LAWNDALE
Elementary School District

2024 - 2025

Onboarding Handbook

CONNECT WITH US

(310) 973-1300

(323) 680-4991

Hresstaff@lawndalesd.net

www.lawndalesd.net

4161 W. 147th Street, Lawndale, CA 90260

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LESD_HR

Onboarding Handbook

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Human Resources

The purpose of this handbook is to provide a general overview of information related to your employment. This handbook is not intended to be the sole source of information. In all cases, applicable state and federal laws, rules, policies, and collective bargaining agreements govern the employee's and district's rights, responsibilities, and obligations – not this document. Due to the complexities of the various provisions related to employment, employees should always consult with their Human Resources representative.

Welcome

The Lawndale Elementary School District (LESD) is excited to have you join our team. Our purpose is to provide our students with the education and resources that will pave the road toward brighter futures. Working together, we can guarantee that all students have the necessary academic, social, and emotional foundations for them to open a world of opportunities in the future. We know that with you joining our team, you will help to pave that road and work toward achieving our goals:

1| Increase Academic Achievement	2| Ensure Access & Equity
Ensure all students learn through access to high-quality actions and services that increase academic achievement and civic, career, and college readiness.	Provide high-quality actions and services to eliminate barriers to student access to required and desired areas of study.
3| Improve Parent & Student Engagement	**4| Provide 21st Century Learning Environments**
Ensure all school sites have safe, welcoming, healthy, and inspiring climates for all students and families so that all students are behaviorally and academically engaged in school and ready to learn.	Invest in optimal learning environments that enhance student learning and ensure safety.

On behalf of the Board of Trustees, we extend to you our sincere best wishes for a successful and rewarding experience with the Lawndale Elementary School District.

Employment

The Lawndale Elementary School District is committed to providing highly qualified staff to serve our students. Some requirements for employment may include:

- Completed Application and Resume
- District employment paperwork and completion of a criminal background check (Live Scan –DOJ/FBI)
- Proof of eligibility to work in the United States.
- A current W-4 and DE-4 incoming tax withholding form
- Results of a TB test, dated within 12 months prior to the date of employment. If you test positive, documentation of a positive test and chest x-ray results are required.
- Online trainings (Bloodborne Pathogens, Very Important Points, Sexual Harassment, Mandated Reporter, Suicide Prevention)
- Other requirements listed on the job posting

The Lawndale Elementary School District is an equal opportunity employer and upholds the right to every person to be employed and to advance. The Board of Trustees desires to provide a positive and safe work environment where employees, interns, volunteers, and job applicants are free from harassment and are assured of equal access and opportunities in accordance with the law. No district employee shall be discriminated against or harassed by any coworker, supervisor, manager, or other person with whom the employee comes in contact in the course of employment, on the basis of the employee's actual or perceived race, religious creed, color, national origin, ancestry, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, military and veteran status, gender, gender identity, gender expression, sex, or sexual orientation or his/her association with a person or group with one or more of these actual or perceived characteristics.

Contacts

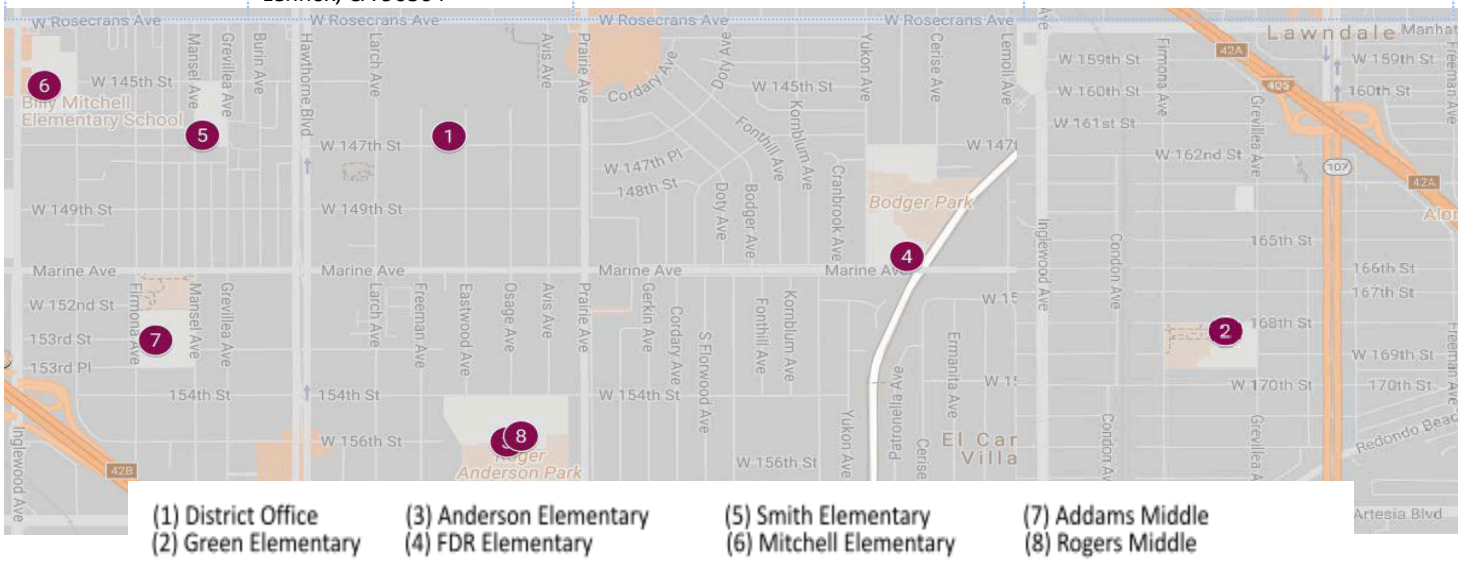
Members of the human resources and payroll teams are available to assist you. Find your representative below.

Human Resources	Contact Information (310) 973-1300	Responsibilities
Lisa Cooper, Ed.D. *Assistant Superintendent*	Ext. 50059 lisa_cooper@lawndalesd.net	
Betty Gonzalez-Salgado *Executive Assistant II*	Ext. 50060 betty_gonzalezsalga@lawndalsed.net	
Liz Johnson *Human Resource Technician*	Ext. 50061 liz_johnson@lawndalesd.net	Certificated
Kenia Guerra Pulido *Human Resource Technician*	Ext. 50062 kenia_guerrapulido@lawndalesd.net	Management
Daisy Chavez *Human Resource Technician*	Ext. 50042 daisy_chavez@lawndalesd.net	Classified A - L *(last name)* Interns/Volunteers
Christian Beabes *Human Resource Technician*	Ext. 50063 christian_beabes@lawndalesd.net	Classified M - Z *(last name)* RAP Classified Contractors
Vanessa Chavez *Human Resource Technician*	Ext. 50164 vanessa_chavez@lawndalesd.net	Retirees Benefits Workers Compensation Leaves
Brenda Blas *Receptionist*	Ext. 50000 brenda_blas@lawndalesd.net	Frontline Coordinator Annual Notifications Mandated Training

Payroll	Contact Information (310) 973-1300	Responsibilities
Monique Benjamin *Director*	Ext. 50013 monique_benjamin@lawndalesd.net	
Araceli Alvarez *Senior Account Clerk*	Ext. 50016 araceli_alvarez@lawndalesd.net	Certificated
Josie Fernandez *Senior Account Clerk*	Ext. 50015 josie_fernandez@lawndalesd.net	Hourly Classified
Mary Pun *Senior Account Clerk*	Ext. 50015 mary_pun@lawndalesd.net	Monthly Classified

Locations

Location	Address Lawndale, CA 90260	Contact Information	Staff
Billy Mitchell *Grades K-5*	14429 Condon Avenue	Phone: (310) 676-6140 Fax: (310) 675-0489 RAP: (310) 462-8305 Ext. 55241	Principal: Dalia Coronel AP: Marysol Perez Office Manager: Lety Arevalo
William Anderson *Grades K-5*	4130 W. 154th Street	Phone: (310) 676-0197 Fax: (310) 676-8053 RAP: (310) 462-2836 Ext. 52241	Principal: Kevin Corrinet AP: Sara Diaz Office Manager: Amanda Ortega
F. D. Roosevelt *Grades K-5*	3533 Marine Avenue	Phone: (310) 675-1121 Fax: (310) 675-6367 RAP: (310) 944-4384 Ex. 57243	Principal: Jennie Whitaker AP: Jessica Huff Office Manager: Gricell Rodriguez
Carson *Grades TK/Leap*	3533 Marine Avenue	Phone: (310) 263-6830 Fax: (310) 462-0754	School Clerk: Jessica Acosta
Mark Twain *Grades K-5*	3728 W. 154th Street	Phone: (310) 675-9134 Fax: (310) 675-6367 RAP: (310) 462-0924 Ext. 59244	Principal: Michael Bosler AP: Ammie Ibarra Office Manager: Lisa Jarvis
Lucille Smith *Grades K-5*	4521 W. 147th Street	Phone: (310) 970-2915 Fax: (310) 675-7584 RAP: (310) 462-8967 Ext. 58241	Principal: Cristal Moore Office Manager: Veronica Carranza
William Green *Grades K-5*	4520 168th Street	Phone: (310) 370-3585 Fax: (310) 370-0522 RAP: (310) 462-7490 Ext. 54241	Principal: Laura Quane AP: Richard Barclay Office Manager: Maria Galindo
Jane Addams *Grades 6-8*	4535 W. 153rd Place	Phone: (310) 676-4806 Fax: (310) 462-8967 RAP: (310) 462-09520 Ext. 51244	Principal: Jami Valentine AP: Jessica Chumentowski Office Manager: Norma Ruiz-Garcia
Will Rogers *Grades 6-8*	4110 W. 154th Street	Phone: (310) 676-1197 Fax: (310) 676-0489 RAP: (310) 462-2836 Ext. 56241	Principal: Emilie Leigh AP: Esmeralda Rosas Office Manager: Donna Cola
District Office	4161 W. 147th Street	Phone: (310) 973-1300 Fax: (323) 680-4991	Receptionist: Brenda Blas
SELPA	10322 Condon Avenue Lennox, CA 90304	Phone: (310) 680-5770	



Hours

Location		**Begins**	**Dismissal** Monday - Friday	**Minimum Day** Thursday
Billy Mitchell *Grades K-5*	*Grades K-3*	8:30 am	2:30 pm	1:05 pm
	Grades 4-5	8:30 am	2:55 pm	1:10 pm
William Anderson *Grades K-5*	*Grades K-3*	8:30 am	2:30 pm	1:05 pm
	Grades 4-5	8:30 am	2:55 pm	1:10 pm
F. D. Roosevelt *Grades K-5*	*Grades K-3*	8:30 am	2:30 pm	1:05 pm
	Grades 4-5	8:30 am	2:55 pm	1:10 pm
Mark Twain *Grades K-5*	*Grades K-3*	8:30 am	2:30 pm	1:05 pm
	Grades 4-5	8:30 am	2:55 pm	1:10 pm
Lucille Smith *Grades K-5*	*Grades K-3*	8:30 am	2:30 pm	1:05 pm
	Grades 4-5	8:30 am	2:55 pm	1:10 pm
William Green *Grades K-5*	*Grades K-3*	8:30 am	2:30 pm	1:05 pm
	Grades 4-5	8:30 am	2:55 pm	1:10 pm
Jane Addams *Grades 6-8*	*Grades 6-8*	8:15 am	3:00 pm	12:50 pm
Will Rogers *Grades 6-8*	*Grades 6-8*	8:15 am	3:00 pm	12:50 pm
District Office	Administration	8:00 am	4:00 pm	

Credential & Certification

Employees are responsible for keeping their credentials or certificates current and valid. When you renew a credential or certificate, you must notify the Human Resources department.

