable que cause la muerte dentro de un (1) año o menos.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de ciento ochenta (180) días de la fecha de efectividad de la MPN, o la fecha de terminación del contrato entre la MPN y su médico.

Usted puede no estar de acuerdo con la decisión de su empleador de transferir su cuidado a la MPN. Si no desea ser transferido a la MPN, solicítele a su médico tratante primario un reporte médico donde se indique si tiene una de las cuatro condiciones señaladas anteriormente para cualificar para que se posponga su transferencia a la MPN.

Su médico tratante tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia del reporte sobre su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días a partir de su solicitud, el empleador puede transferir su cuidado a la MPN, y a usted se le requerirá utilizar un médico de la MPN.

Necesitará entregarle una copia del reporte a su empleador si desea posponer la transferencia de sus cuidados médicos. Si usted o su empleador no está de acuerdo con el reporte del médico sobre su condición, usted o su empleador pueden disputarlo. Vea la póliza completa de transferencia de los cuidados médicos para más detalles sobre el proceso de resolución de disputas.

Para una copia de la póliza de Transferencia de los Cuidados, en inglés o español, solicítela a su Contacto de la MPN.

- **¿Qué sucede si estoy siendo tratado por un médico de la MPN que decide dejar la MPN?**

Su empleador o asegurador tiene una póliza de "Continuidad de los Cuidados Médicos" que determinará si puede temporalmente continuar con el tratamiento para la lesión existente relacionada con el trabajo, con su médico, si su médico no se encuentra por más tiempo participando en la MPN.

Si su empleador decide que usted no cualifica para continuar su cuidado médico con el proveedor que no pertenece a la MPN, usted y su médico tratante primario deben recibir una carta notificándoles de esta decisión.

Si cumple con ciertas condiciones, usted puede cualificar para continuar siendo tratado con este médico por hasta un (1) año antes de tener que elegir un médico de la MPN. Estas condiciones se exponen en el, “¿Puedo Continuar Siendo Tratado Por Mi Médico?” encasillado anterior.

Usted puede no estar de acuerdo con la decisión de su empleador de denegar su Continuidad de los Cuidados Médicos con el proveedor terminado de la MPN. Si desea continuar tratándose con el médico terminado, solicite a su médico tratante primario un reporte médico donde indique que usted tiene una de las cuatro condiciones señaladas en el encasillado anterior, para ver si cualifica para continuar tratándose con su médico actual temporalmente.

Su médico tratante primario tiene veinte (20) días a partir de la fecha de su solicitud para entregarle una copia de su reporte médico sobre su condición. Si su médico tratante primario no le entrega el reporte dentro de veinte (20) días de su solicitud, la decisión de su empleador de denegar su Continuidad a los Cuidados Médicos con su médico que no pertenece por más tiempo a la MPN será aplicada, y a usted se le requerirá elegir un médico de la MPN.

Necesitará entregarle una copia del reporte a su empleador si desea posponer la elección de un médico de la MPN para el tratamiento. Si usted o su empleador no están de acuerdo con el reporte de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la póliza completa de Continuidad de los Cuidados Médicos para más detalles del proceso de resolución de disputas.

Para una copia de la póliza de Continuidad de los Cuidados Médicos, en inglés o español, solicítela a su Contacto de la MPN.

- **¿Qué hago si tengo preguntas o necesito ayuda?**
 - **Contacto de la MPN:** Siempre comuníquese con el Contacto de la MPN si tiene preguntas sobre la utilización de la MPN y para tratar cualquier queja relacionada con la MPN.
 - **Asistentes de Acceso Médico:** Puede comunicarse con el Asistente de Acceso Médico si necesita ayuda para encontrar médicos de la MPN, y programar y confirmar citas.
 - **División de Compensación de Trabajadores (DWC):** Si tiene alguna duda, queja, o pregunta relacionada con la MPN, el proceso de notificación, o su tratamiento médico después una lesión o enfermedad relacionada con el trabajo, puede llamar a la oficina de Información y Asistencia de la DWC al 1-800-736-7401. También, puede ir al sitio web de la DWC en www.dir.ca.gov/dwc y hacer clic en “red de proveedores médicos” para más información sobre las Redes de Proveedores Médicos.
 - **Revisión Médica Independiente:** Si tiene preguntas sobre el proceso de la Revisión Médica Independiente de la MPN, comuníquese con la Unidad Médica de la División de Compensación de Trabajadores en:

DWC Medical Unit
PO Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Mantenga esta información en caso de que tenga una lesión o enfermedad relacionada con el trabajo.

Agile Occupational Medicine

15401 S. Main St.

Gardena, CA 90248

Hours of Operation: Mon.-Fri. 8:30am – 5:30pm

Concentra Medical Center(s)

1. 16630 S. Broadway St.

Gardena, Ca 90248

Hours of Operation: Mon.-Fri. 8:00am – 5:00pm

2. 1149 W. 190th Street

Gardena, CA 90248

Hours of Operation: 24/7

Southern California Immediate Medical Center(s)

1. 5303-B Lakewood Blvd.

Lakewood, CA 90712

Hours of Operations: 24/7

2. 7300 Alondra Blvd. Ste. 100

Paramount, CA 90723

Hours of Operation: 9:00am – 4:30pm

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, before you are injured, you must notify your employer in writing and provide your employer written documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer does not participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer in writing prior to being injured. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

July 2016

Keenan
Associates

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a *Supplemental Job Displacement Voucher*, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Keenan & Associates
Claims Processing Unit
PO-Box 2707
Torrance, CA 90509

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]

Compton Unified School District

workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in writing, prior to being injured on the job and provide written verification that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

I acknowledge receipt of this form and elect not to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: _____ Date: _____

If I am injured on the job, I wish to be treated by my personal physician*:

Name of Physician or Medical Group _____ Phone Number _____

Address _____

*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

PLEASE PRINT YOUR NAME AND ADDRESS!

Employee Signature: _____ Date: _____

A Personal Physician must be willing to be predesignated and treat you for a workers' compensation injury. The remainder of this form is to be completed by your physician and returned to your Employer.

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: _____

I agree to treat the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

(Physician or Designated Employee of the Physician or Medical Group)

Date

Please return completed form to:

Compton Unified School District, 501 S. Santa Fe Ave, Compton, CA 90221, fax number (310) 537-9076



**Declination of Medical Examination Treatment
FOR INDUSTRIAL ACCIDENT USE ONLY**

Name of Employee: _____

Job Title: _____

Date & Time of Incident: _____

Location of Incident: _____

Description of Incident:

Please check off one of the following options:

_____ My signature confirms that **I AM NOT** experiencing any signs or symptoms resulting from the incident described above. Compton Unified School District has offered medical treatment to me; however, I decline any medical evaluation or treatment as a result of this job-related incident.

_____ My signature confirms that **I AM** experiencing signs or symptoms resulting from the industrial incident described above. Compton Unified School district has offered medical treatment to me; however, as I feel my symptoms are improving, I decline any medical evaluation or treatment as a result of this job-related incident

If the need for medical treatment arises as a result of this incident, I have been instructed to inform the Risk Management Department immediately.

Signature of Employee Date

Print Name of Risk Management Representative Signature Date

This document is not a waiver of workers' compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, the injured worker has a maximum period of one year from the date of injury to obtain medical treatment and benefits.