



HUMAN RESOURCES DEVELOPMENT
Rebecca Petersen, Director Human Resources

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TO: VUSD Employee
FROM: Rebecca Petersen, Director Human Resources
SUBJECT: Workers' Compensation: Pre-designation of Personal Physician

To outline your rights and to be eligible to pre-designate your personal treating physician in the event of an industrial injury or illness, below is the following criteria:

- Your pre-designated personal physician must be your primary treating physician that has previously directed your medical care and who retains your medical history and records.
- Your pre-designated personal physician must be your primary treating physician that has limited his or her practice of medicine to general practice or who is board certified or board eligible internist, pediatrician, obstetrician-gynecology or family practitioner.
- You must provide the name and address of your pre-designated personal physician **in writing** prior to being injured and you must provide **written** documentation on the Pre-designated Personal Physician form we provide, that your physician has signed and agreed to be pre-designated for the purposes of workers' compensation treatment.

Prior personal physician pre-designations **are not valid** unless all the above criteria are met and have been received, in writing, prior to your industrial injury or illness. Please ^{complete the attached} contact your district office for an option "Pre-designated Personal Physician" form that ensures compliance with the rules. Again, in order for your pre-designation to be valid, it must meet the above criteria and be received, in writing, prior to your injury or illness.

If you have any questions, please contact Human Resources, Employee Benefits at 730-7538.

Enclosure: Personal Pre-designated Form

Visalia Unified

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.

EMPLOYEE NAME & ADDRESS:

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.

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

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:

Visalia Unified, 5000 W. Cypress, Visalia, CA 93277