Common credentials and certificates with expiration dates include:

- Teaching Credentials
- CPR/First Aid Certificates
- Guard Cards
- Employment Authorization Cards
- Driver License/Identification Cards
- Any credential/certificate with an expiration

Retirement

California Public Employees Retirement System (CalPERS)
CalPERS is typically the retirement system for classified employees working 4 hours or more per day. Classic members contribute 7% and PEPRA members contribute 8% of gross monthly salary. The district contributes 27.05% for both Classic and PEPRA members (4/19/24).

California State Teachers' Retirement System (CalSTRS)
CalSTRS is typically the retirement plan for certificated employees. 2% at 60 members contribute 10.25% and 2% at 62 members contribute 10.205%. The district contributes 19.10% (7/1/23).

Social Security Alternative Plan (National Benefit Services-NBS)
Employees who work less than 4 hours per day and are not already members of CalPERS are required to enroll in the Social Security Alternative Plan administered by NBS. Employees contribute 3.75% of gross monthly salary and the district contributes 3.75%, totaling 7.5% toward this retirement plan.

Employees may also be eligible to supplement their retirement with a 4039b) or 457(b) retirement savings plan.

Resignations / Retirement

Any employee wishing to resign or retire from their position should submit a letter of resignation to their supervisor and to their Human Resources representative as soon as the resignation or retirement is known. Typically, employees provide at least two (2) weeks' notice.

On the employee's last day, they must complete an Employee Checkout form with their supervisor, then their human resources representative, and lastly with their payroll representative. During this process, the employee will turn in any district property. Benefited employees should check with their human resources representative about their district insurance coverage, as they may be eligible for COBRA continuation coverage.

A Resignation Template (sample) and the Employee Checkout form can be found at www.lawndalesd.net/hr.

Change to Personal Information

Employees must notify the Human Resources Department in writing of any changes in name, address, phone number, or other contact information. You can find the change of information form on the district website at www.lawndalesd.net/hr (forms & documents) or at the district office (see receptionist).

Badges

Substitutes are typically provided a substitute badge at the school site where they are working. Employees should wear the badge while on district property. The district also utilizes a keyless door system. Employees who are provided a key badge can unlock specified doors that they are given access to. Badges are programmed by the technology department

Leaves

The purpose of this table is to provide a general overview of the leaves that may be available to district employees and the applicable sections of the collective bargaining agreements (CBA) where more information can be found. This is not intended to be the sole source of information. In all cases, applicable state and federal laws, rules, policies, and CBA govern the employee's and district's rights, responsibilities, and obligations – not this document. Employees should always consult with their human resources representative and CBA.

Keep in mind, most employees accrue one vacation or sick day per month worked (i.e. 10 month employees accrue 10 sick and 10 vacation). Upon termination, your sick leave may be transferred to another district (upon request and provided certain requirements are met) or used for retirement calculations. If you have questions about your sick/vacation balances, contact the payroll department. Absences should always be input into the district's automated absence reporting system.

Type of Leave	Description
Illness Leave LFCE 8.1 - Personal Illness and Injury Leave LTA 9.3 - Personal Illness and Injury Leave	For the purpose of personal illness or injury. See CBA section for details.
Vacation LFCE 8.9 - Vacation Leave LTA – Not Applicable	For the purpose of vacation. Employees working ten (10) or less calendar months shall take vacation during winter or spring recess during the year vacation is being accrued. See CBA section for details.
Personal Necessity Leave LFCE 8.2 - Personal Necessity Leave LTA 9.4 - Personal Necessity/Business Leave	Use of illness leave for the purpose of personal necessity, which is limited to: (a) Death or serious illness of a member of the unit member's immediate family; (b) An accident which is unforeseen involving the unit member's person or property, or the person or property of a unit member's immediate family; (c) Or other personal necessities which are allowed at the discretion of the Superintendent or designee, provided that under no circumstances shall leave be available for purposes of personal convenience for matters which can be taken care of outside the work hours, or for the extension of a holiday or a vacation period, or for recreational activities; (d) appearance in court as a litigant.
Personal Business Leave LFCE 8.2.2.1 - Personal Necessity Leave LTA 9.4.5 - Personal Business	Leave for the purpose of personal business, which shall not be subject to prior District approval and may not be used for the purpose of extending a holiday, vacation or for recreational activities.
Bereavement Leave LFCE 8.3 - Bereavement Leave LTA 9.5 - Bereavement Leave	Up to five days leave of absence (paid) for the death of an immediate family member, which is limited to: mother, father, step mother, step father, mother-in-law, father-in-law, grandmother, grandfather, or a grandchild of the employee or of the spouse or registered domestic partner of the employee, and the spouse, son, son-in-law, daughter, daughter-in- law, step child, brother or sister of the employee or any relative living in the immediate household of the employee.
Jury Duty LFCE 8.7 - Judicial Leave LTA 9.9 - Judicial Leave	Up to ten days of paid leave (LFCE members) or up to five days (LTA members) for regularly called jury duty and to appear as a witness in court, other than as a litigant, for reasons brought about through the convenience or misconduct of the unit member. Pay is in the amount of the difference between the unit member's regular earnings and any amount received for jury service, except mileage reimbursement for the minimum amount of time the unit member would otherwise be required to serve on jury duty pursuant to local court rules and regulations. LTA members may be eligible for additional paid days as provided in the

	CBA.
Unpaid Leave of Absence LFCE 9.13 - Other Leaves without Pay LTA – Not Applicable	Upon recommendation of the Superintendent and approval by the Governing Board, leave without compensation and without increment, seniority or any other benefit, shall be granted for a period not to exceed nine (9) months for the following purposes: Voluntary government service, care for a member of the immediate family who is ill, long term illness of the unit member, or service in an elected public office.
Industrial Accident Leave LFCE 8.6 - Industrial Accident Leave LTA 9.8 - Industrial Accident Leave Education Code 44984/45192	Up to sixty days leave due to an injury or illness arising out of and in the course and scope of employment. Please review appropriate CBA and Education Code for details. If an employee is injured on the job, they must complete the Employee Report of Injury (DWC-1) which can be obtained from their immediate supervisor. The District's workers compensation carrier is: York Risk Services (Policy # 69863073), Phone: (909) 942-4812, Address: P.O. Box 619079, Roseville, CA 95661
Pregnancy Disability LFCE 8.4 – Leave for Pregnancy Disability LTA 9.6 – Leave for Pregnancy Disability	Please review the CBA and the General Leave Guide (www.lawndalesd.net/hr), which includes details about FMLA, CFRA, and PDLA.

Absence Forms

When employees are absent, they must complete a "Certification of Absence" form. This electronic form is available on the district website at www.lawndalesd.net (Departments/Accounting/Forms/Digital e-absence form). Employees should review all applicable laws, regulations, district policy, and collective bargaining agreements for leaves that may be available to you. If you have questions, please speak to your Human Resources representative.

Link here: https://www.lawndalesd.net/accounting_formse.

Note: When an employee takes time off work to attend a doctor's appointment, physical therapy, or any appointment due to a workers comp injury, the time off work is taken out of their SICK TIME (not workers comp).

Fringe Benefits

Employees that are full-time, as defined by the Affordable Care (average >30 hours per week), are considered to be eligible for fringe benefits. The Lawndale Elementary School District provides fringe benefits, including medical, dental, vision, and life insurance to eligible employees. The district offers a cash-in-lieu (waiver) option for medical, dental, and vision for employees that are covered under their spouse or registered domestic partner.

Schedule your appointment with American Fidelity
Sign up for a Flexible Spending Account NOW!

Evaluations

Evaluation forms for classified and certificated staff are available on the human resources website (www.lawndalesd.net/hr).

Classified Evaluations – permanent employees are evaluated annually, prior to May 1st. New classified employees are probationary for six (6) (10-month employees skip summer months). During the probation period, classified employees are evaluated at least once. Current, permanent unit members who transfer to a new classification shall have a six (6) month probation period.

Evaluations Cont.

Certificated Evaluations – probationary and temporary teachers are evaluated each year, prior to May 1st. Tenured (permanent) teachers are evaluated biannually and will be notified by September 30th of each evaluation school year.

For additional details about evaluation procedures, please review the appropriate collective bargaining agreement.

Uniform Complaint Procedures

The Board of Trustees recognizes that the district has the primary responsibility to ensure compliance with applicable state and federal laws and regulations governing educational programs. The Board encourages the early, informal resolution of complaints whenever possible and appropriate. To resolve complaints that cannot be resolved through such informal process, the Board shall adopt a uniform system of complaint processes. The Uniform Complaint Procedures and related forms can be found at the District Office or online at www.lawndalesd.net/titleIX.

Employees may also file complaints with the California Civil Rights Department (CRD) within one year of the alleged incident(s). More information can be found on the CRD website at https://calcivilrights.ca.gov/.

Non-Discrimination Policy

The Board of Trustees is committed to providing equal opportunity for all individuals in education. District programs, activities, and practices shall be free from unlawful discrimination, harassment, intimidation, and bullying against an individual or group based on race, color, ancestry, nationality, national origin, ethnic group identification, age, religion, marital, family, pregnancy, or parental status, physical or mental disability, sex, sexual orientation, gender, gender identity or expression, or genetic information; a perception of one or more of such characteristics; or association with a person or group with one or more of these actual or perceived characteristics [BP 4030].

Workplace Injury

The District currently contracts with York Insurance Services (YORK) to oversee the administration of its Worker's Compensation program. YORK, in turn, contracts with Company Nurse (CN) to assist in identifying claims that require immediate (non-emergency) medical attention. Finally, the District contracts with *US Health Works* and *Bayside Medical* to provide immediate (non-emergency) medical attention to employees as needed, based on recommendations from the Company Nurse.

The following steps are required whenever an employee is injured while on the job.

1. If the situation is a medical emergency, dial 9-1-1 and then report the situation to the Business Office.
2. If the situation is NOT a medical emergency, contact the Company Nurse to report the injury and receive further instructions.
3. Notice of any employee injured while on the job is to be reported, on the same day the accident occurred, to the Business Office either by phone or electronic mail. A Form DWC-1 must also be completed as follows and Faxed to the Business Office, along with three (3) hard copies which must be mailed to the Business Office.
    A) The first eight (8) lines of Form DWC-1 are to be completed by the injured employee. Form DWC-1 is then faxed to the Business Office by the school site office manager. The office manager then sends three (3) copies of the DWC form to the Business Office.
    B) Form DWC must be completed within twenty-four (24) hours of the incident.
4. The Business Office sends copies of all of the above to YORK.
5. Any employee who is not working due to a work-related injury or cannot return to their regular

customary job duty, needs to bring their doctor's notes directly to the Human Resources Office (not to the school site). An employee must not be re-admitted to work without authorization from the Human Resources Department.

Company Nurse (CN) is an important component of the WC program which will assist in the reporting and handling of WC claims, as well as the immediate care of an injured employee. CN is located in Denver, CO, and is a part of the Poison Control Center. The average wait time is 90 seconds and there is no voicemail. CN translates 100 languages 24/7.

Email Etiquette

All district employees receive an @Lawndalesd.net email address. You will receive an email to your personal email address with instructions on how to activate your Lawndale email. The district uses the Gmail suite, which means your LESD email can be accessed via www.gmail.com or by visiting the district's website at www.lawndalesd.net and clicking on staff email. If your email is not activated within 3-5 days from your start date, or if you have trouble using your email, please contact your school site's computer technician or your HR Representative.

When using district email, please adhere to the following etiquette guidelines:

1. **Be concise -** Make your e-mail only as long as they need to be, remembering that reading e-mail is usually more difficult than reading printed communications.
2. **Try to answer all questions, and if possible, pre-empt further questions** - An e-mail reply should answer all questions, and pre-empt further questions. If you do not answer all the questions in the original e-mail, you will receive further e-mails regarding the unanswered questions, which will waste your time and the senders.
3. **Use proper spelling, grammar & punctuation -** This is not only important because improper spelling, grammar, and punctuation give a bad impression of your company, but it is also important for conveying the message properly. E-mails with no full stops or commas are difficult to read and can sometimes unintentionally change the meaning of the text.
4. **Answer e-mails in a timely manner -** People send e-mails hoping to receive a quick response. Therefore, try to reply to each e-mail within 24 hours, preferably within the same work day. If the e-mail is complicated, send an e-mail acknowledging your receipt and indicate you will send a more formal reply by a specific date and/or time.
5. **Use proper structure & layout -** Reading from a screen can be more difficult than reading from paper, which makes structure and layout very important for e-mail messages. Use short paragraphs and blank lines between each paragraph. When making points, use bullets or numbers, marking each point separately.
6. **Avoid overuse of the "high priority" options -** Remember the story of the boy who cried wolf? If you overuse the high-priority option, it will lose its function when you really need it. Moreover, even if an e-mail has high priority, your message may be perceived as aggressive if you flag it this way.
7. **Do not write in CAPITALS -** IF YOU WRITE IN CAPITALS IT SEEMS AS IF YOU ARE SHOUTING!!!! This can be annoying and may trigger an unwanted response.
8. **Remember to include the message thread –** When you reply to an e-mail, remember to include the original mail in your reply. In other words, click 'Reply' instead of 'new mail'. If you receive many e-mails each day, you probably won't remember each individual message. This means that a 'threadless e-mail' will not provide enough information and you (or your recipient) will have to spend time figuring out the original context of the e-mail.
9. **Read your e-mail before you send it -** Reading your e-mail through the eyes of the recipient will help you send a more effective message and avoid misunderstandings and inappropriate comments (see LESD Harassment Policy).
10. **Minimize the use of "Reply to All" -** Use "Reply to All" if you really need your message to be seen by each person who received the original message.
11. **Be careful about using abbreviations and emoticons -** In professional e-mails, try not to use abbreviations such as BTW (by the way) and LOL (laugh out loud). The recipient might not be aware of the meaning of the abbreviations and in business e-mails these are generally not appropriate. The same goes for emoticons, such as the smiley ☺. If you are not sure whether your recipient knows what the symbols mean, it is better not to use them.
12. **Think about formatting** - When you use formatting in your e-mails, the recipient might not be able to see that same formatting. For example, they might see different fonts than you originally used. Also, when using colors, be sure to use a color that is easy to read.

Email Etiquette Cont.

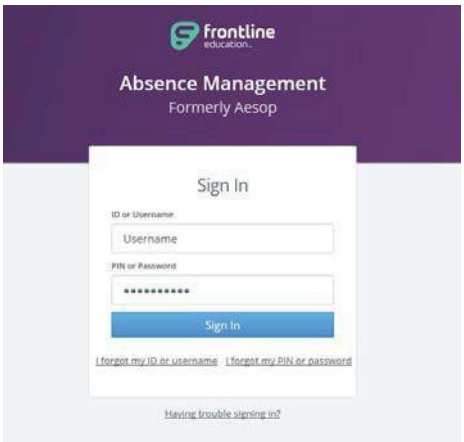
13. **Avoid requesting delivery and "message read" receipts** - This practice can annoy your recipient before he or she has even read your message! It may not work anyway because the recipient could have blocked that function, or his/her software might not support it. If you want to know whether an e-mail was received it is better to ask the recipient.
14. **Copy and forward a message or attachment only with permission** - Do not copy and forward a message or attachment belonging to another user without permission of the originator.
15. **Do not use e-mail to discuss or share confidential information** - Sending an e-mail is like sending postcards. If you don't want your e-mail to be displayed on a bulletin board, don't send it.
16. **Do not reply to spam** - By replying to spam or by unsubscribing, you are confirming that your e-mail address is 'live'. Confirming this will only generate even more spam. Therefore, just hit the delete button or contact the technology department for assistance in using the district's spam filter.
17. **Use the "cc" field sparingly** - Use the "cc" field only if the recipient knows why he/she is receiving a copy of your message. When responding to a "cc" e-mail, the decision to include another recipient in the "cc" field depends on the situation. In general, avoid including the person in the "cc" field unless you have a particular reason for wanting him/her to see your response.
18. **Sleep on it before you send** - If you compose an e-mail while you are upset or angry, save it and re-read the message the next day to decide if you really want to send it. Once you hit the send button, you can't take back your words!
19. **Follow District Policies** – Ensure your email is in compliance with the District's acceptable use- policy, sexual harassment policy, and all other District rules and procedures, as outlined in the Annual Employee Notifications.

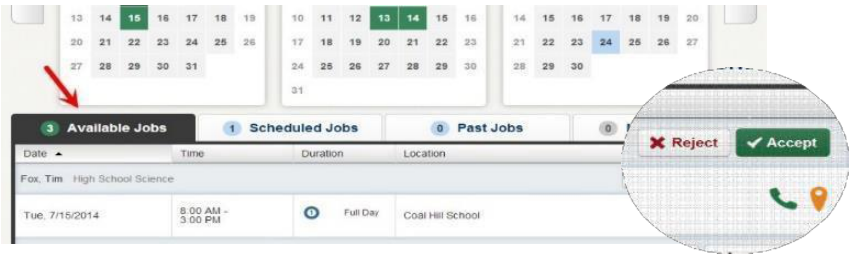
Absence Management System

If you are unable to report to your assignment, you must input your absence into the district's absence reporting system (Frontline) as soon as you know you will not be able to report to work. You may use the phone system or the web system to input your absences. You will receive an email with information to create your online account and information for using the phone system.

Web System (https://app.frontlineeducation.com)

To access the web system, use the above URL and enter your username and password. When first enrolled into Frontline, you will receive an email with instructions to complete your account. If you forget your username and password, click on "I forgot my username/password" and the system will email you instructions.





Absence Management System Cont.

Mobile App Access

After you have created your Frontline ID, you can download the Frontline Education mobile app. Enter your Frontline ID credentials to sign in. For more information regarding the mobile app, see HR's webpage.

Phone System (1-800-942-3767)

To access, the phone system, dial the number and enter your ID (your 10-digit phone number) and your PIN (last 4 digits of your phone number), followed by the pound (#) key. When you are first enrolled in the phone system, you will receive a welcome letter with instructions and details about the phone system, including your user ID and PIN.

When you receive a call from Frontline, you can:

- To create an absence – Press 1,
- To check balances (not currently available) – Press 2,
- To review or cancel upcoming absences – Press 3,
- To review or cancel a specific absence – Press 4,
- To review or change personal information – Press 5

District policies regarding student and instruction

Excerpts from pertinent District policies are presented here to help substitutes guide their actions and decisions while on duty in the school.

CORPORAL PUNISHMENT is not allowed to be administered to any student. This policy is for the protection of all. Refer a discipline problem to the principal or assistant principal if appropriate steps have not brought about the desired behavior. Do not grab, push, poke, or handle any student in an aggressive, angry manner.

Reporting Child Abuse

Section 11166 of the Penal Code requires that any "Child care custodian", which includes substitutes, must report immediately any student in your classroom that you, in your professional opinion, reasonably suspect has been abused in any way to the Principal/school office & await their instructions. Do not question, investigate, or discuss it with the alleged victim or anyone else. Discipline

Discipline

Here are the rules common to every school:

1. Follow the directions of the teacher or other adults at school,
2. Respect other children, adults, and school property,
3. No running in hallways or classrooms,
4. Do your classwork and homework on time,
5. When inside school buildings, use an appropriate voice.

Each school may have additional school-wide rules and each classroom should display the rules that apply to that particular room. Substitutes should try to follow the rules established by the classroom teacher that you are replacing.

Positive Behavior and Support Interventions:

The District has implemented PBIS as a discipline initiative. Please speak with site supervision about how your actions can support the implementation.

Early dismissal of pupils

Any dismissal including illness which results in a child leaving before the regular time must be approved by someone in the school office. A child should never be permitted to leave school with anyone unless released from the school office.

Emergency and disaster drills

Fire and other emergency drills are held regularly in all schools. Training for these is the responsibility of the regular teacher. EMERGENCY AND DISASTER INSTRUCTIONS, including a general description of signals and instructions for procedures, are posted in each room. Locate these procedures at the beginning of each substitute assignment. When repeated bells ring at the school, you are responsible for relocating the students to their assigned area on the campus in a calm, quiet, and orderly manner. You and the students are to remain at the assigned location until the administrator authorizes you to return to the classroom.

Field trips

If the class has been scheduled to take a field trip, the principal will confer with the substitute to decide whether the field trip should continue as planned or be rescheduled for a later date.

Homework

Homework will usually be assigned every day, Monday through Thursday. Make sure the assignment is always explained.

Illness/Injury of students

Any student who seems ill should be sent to the school office with a referral slip. Send another child to safely escort them.

Custodial work by students

Students shall not be required to perform custodial or other services which may be detrimental to their health. Accidents that happen to students should be reported accurately with complete information to the school office personnel immediately.

Medicines

Students are not allowed to bring or take medicines of any kind in the classroom. All medicines must be left in the Health Office & the health staff will administer them according to the written instructions from the physician or parent.

Retaining Students in classrooms

Students shall not be required to remain in the classroom during noon or recess. Students may be detained at school for up to one hour after the end of the normal school day for disciplinary or other reasons; however, you must check with the site administrator before doing so. When it is determined that it is necessary to remain after school, the student's parents must be notified in advance and transportation problems resolved.

Subjects not to be discussed in the classroom

Anything pertaining to sexually transmitted diseases (including AIDS), sexual abuse, family life education, personal growth and development should not be discussed with students. Refer any of these topics to the nurse/school office.

Leaving school grounds

Authorization for a student to leave the school grounds during the school day is given only by school principal or designee.

Loss of District property

Report any lost or suspected stolen items immediately to the school office, especially building keys.

Loss or damage to personal property

Broken or stolen personal property is not covered by District insurance.

Money and valuables

All money collected at school should be delivered immediately to the school office. Loss of milk or lunch money should be reported to school office personnel.

Telephone calls

School telephones are not generally available for personal calls. Emergency messages are delivered to teachers, substitutes and students. Toll calls are authorized by office personnel only.

Student Dress

While the main responsibility of the school is to educate the child, the primary responsibility of proper dress and appearance should be left to the parents and students. However, it is the responsibility of the District to develop student dress and grooming guidelines designed to prevent disruption in the classroom and on campus, enhance classroom decorum, eliminate

disturbances among students, minimize distractions that interfere with the educational process, and protect the health, safety, and welfare of the individual student.

The five criteria to be considered in developing guidelines are:
1) Health,
2) Safety,
3) Prevention of disruption,
4) Cleanliness,
5) Modesty.

Students may not dress to show gang affiliation. Students may not wear: predominately red or blue or black; plain white T-shirts; bandannas, hair nets, knit hats, or baseball caps; cut-off pants with socks pulled up to the knee or baggy Bermuda with white socks; overalls with straps or bibs hanging down; pants which are oversized/baggy or unhemmed or slit at the bottom or hanging below the waistline; belts with initials or end hanging down, nor web belts with metal buckles; shoelaces with contrasting colors; or any other gang trappings. Students also may not wear tops that are see-through, low-cut, off the shoulders, backless, tube type, tank type, or that do not touch the top of the pants. Short shorts and other distracting garments are also not allowed. Clothing and accessories should not display any material which is obscene, which promotes drugs, tobacco, alcohol, gang affiliation, or criminal activity, or which is sexually suggestive, or libelous. The dress code for students described above may change due to style changes or gang affiliation modifications. If you have any questions or concerns, please contact the school office for clarification.

Possession or use of weapons

Whenever you observe the possession or use of any kind of weapon:

A. Report it immediately to the Principal/school office. If a student tells you about someone possessing or using any kind of weapon, report it immediately. Do not take any action to investigate the matter. It is of utmost importance that we ensure a safe campus for all students. The site administrator will determine if the child shall be suspended and/or other further action.
B. In addition, the following actions will be taken:
    a. Recommendation of expulsion (In case of a firearm or threatening another person with a knife the student mustbe expelled).
C. In addition, the following action may be taken:
    a. Referral to an appropriate community counseling program with the exception that at least one counseling session will be held during the time of suspension
    b. Transfer/Alternative Placement

Drug, Alcohol, and Tobacco Policies and Procedures

Possession, use and/or sale of alcohol, tobacco or other drugs will not be tolerated. Report every incident to the Principal/school office where appropriate action will be taken. Appropriate action including expulsion will be taken to eliminate possession, use, or sale of alcohol, tobacco and other drugs and related paraphernalia on school grounds, at school events or in any situation in which the school is responsible for the conduct and well-being of students.

Possession or use of illegal drugs

A. When any student uses or possesses illegal drugs at school or while under school jurisdiction the following shall result:
    1. Contact law enforcement authorities,
    2. Contact parent/guardian,
    3. One to five days suspension,
    4. Restriction from school activities
B. In addition, the following action may be taken:
    1. Recommendation of expulsion,
    2. Referral to an appropriate community counseling program with the exception that at least one counseling session will be held during the time of suspension
    3. Transfer/Alternative Placement,
    4. In the case of possession of less than an ounce of marijuana, a student contract in lieu of an expulsion hearing may be written.

Possession or use of Alcohol

When any student uses or possesses alcohol at school or while under school jurisdiction the following shall result:

1. Contact parent/guardian,

2. One to five days suspension,
3. Restriction from school activities

In addition, the following action may be taken:

1. Contact law enforcement authorities,
2. Recommendation of expulsion,
3. Referral to an appropriate community counseling program with the exception that at least one counseling session will be held during the time of suspension,
4. Transfer or Alternative Placement.

Selling or Providing

A. When a student sells or provides alcohol or other drugs at school or while under school jurisdiction, the following result:
    1. Contact law enforcement authorities,
    2. Contact parent/guardian,
    3. Recommendation of expulsion (In the case of selling alcohol or drugs, the student must be expelled)
B. Staff shall notify the Principal or designee immediately upon suspecting a student is selling or providing alcohol and other drugs. The Principal or designee may notify law enforcement prior to confronting or searching the student.
C. A search for drugs may be made in accordance with the provisions of law, Board policy and administrative regulations.
D. If the student is taken into custody, law enforcement authorities will decide whether they or the school will make the initial contact with the parent/guardian.

Selling or Providing

A. the Lawndale Elementary School District Board of Trustees recognizes that tobacco use represents a health and safety hazard that can have serious consequences. Therefore, the Board declares that the use of all tobacco products is prohibited anywhere, anytime on District property and in District vehicles. As of July 1, l995 we became an official TOBACCO-FREE DISTRICT having completed all regulations required by the State of California

Staff use of tobacco

There is no provision for staff to smoke on any District property.

B. Student possession or use of tobacco on school premises or at school-sponsored events is a violation of law and Board policy and will not be tolerated. Students violating this policy shall be subject to any or all of the following disciplinary procedures:
    1. Student conference,
    2. Contact parent/guardian,
    3. Suspension or detention alternative to suspension,
    4. Disciplinary probation with behavioral contract,
    5. Transfer
C. Disciplinary probation is a condition whereby a student must fulfill specific commitments or be denied certain privileges until his/her behavior improves. A behavioral contract is a written agreement among a student, his/her parent/guardian and an administrator. The contract sets forth conditions that the student must meet for the probation period. Failure to comply with the agreement's terms may result in further disciplinary action. Parents/guardians are reminded that tobacco use is prohibited on any District property which includes the parking lots, walkways, field areas and building of our campuses. Thank you for helping us to promote healthy lifestyles for our students and staff.

Emergency Bell Procedures

Fire Drills – Series of short, reoccurring bells denotes a fire drill signal. The bell signal will be followed by walkie/talkie and intercom communication by the Administration Office at each campus.

- All rooms should be vacated to their pre-determined location. See evacuation maps for each campus. If your campus does not have an evacuation map, contact John Giles, Director of Maintenance & Operations.

Intruders on Campus – A long, steady bell will ring for twenty (20) seconds with an interval of five seconds between rings will denote an intruder on campus bell signal. The bell signal will be followed by walkie/talkie and intercom communication by the Administration Office at each campus.

- If inside, all doors should remain locked at all times
- If outside, drop on ground and wait for instructions from Administration Office to move as soon as it is safe todo so
- If in restroom, remain until authorized by Administration Office or Local Authorities to vacate

Shelter-in-Place – A long, steady bell with series of short beeps with an interval of five seconds will denote a shelter-in-place bell signal. The bell signal will be followed by walkie/talkie and intercom communication by the Administration Office at each

campus.

- If outside, everyone should go inside immediately to the nearest location. If no access to shelter is available, move cross wind (the wind is blowing from your left to your right or vice versa, but not into your face or from behind)
- If inside, turn off air conditioning/heating equipment, close all doors, windows or other openings to outside air and use duct tape to seal doors, as needed. If your room has gaps on the windows/inlets, cover noses and mouths with a wet paper towel especially for persons with chronic respiratory problems.
- If in restroom, go to nearest classroom and wait until authorized by Administration Office or Local Authorities to return to your classroom

Work Attire

Employees are expected to dress in a manner that is appropriate and consistent with the job assignment. Employees should not wear clothing or accessories which create a safety hazard. All employees should maintain professional standards of dress and grooming that demonstrate their high regard for education, present an image consistent with their job responsibilities and assignment, and not endanger the health or safety of employees or students.

This information is intended for use as a synopsis of the procedures should any of the above named events occur during school hours. More detailed information can be located in the LESD's Safety Plan. Command Boards and Emergency Backpack emergency information will be updated to include this information.

Appendix

LAWNDALE Elementary School District

Human Resources Department
4161 W. 147th Street || Lawndale, CA 90260
Ph. 310.973.1300 Fax 323.680.4991
lawndalesd.net||@LESDschools

2024/2025 SCHOOL CALENDAR

	Mon	Tues	Wed	Thu	Fri	
JUNE 2024	3	4	5	6	7	**School Ends Tuesday 6/11 (min. day)**
	10	**11**	12	13	14	Last Day Nurse 6/14, Counselors 6/14, Social Wkrs/OT/ LMS 6/14
	17	18	**(19)***	20	21	Juneteenth Holiday 6/19, Last Day: Psych 6/14, Preschool 6/21
	24	25	26	27	28	Dist Soc Wkr/Coord/AP 6/21, SEISS 6/14, Dir Preschool 6/26, Principals 6/28
						RAP Summer Camp June 17 – July 26 ESY June 24 – July 19
						Ed Services Summer Programs June 17 – July 11
JULY	1	**2**	3	**(4)***	5	Independence Day Holiday 7/4
	8	9	10	11	12	Director of Preschool return 7/10
	15	16	17	18	19	
	22	23	24	25	26	Middle School Principals return 7/24
	29	30	31			
AUGUST				1	2	Elem Prin/AP's/Coords/Dist Soc Wkr return 7/31
	5	6	7	8	9	Ofc Mgrs return 8/5,
	12	13	14	15	16	Nurses/Counselors/LMS/SEISS/Soc Wrks/Psychs/OTs return 8/12
	19+	20+	21+	**22**	23	Teacher PD/Prep Day 8/19 - 8/21, Preschool staff returns 8/19
	26	27	28	29	30	**School Starts – Thursday 8/22/2024 (min. day)**
SEPTEMBER						
I	**(2)***	3	4	5	6	Labor Day Holiday 9/2 No School
	9	10	11	12	13	
	16	17	18	19	20	
	23	24	25	26	27	
	30					
OCTOBER		1	2	3	4	
II	7	8	9 (m)	10	(11)+	Min Day 10/9 – Parent Conf/Pupil Free Day 10/11
	14	15	16	17	18	
	21	22	23	24	25	
	28	29	30	31		
NOVEMBER					1	
III	4	5	6	7	8	
	(11)*	12	13	14	15	Veterans Day 11/11 Holiday No School
	18	19	20	21	22	
	(25)	**(26)**	**(27)**	**(28)***	**(29)x**	No School 11/25 – 11/29
						Legal Holiday 11/28 & Local Holiday 11/29
DECEMBER	2	3	4	5	6	
IV	9	10	11	12	13	
	16	17	18	19	20	
	(23)	**(24)x**	**(25)***	**(26)**	**(27)**	**WINTER RECESS 12/23 – 1/3** School not in session
	(30)	**(31)x**				Local Holiday 12/24 & 12/31 Legal Holiday 12/25
JANUARY 2025			**(1)***	**(2)**	**(3)**	Legal Holiday 1/1
V	**6**	7	8	9	10	**School resumes Monday 1/6/2025**
	13	14	15	16	17	MLK Legal Holiday 1/20 No School
	(20)*	21	22	23	24	
	27	28	29	30	31	Middle School Only - Parent Conf/Pupil Free Day 1/31

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Human Resources Department
4161 W. 147th Street || Lawndale, CA 90260
Ph. 310.973.1300 Fax 323.680.4991
lawndalesd.net||@LESDschools

2024/2025 School Calendar (Continued)

	Mon	Tue	Wed	Thu	Fri	
FEBRUARY	3	4	5	6	7	
VI	**(10)***	11	12	13	14	Lincoln's Birthday Legal Holiday 2/10 No School
	(17)*	18	19	20	21	President's Day Legal Holiday 2/17 No School
	24	25	26	27	28	
MARCH	3	4	5	6	7	
VII	10	11	12	13	(14)+	Elementary School Only - Parent Conf/Pupil Free Day 3/14
	17	18	19	20	21	
	24	25	26	27	**(28)x**	Cesar Chavez Local Holiday 3/28 – No School
	(31)					
APRIL		**(1)**	**(2)**	**(3)**	**(4)**	**SPRING RECESS 3/31 – 4/4 -** School not in session
VIII	7	8	9	10	11	
	14	15	16	17	18	
	21	22	23	24	25	
	28	29	30			
MAY				1	2	
IX	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23	
	(26)*	27	28	29	30	Memorial Day Holiday 5/26 No School
JUNE 2025	2	3	4	5	6	**School Ends Tuesday 6/10/2025 (min. day)**
X	9	**10**	11	12	13	SEISS/Counselors/Nurses/ LMS/ Soc Wkr/ Psych/OT last day 6/13
	16	17	18	**(19)***	20	Juneteenth Holiday 6/19, AP/Coord/Dist Soc Wkr last day 6/20
	23	24	25	26	27	Preschool last day 6/20, Principals/Dir Preschool last day 6/27
	30					

CLASSIFIED SUMMARY		
Legal Holidays (including 7/4, 6/19) 11	*	Legal Holiday
Local Holidays 4	x	Local Holiday
	( )	School not in session
	+	Certificated Preparation Day and/or Conference Day
	m	Minimum day

For the 2024-2025 school year:

- The first day of school is Thursday, August 22, 2024 (minimum day)
- Starting August 31, 2023, every Thursday shall be a minimum day for students.
- The last day of school is Tuesday, June 10, 2025 (minimum day)

Distributed 5/15/2024
5/22/2024
5/24/2024

Lawndale Elementary School District

Uniform Complaint Procedures (UCP) Annual Notice 2023–24

LESD annually notifies our students, employees, parents or guardians of its students, the district advisory committee, school advisory committees, appropriate private school officials, and other interested parties of our Uniform Complaint Procedures (UCP) process. The UCP Annual Notice is available on our website.

We are primarily responsible for compliance with federal and state laws and regulations, including those related to unlawful discrimination, harassment, intimidation or bullying against any protected group, and all programs and activities that are subject to the UCP.

Programs and Activities Subject to the UCP

· Accommodations for Pregnant and Parenting Pupils

· Adult Education

· After School Education and Safety

· Agricultural Career Technical Education

· Career Technical and Technical Education and Career Technical and Technical Training Programs

· Child Care and Development Programs

· Compensatory Education

· Consolidated Categorical Aid Programs

· Course Periods without Educational Content

· Discrimination, harassment, intimidation, or bullying against any protected group as identified under sections 200 and 220 and Section 11135 of the Government Code, including any actual or perceived characteristic as set forth in Section 422.55 of the Penal Code, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics, in any program or activity conducted by an educational institution, as defined in Section 210.3, that is funded directly by, or that receives or benefits from, any state financial assistance.

· Educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families, pupils formerly in Juvenile Court now enrolled in a school district, pupils who are migratory, and pupils participating in a newcomer program.

· Every Student Succeeds Act

· Local Control and Accountability Plans (LCAP)

· Migrant Education

- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Plans for Student Achievement
- Schoolsite Councils
- State Preschool
- State Preschool Health and Safety Issues in LEAs Exempt from Licensing
- And any other state or federal educational program the State Superintendent of Public Instruction (SSPI) or designee deems appropriate.

Filing a UCP Complaint

A UCP complaint shall be filed no later than one year from the date the alleged violation occurred.

For complaints relating to Local Control and Accountability Plans (LCAP), the date of the alleged violation is the date when the reviewing authority approves the LCAP or annual update that was adopted by our agency.

A pupil enrolled in any of our public schools shall not be required to pay a pupil fee for participation in an educational activity.

A pupil fee complaint may be filed with the principal of a school or our superintendent or their designee.

A pupil fee or LCAP complaint may be filed anonymously, that is, without an identifying signature, if the complainant provides evidence or information leading to evidence to support an allegation of noncompliance.

Contact Information

Complaints within the scope of the UCP are to be filed with the person responsible for processing complaints:

Lisa Cooper, Ed.D.
Assistant Superintendent of Human Resources
4161 West 147 Street
Lawndale, CA 90260
(310) 973-1300 EXT 50059
Lisa_Cooper@lawndalesd.net

The above contact is knowledgeable about the laws and programs that they are assigned to investigate in LESD.

Responsibilities of LESD:

We shall post a standardized notice, in addition to this notice, with educational and graduation requirements for pupils in foster care, pupils who are homeless, pupils from military families, pupils formerly in Juvenile Court now enrolled in a school district, pupils who are migratory, and pupils participating in a newcomer program.

We advise complainants of the opportunity to appeal an Investigation Report of complaints regarding programs within the scope of the UCP to the California Department of Education (CDE).

We advise complainants of civil law remedies, including injunctions, restraining orders, or other remedies or orders that may be available under state or federal discrimination, harassment, intimidation or bullying laws, if applicable.

Copies of our UCP procedures shall be available free of charge.

For UCP Complaints Regarding State Preschool Health and Safety Issues Pursuant to Section 1596.7925 of the California *Health and Safety Code* (HSC)

In order to identify appropriate subjects of state preschool health and safety issues pursuant to Section 1596.7925 of the California *Health and Safety Code (HSC)* a notice shall be posted in each California state preschool program classroom in each school in our agency.

The notice is in addition to this UCP annual notice and addresses parents, guardians, pupils, and teachers of (1) the health and safety requirements under Title 5 of the California *Code of Regulations* (5 *CCR*) that apply to California state preschool programs pursuant to *HSC* Section 1596.7925, and (2) the location at which to obtain a form to file a complaint.

IN CASE OF WORKPLACE INJURY
En caso de un accidente laboral

COMPANY NURSE™ Powered by Lintelio

Available 24/7/365

Phone (Teléfono)

1-(866) 971-8289

Digital, powered by Lintelio
(Digital, implementado por Lintelio)

Employer Name (Nombre De la Compañia)

Lawndale Elementary School District

Search Code (Código De Búsqueda)

LWNEL

1

Injured worker notifies supervisor.
El trabajador herido notifica a su supervisor.

2

Supervisor/Injured worker:

- **Calls above number OR**
- **Scans above code with a smartphone to get to Lintelio app and follows the prompts.**

Supervisor / trabajador herido:

- Llama a el número en la parte de arriba O
- Escanea el código de arriba con un teléfono para acceder a la app de Lintelio y sigue las indicaciones.

3

Company Nurse gathers information and helps injured worker access appropriate care. Injured worker notifies Supervisor of the outcome of the call.
Company Nurse obtiene la información y ayuda al trabajador herido a obtener el tratamiento médico adecuado. El trabajador lesionado le notifica a su supervisor el resultado de la llamada.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life-threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.

SEXUAL HARASSMENT

FACT SHEET

Civil Rights Department
STATE OF CALIFORNIA

Sexual harassment is a form of discrimination based on sex/gender (including pregnancy, childbirth, or related medical conditions), gender identity, gender expression, or sexual orientation. Individuals of any gender can be the target of sexual harassment. Unlawful sexual harassment does not have to be motivated by sexual desire. Sexual harassment may involve harassment of a person of the same gender as the harasser, regardless of either person's sexual orientation or gender identity.

THERE ARE TWO TYPES OF SEXUAL HARASSMENT

1. "Quid pro quo" (Latin for "this for that") sexual harassment is when someone conditions a job, promotion, or other work benefit on your submission to sexual advances or other conduct based on sex.

2. "Hostile work environment" sexual harassment occurs when unwelcome comments or conduct based on sex unreasonably interferes with your work performance or creates an intimidating, hostile, or offensive work environment. You may experience sexual harassment even if the offensive conduct was not aimed directly at you.

The harassment must be severe or pervasive to be unlawful. A single act of harassment may be sufficiently severe to be unlawful.

SEXUAL HARASSMENT INCLUDES MANY FORMS OF OFFENSIVE BEHAVIORS

BEHAVIORS THAT MAY BE SEXUAL HARASSMENT:

1. Unwanted sexual advances
2. Offering employment benefits in exchange for sexual favors
3. Leering; gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
4. Derogatory comments, epithets, slurs, or jokes
5. Graphic comments, sexually degrading words, or suggestive or obscene messages or invitations
6. Physical touching or assault, as well as impeding or blocking movements

Actual or threatened retaliation for rejecting advances or complaining about harassment is also unlawful.

Employees or job applicants who believe that they have been sexually harassed or retaliated against may file a complaint of discrimination with CRD within three years of the last act of harassment or retaliation.

CRD serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If CRD finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a civil complaint in state or federal court to address the causes of the discrimination and on behalf of the complaining party. CRD may seek court orders changing the employer's policies and practices, punitive damages, and attorney's fees and costs if it prevails in litigation. Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with CRD and a Right-to-Sue Notice has been issued.

EMPLOYER RESPONSIBILITY & LIABILITY

All employers, regardless of the number of employees, are covered by the harassment provisions of California law. Employers are liable for harassment by their supervisors or agents. All harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassment or for aiding and abetting harassment. The law requires employers to take reasonable steps to prevent harassment. If an employer fails to take such steps, that employer can be held liable for the harassment. In addition, an employer may be liable for the harassment by a non-employee (for example, a client or customer) of an employee, applicant, or person providing services for the employer. An employer will only be liable for this form of harassment if it knew or should have known of the harassment, and failed to take immediate and appropriate corrective action.

Employers have an affirmative duty to take reasonable steps to prevent and promptly correct discriminatory and harassing conduct, and to create a workplace free of harassment.

A program to eliminate sexual harassment from the workplace is not only required by law, but it is the most practical way for an employer to avoid or limit liability if harassment occurs.

SEXUAL HARASSMENT

FACT SHEET

Civil Rights Department
STATE OF CALIFORNIA

CIVIL REMEDIES

- **Damages for emotional distress from each employer or person in violation of the law**
- **Hiring or reinstatement**
- **Back pay or promotion**
- **Changes in the policies or practices of the employer**

ALL EMPLOYERS MUST TAKE THE FOLLOWING ACTIONS TO PREVENT HARASSMENT AND CORRECT IT WHEN IT OCCURS:

1. Distribute copies of this brochure or an alternative writing that complies with Government Code 12950. This pamphlet may be duplicated in any quantity.

2. Post a copy of the Department's employment poster entitled "California Law Prohibits Workplace Discrimination and Harassment."

3. Develop a harassment, discrimination, and retaliation prevention policy in accordance with 2 CCR 11023. The policy must:

- Be in writing.
- List all protected groups under the FEHA.
- Indicate that the law prohibits coworkers and third parties, as well as supervisors and managers with whom the employee comes into contact, from engaging in prohibited harassment.
- Create a complaint process that ensures confidentiality to the extent possible; a timely response; an impartial and timely investigation by qualified personnel; documentation and tracking for reason able progress; appropriate options for remedial actions and resolutions; and timely closures.
- Provide a complaint mechanism that does not require an employee to complain directly to their immediate supervisor. That complaint mechanism must include, but is not limited to including: provisions for direct communication, either orally or in writing, with a designated company representative; and/or a complaint hotline; and/or access to an ombudsperson; and/or identification of CRD and the United States Equal Employment Opportunity Commission as additional avenues for employees to lodge complaints.
- Instruct supervisors to report any complaints of misconduct to a designated company representative, such as a human resources manager, so that the company can try to resolve the claim internally. Employers with 50 or more employees are required to include this as a topic in mandated sexual harassment prevention training (see 2 CCR 11024).
- Indicate that when the employer receives allegations of misconduct, it will conduct a fair, timely, and thorough investigation that provides all parties appropriate due process and reaches reasonable conclusions based on the evidence collected.
- Make clear that employees shall not be retaliated against as a result of making a complaint or participating in an investigation.

4. Distribute its harassment, discrimination, and retaliation prevention policy by doing one or more of the following:

- Printing the policy and providing a copy to employees with an acknowledgement form for employees to sign and return.
- Sending the policy via email with an acknowledgment return form.
- Posting the current version of the policy on a company intranet with a tracking system to ensure all employees have read and acknowledged receipt of the policy.
- Discussing policies upon hire and/or during a new hire orientation session.
- Using any other method that ensures employees received and understand the policy.

5. If the employer's workforce at any facility or establishment contains ten percent or more of persons who speak a language other than English as their spoken language, that employer shall translate the harassment, discrimination, and retaliation policy into every language spoken by at least ten percent of the workforce.

6. In addition, employers who do business in California and employ 5 or more part-time or full-time employees must provide at least one hour of training regarding the prevention of sexual harassment, including harassment based on gender identity, gender expression, and sexual orientation, to each non-supervisory employee; and two hours of such training to each supervisory employee. Training must be provided within six months of assumption of employment. Employees must be trained every two years. Please see Gov. Code 12950.1 and 2 CCR 11024 for further information.

TO FILE A COMPLAINT

Civil Rights Department
calcivilrights.ca.gov/complaintprocess
Toll Free: 800.884.1684
TTY: 800.700.2320

CRD-185-ENG / September 2022

Complete Written Employee Notification
WellComp MPN
MPN Identification Number: 2387

Access to Medical Care

This notice contains important information on accessing the WellComp MPN (referred herein as "WellComp"

- Find out if you are covered
- Access medical care
- Learn about continuity of care
- Choose your own physician
- Transfer into the WellComp network ✓ Contact WellComp

Welcome to WellComp
Your employer has selected WellComp as your medical provider network (MPN), to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses.

WellComp's exclusive network of healthcare providers each have a thorough understanding of the California workers' compensation system and its potential impact on you. The state of California has approved the WellComp MPN to cover your workers' compensation medical care needs. If you suffer an injury or illness on or after your employer's MPN implementation date and you have not predesignated a personal physician, you are automatically covered by the WellComp MPN.

Initial Care
In case of an emergency, you should call 911 or go to the closest emergency room.
If you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

Subsequent Care
If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

Emergency Care
In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

Hospital and Specialty Care
Your primary treating physician in the WellComp network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

Choosing a Treating Physician
If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

Physicians who provide only tele-health services will not be counted when determining if an MPN has met access standards, if the injured covered employee does not consent to see the tele-health physician. The physician, who provides only tele-health services or also provides services at a physical location and tele-health, will be counted when determining if an MPN has met access standards, if the injured covered employee consents to see the tele-health physician. The physician, who provides only tele-health services or also provides services at a physical location and tele-health, will not be counted when determining if an MPN has met access standards, if the injured covered employee retracts consent to received tele-health services prior to delivery of tele-health treatment. The physician who provides both physical location and tele-health services will be counted under the access standards if the physician's physical location is within the required access standards in accordance with 8 CCR 9767.5(a)(1) and (a)(2).

Scheduling Appointments
If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

Changing Primary Treating Physician
If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

Obtaining a Specialist Referral
If you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

- Your primary treating physician in the WellComp network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
- You may select an appropriate specialist by accessing the WellComp Directory.
- You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating physician makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

Continuity of Care
What if I am being treated by a WellComp doctor and the doctor leaves WellComp?
Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.
If you are being treated for a work-related injury in the WellComp network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- (Acute) A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of 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 contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp 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 without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- (Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- (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.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and MPN Independent Medical Review Process:
If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

Obtaining Second and Third Opinions
If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp network who have the recognized expertise to evaluate or treat your injury or condition.
- Select a physician or specialist from the list Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- You will be provided information and a request form regarding the MPN Independent Medical Review (MPN IMR) process at the time you select a third opinion physician.
- If the Second/Third 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. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

Obtaining an MPN Independent Medical Review (MPN IMR)
If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the MPN Independent Medical Review process and the form to request an MPN Independent Medical Review.

If the second opinion, third opinion or MPN IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if the MPN contains a physician who can provide the recommended treatment. If the MPN IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp network. Any physician chosen outside of the WellComp network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN IMR.

Treatment Outside of the Geographic Area
WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating physician, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:
The following is a summary of Workers' Compensation medical services available to employees covered by the WellComp network.

Primary treating and specialty services including consultations and referrals
Examples include general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services
Examples include acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services
Examples include diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services Including Outpatient and Out of Area Emergency Care
Examples include outpatient and out-of-area emergency care.

WellComp Provider Directory
For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator.

Tele-Health Option
WellComp MPN has also made available providers who provide tele-health services. This service is optional and visible on our website designated by TH in the search results or using the Tele-Health search option. You may also call the network for assistance in finding a tele-health provider/and or facilitating an appointment. Our complete Tele-Health policy is visible on our website downloads.

Prior to delivery of health care via tele-health, the health care provider initiating the use of tele-health shall obtain verbal or written consent from the patient (Injured Covered Employee) for the use of tele-health as an acceptable mode of delivering health care services and public health. The consent shall be documented. (Pursuant to Business and Professions Code section 2290.5b)

WellComp Information

If you have questions or complaints about WellComp MPN, you may reach the MPN contact or WellComp Patient Services toll-free at (800) 544-8150. WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants (MAAs) are available to assist with finding an MPN physician of your choice, including scheduling and confirming physician appointments. MAA's are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

CareWorks Managed Care Services
8855 Haven Avenue
Rancho Cucamonga, CA 9173
Toll Free (800) 544-8150
Fax: (888) 620-6921
Email: info@WellComp.com

Notificación completa por escrito a los empleados
WellComp MPN
Número de identificación MPN: 2387

Acceso a Servicios Médicos

Este aviso contiene información importante sobre el acceso al WellComp MPN (denominado en este documento "WellComp")

- Entérese si está cubierto
- Acceso a servicios médicos
- Conozca la continuidad de los servicios
- Elija su propio médico
- Transferirse a la red de WellComp - Contactar a WellComp

Bienvenido a WellComp
Su empleador ha seleccionado WellComp como su Red de Proveedores Médicos (MPN, por sus siglas en inglés) para proporcionarle la opción de una amplia gama de servicios médicos para atender lesiones y enfermedades relacionadas con el trabajo.

La exclusiva red de proveedores de servicios médicos de WellComp tiene una comprensión profunda del sistema de indemnización por accidente laboral de California y el impacto potencial que puede tener en usted. El estado de California ha aprobado la MPN WellComp para cubrir las necesidades de atención médica relacionadas con su indemnización por accidente laboral. Si usted sufre una lesión o enfermedad en o después de la fecha de implementación de la MPN de su empleador y no ha designado previamente a su médico personal, usted está automáticamente cubierto por la MPN WellComp.

Atención médica inicial
En caso de una emergencia, usted debe llamar al 911 o ir a la sala de emergencias más cercana. Si experimenta una lesión o enfermedad relacionada con el trabajo, notifique inmediatamente a su supervisor y obtenga autorización médica de su patrón para designar un proveedor de atención médica inicial dentro de la red. Si no puede comunicarse con su supervisor o empleador, comuníquese con el departamento de servicios a pacientes de WellComp. Para los servicios que no son de emergencia, la MPN debe asegurarse de que se le agende una cita para el tratamiento inicial dentro de los 3 días hábiles posteriores a la recepción por parte de su empleador o la MPN de una solicitud de tratamiento dentro de la MPN.

Cuidado subsiguiente
Si aún necesita tratamiento después de su evaluación inicial, puede recibir tratamiento por un médico de su elección, o el médico inicial puede remitirlo a un especialista médica y geográficamente apropiado dentro de la red que pueda proporcionar el tratamiento adecuado para su lesión o afección. Su empleador está obligado a proporcionarle al menos tres médicos de cada especialidad que se espera que traten lesiones comunes que sufren los empleados lesionados con base en su ocupación o industria. Estos médicos estarán disponibles dentro de los 30 minutos o 15 millas de su lugar de trabajo o residencia y los especialistas estarán disponibles dentro de 60 minutos o 30 millas de su residencia o lugar de trabajo. Para obtener un directorio de proveedores, visite www.WellComp.com o llame al área de Servicios a Pacientes de WellComp.

Atención de Emergencias
En una emergencia, definida como una afección médica que comienza con la aparición repentina de síntomas graves que sin atención médica inmediata podría poner su salud en grave peligro, acuda al proveedor de atención médica más cercano, independientemente de si es o no de WellComp. Si su lesión está relacionada con el trabajo, indique a su proveedor de atención médica de emergencia que se ponga en contacto con WellComp para que lo transfieran para que lo atienda un proveedor de WellComp en el momento médicamente apropiado.

Hospital y atención especializada
Su médico de tratamiento primario en la red de WellComp puede hacer todos los arreglos necesarios para que lo remitan a especialistas, hospitales para pacientes hospitalizados, servicios de centros de cirugía ambulatoria y servicios de atención auxiliar.

Elegir un médico de tratamiento
Si aún necesita tratamiento después de su evaluación inicial con el proveedor designado de su empleador, puede acceder al Directorio de WellComp y seleccionar un médico apropiado de su elección que pueda proporcionar el tratamiento necesario para su afección o enfermedad. Para obtener ayuda para determinar las opciones de médicos, comuníquese con el Asistente de Acceso Médico en el Departamento de Servicios a Pacientes de WellComp o hable sobre sus opciones con su proveedor de atención inicial.

Los médicos que solo proporcionan servicios de telesalud no serán tomados en cuenta al determinar si una MPN ha cumplido con las normas de acceso, si el empleado lesionado cubierto no da su consentimiento para ver al médico de telesalud. El médico que solo proporcione servicios de telesalud o también preste servicios en un consultorio físico y telesalud, se contará al determinar si una MPN ha cumplido con las normas de acceso, si el empleado lesionado cubierto da su consentimiento para ver al médico de telesalud. El médico que solo proporcione servicios de telesalud o también preste servicios en un consultorio físico, no se contará al determinar si una MPN ha cumplido con las normas de acceso, si el empleado lesionado cubierto se retracta de su consentimiento para recibir servicios de telesalud antes de que se le brinde el tratamiento de telesalud. El médico que proporcione servicios de telesalud y en consultorio físico se contará bajo las normas de acceso si el consultorio físico del médico está dentro de las normas de acceso requeridas de acuerdo con 8 CCR 9767.5(a)(1) y (a)(2).

Agendar citas
Si usted tiene dificultades para agendar una cita con su proveedor inicial o proveedor posterior, comuníquese con el Asistente de Acceso Médico en el Departamento de Servicios a Pacientes de WellComp o con su Examinador de Reclamaciones.

Cambio de médico de tratamiento primario
Si usted considera necesario cambiar a su médico de tratamiento y se determina que necesita atención médica continua para su lesión o enfermedad, puede seleccionar un nuevo médico del Directorio de WellComp y agendar una cita. Una vez agenda su cita, comuníquese inmediatamente con el Departamento de Servicios a Pacientes de WellComp, que coordinará la transferencia de sus registros médicos a su nuevo proveedor.

Obtención de una remisión a un especialista
Si continúa requiriendo tratamiento médico para su lesión o enfermedad, existen alternativas para obtener una remisión a un especialista:

- Su médico de tratamiento primario en la red de WellComp puede hacer todos los arreglos necesarios para remitirlo a un especialista. Esta remisión se realizará dentro de la red o fuera de la red, si es necesario.
- Puede seleccionar un especialista adecuado accediendo al Directorio de WellComp.
- Puede comunicarse con sus Asistentes de Acceso Médico del Departamento de Servicios a Pacientes de WellComp, quienes pueden ayudarle a coordinar los arreglos necesarios.

Si su médico de tratamiento primario lo remite a un tipo de especialista que no está incluido en la red, usted puede seleccionar un especialista fuera de la red.

Para los servicios de un especialista que no son de emergencia, la MPN debe asegurarse de que se le agende una cita dentro de los 20 días hábiles posteriores a la recepción por parte de su patrón o la MPN de una solicitud de remisión a un especialista dentro de la MPN.

Continuidad de la atención médica
¿Qué sucede si estoy siendo atendido por un médico de WellComp y el médico deja WellComp?
Su patrón tiene una Política de "Continuidad de la Atención Médica" por escrito que puede permitirle continuar el tratamiento con su médico si su médico ya no participa activamente en WellComp.
Si está recibiendo tratamiento por una lesión relacionada con el trabajo en la red de WellComp y su médico ya no tiene un contrato con WellComp, es posible que su médico pueda continuar tratándolo si su lesión o enfermedad cumple una de las siguientes condiciones:

- (Aguda) Una afección médica que incluye la aparición repentina de síntomas que requieren atención inmediata y tiene una duración de menos de 90 días.
- (Grave o crónica) Su lesión o enfermedad es grave y continúa durante al menos 90 días sin curación completa o empeora y requiere tratamiento continuo. Es posible que se permita que su médico de tratamiento actual lo atienda hasta por un año, hasta que se pueda realizar una transferencia segura para que lo pueda atender otro médico.
- (Terminal) Tiene una enfermedad incurable o una afección irreversible que probablemente le cause la muerte dentro de un año o menos.
- (Cirugía pendiente) Ya tiene la autorización de su empleador o compañía de seguro para una cirugía u otro procedimiento que ocurrirá dentro de los 180 días posteriores a la fecha de terminación del contrato de MPN.

Si existe alguna de las condiciones anteriores, WellComp puede requerir que su médico acepte por escrito los mismos términos que aceptó cuando era proveedor de la red WellComp. Si el médico no lo hace, es posible que no pueda seguir tratándolo.

Si WellComp dio por terminado o no renovó el contrato con su médico por motivos relacionados con una causa o razón disciplinaria médica, fraude o actividad delictiva, no se le permitirá completar el tratamiento con ese médico. Para obtener una copia completa de la política de Continuidad de la Atención Médica en inglés o español, visite www.WellComp.com o llame a Servicios a Pacientes de WellComp.

Transferencia de atención médica en curso

¿Qué sucede si ya está recibiendo tratamiento por una lesión relacionada con el trabajo antes de que comience la cobertura de red WellComp?

Su empleador tiene una política de "Transferencia de Atención Médica" que describe lo que sucederá si usted actualmente está recibiendo tratamiento por una lesión relacionada con el trabajo con un médico que no es miembro de la red WellComp. Si su médico de tratamiento actual es miembro de WellComp, entonces puede continuar recibiendo tratamiento con este médico y su tratamiento estará cubierto por WellComp. Si su médico de tratamiento actual no es un médico participante dentro de WellComp y usted aún no ha sido transferido a la MPN, su médico puede remitirlo a proveedores dentro o fuera de la MPN. Es posible que se le permita a su médico actual convertirse en miembro de WellComp.

Usted no será transferido a un médico en WellComp si su lesión o enfermedad cumple alguna de las siguientes condiciones:

- (Aguda) El tratamiento de su lesión o enfermedad se completará en menos de 90 días.
- (Grave o crónica) Su lesión o enfermedad es grave y continúa sin curación completa o empeora por más de 90 días. Es posible que se le permita ser tratado por su médico de tratamiento actual durante un máximo de un año a partir de la fecha de recepción de la notificación de que usted tiene una afección crónica grave.
- (Terminal) Tiene una enfermedad incurable o una afección irreversible que probablemente le cause la muerte dentro de un año o menos. Se proporcionará tratamiento durante la duración de la enfermedad terminal.
- (Cirugía pendiente) Ya tiene la autorización de su empleador o compañía de seguro para una cirugía u otro procedimiento que ocurrirá dentro de los 180 días posteriores a la fecha de entrada en vigor de la MPN.
- Para obtener una copia completa de la política de Transferencia de Atención Médica en inglés o español, visite www.WellComp.com o llame a Servicios a Pacientes de WellComp.

Disputas de transferencia de atención médica

El aviso de determinación, del empleador o del examinador de reclamaciones, se enviará a la dirección del empleado cubierto y se enviará una copia de la carta al médico de tratamiento primario del empleado cubierto. La notificación se redactará en inglés y español y utilizará términos comunes no especializados en la mayor medida posible. Si WellComp va a transferir su atención médica y usted no está de acuerdo, puede pedirle a su médico de tratamiento un informe que indique si usted se encuentra en una de las categorías enumeradas anteriormente. Su médico de tratamiento le proporcionará a usted un informe dentro de los veinte días naturales posteriores a la solicitud. Si el médico de tratamiento no emite el informe, entonces a usted se le pedirá que seleccione un nuevo proveedor dentro de la MPN. Si WellComp o usted no están de acuerdo con el informe de su médico de tratamiento, esta disputa se resolverá de acuerdo con la Sección 4062 del Código Laboral. Debe notificar al Departamento de Servicios a Pacientes de WellComp si no está de acuerdo con este informe.

Si su médico de tratamiento está de acuerdo en que su afección no cumple con una de las enumeradas anteriormente, la transferencia de atención médica continuará mientras usted continúe en desacuerdo con la decisión. Si su médico de tratamiento cree que su afección cumple con una de las enumeradas anteriormente, usted puede continuar su tratamiento con dicho médico hasta que se resuelva la disputa.

Segunda opinión, tercera opinión y proceso de revisión médica independiente de la MPN:
Si usted no está de acuerdo con su médico o no se siente satisfecho con su médico por algún motivo, en cualquier momento puede elegir otro médico de la MPN.

Obtención de segundas y terceras opiniones
Si no está de acuerdo con el diagnóstico o plan de tratamiento determinado por su médico de tratamiento o su médico de segunda opinión, y desea una segunda o tercera opinión, debe seguir los siguientes pasos:

- Notifique a su examinador de reclamaciones, quien le proporcionará una lista regional de médicos y/o especialistas dentro de la red WellComp que tienen experiencia reconocida para evaluar o tratar su lesión o afección.
- Seleccione un médico o especialista de la lista dentro de los 60 días posteriores a la recepción de la lista, agende una cita con su médico o especialista seleccionado de la lista que le proporcionó su examinador de reclamaciones. Si usted no agenda una cita dentro de los 60 días, esto se considerará una renuncia a su derecho a buscar otra opinión.
- Informe a su examinador de reclamaciones sobre su selección y la fecha de la cita para que podamos asegurarnos de que sus registros médicos se envíen antes de la fecha de su cita. Usted también puede solicitar una copia de sus registros médicos.
- Se le proporcionará información y un formulario de solicitud con respecto al proceso de revisión médica independiente de la MPN (MPN IMR) en el momento en que usted seleccione un médico de tercera opinión.
- Si el médico de segunda/tercera opinión considera que su lesión está fuera del tipo de lesión que normalmente trata, el consultorio del médico se lo notificará a su empleador o empresa de seguro. Usted obtendrá otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si el médico de segunda/tercera opinión está de acuerdo con su necesidad de un tratamiento o análisis, es posible que a usted se le permita recibir ese tratamiento o se le realicen los análisis recomendados de un proveedor dentro o fuera de la MPN, incluido el médico de segunda o tercera opinión.

Obtener una Revisión médica independiente de la MPN (MPN IMR)
Si no está de acuerdo con el diagnóstico o plan de tratamiento determinado por el médico de tercera opinión, usted puede presentar el formulario de Solicitud de Revisión Médica Independiente de la MPN una vez que lo haya llenado ante el Director Administrativo de la División de Indemnización por Accidente Laboral. Puede comunicarse con su examinador de reclamaciones o con el Departamento de Servicios a Pacientes de WellComp para obtener información sobre el proceso de revisión médica independiente de la MPN y el formulario para solicitar una Revisión médica independiente de la MPN.

Si la segunda opinión, la tercera opinión o la revisión médica independiente de la MPN resulta estar de acuerdo con su médico de tratamiento, usted deberá continuar recibiendo tratamiento médico con un médico de la red si la MPN cuenta con un médico que pueda brindar el tratamiento recomendado. Si la revisión médica independiente de la MPN no está de acuerdo con su médico de tratamiento de la red, a usted se le permitirá recibir ese tratamiento médico de un proveedor dentro o fuera de la red WellComp. Cualquier médico elegido fuera de la red WellComp debe estar dentro de un área geográfica razonable. El tratamiento o análisis de diagnóstico se limita a la recomendación de la revisión médica independiente de la MPN.

Tratamiento fuera del área geográfica
WellComp cuenta con proveedores en todo California. Si surge una situación que lo lleve fuera del área de cobertura, como un trabajo temporal, un viaje por trabajo o si vive temporal o permanentemente fuera del área geográfica de servicio de la MPN, comuníquese con el Departamento de Servicios a Pacientes de WellComp, su examinador de reclamaciones o su médico de tratamiento primario, y le proporcionarán una selección de al menos tres proveedores aprobados fuera de la red de los cuales usted puede obtener tratamiento u obtener una segunda y tercera opinión de la selección de médicos mencionados.

Servicios médicos cubiertos:
El siguiente es un resumen de los servicios médicos de Indemnización por accidente laboral disponibles para los empleados cubiertos por la red WellComp.

Tratamientos primarios y servicios especializados, incluidas consultas y remisiones
Los ejemplos incluyen médicos generales, quiroprácticos, dentistas, ortopedistas, cirujanos, psicólogos, internistas, psiquiatras, cardiólogos, neurólogos.

Servicios hospitalarios para pacientes hospitalizados y centros de cirugía ambulatoria
Los ejemplos incluyen servicios hospitalarios para padecimientos agudos, atención de enfermería general, quirófano e instalaciones relacionadas, unidad y servicios de cuidados intensivos, laboratorio de diagnóstico o servicios de rayos X, terapias necesarias.

Servicios de atención complementaria
Los ejemplos incluyen laboratorio de diagnóstico o servicios de rayos X, medicina física, terapia ocupacional, equipo médico y quirúrgico, asesoramiento, enfermería, atención domiciliaria médicamente apropiada, medicamentos.

Servicios de emergencia, incluida la atención de emergencia para pacientes ambulatorios y fuera del área
Los ejemplos incluyen atención de emergencia para pacientes ambulatorios y fuera del área.

Directorio de proveedores de WellComp
Para obtener más información sobre la MPN, incluido el acceso a una lista de todos los médicos de tratamiento en la MPN, visite www.WellComp.com donde puede realizar una búsqueda por especialidad médica, código postal, médico o grupo de proveedores. Para obtener asistencia en el sitio web o tener acceso a una copia impresa de la lista del área regional y/o una copia electrónica del directorio completo de WellComp, comuníquese con WellComp (administrador de la red de proveedores médicos designado por su empleador).

Opción de telesalud
La MPN de WellComp también ha puesto a disposición proveedores que brindan servicios de telesalud. Este servicio es opcional y visible en nuestro sitio web designado por TH en los resultados de búsqueda o usando la opción de búsqueda de Tele-Health (Telesalud). También puede llamar a la red para obtener ayuda para encontrar un proveedor de servicios de telesalud o para agendar una cita. Nuestra política completa de Telesalud está disponible en las descargas de nuestro sitio web.

Antes de la prestación de servicios de atención médica a través de telesalud, el proveedor de atención médica que comience a utilizar telesalud deberá obtener el consentimiento verbal o escrito del paciente (empleado lesionado cubierto) para el uso de telesalud como un modo aceptable para brindar servicios de atención médica y salud pública. El consentimiento informado deberá estar documentado. (De conformidad con la sección 2290.5b del Código para Empresas y Profesiones)

Información de WellComp

Si tiene preguntas o quejas sobre la MPN de WellComp, puede comunicarse con el contacto de la MPN o con el Departamento de Servicios a Pacientes de WellComp al número telefónico gratuito (800) 544-8150. WellComp tiene personal disponible para responder a preguntas, brindar asistencia en el sitio web y generar listas de proveedores. Los Asistentes de Acceso Médico (MAA, por sus siglas en inglés) están disponibles para ayudarlo a encontrar un médico de la MPN de su elección, lo que incluye agendar y posterior confirmación de citas médicas. Los Asistentes de Acceso Médico están disponibles de 7am a 8pm, Hora Estándar del Pacífico, de lunes a sábado, la información de contacto se proporciona a continuación:

CareWorks Managed Care Services
8855 Haven Avenue
Rancho Cucamonga, CA 9173
Número telefónico gratuito (800) 544-8150
Fax: (888) 620-6921
Correo electrónico: info@WellComp.com

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician
Employee: Complete this section

Employer _____

If I have a work-related injury or illness, I choose to be treated by:

_____
(Name of doctor) (M.D., D.O., or medical group)

_____
(street address, city, state, zip)

_____
(telephone number)

Employee Name (please print): _____

Employee's Address:_____

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

_____

Employee Signature:_____ Date_____

Note to Employee: Unless you agree in writing, neither your employer or Sedgwick may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or Sedgwick may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature_____

Employee #_____ Date_____

Physician: I agree to this Pre-designation:

Signature:_____ Date_____

(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.AC.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.AC. in writing prior to the injury/illness. Sedgwick generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or Sedgwick has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.AC. You may use this form to notify your employer of your personal D.C. or L.AC., or your employer may have their own form. The D.C. or L.AC. must be your regular D.C. or L.AC. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.AC. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

_____
Name of chiropractor or acupuncturist (D.C., L.AC.)

_____
(street address, city, state, zip code)

_____
(telephone number)

Employee Name (Please Print):_____

Employee's Address:_____

_____

Employee's Signature:_____

Date:_____

Title 8, California Code of Regulations, section 9783.1
(Optional DWC Form 9783.1 Effective date July 1, 2014)

WHEN A WORK INJURY OCCURS…

- **Quickly seek first aid.**
- **Call 9-1-1 for help immediately if emergency medical care is needed.**
- **Immediately report injuries to your supervisor or employer representative at** _____

_____

Information & Assistance Office:_____

_____

_____

Employer MUST complete this information

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The Facts About Workers' Compensation

Sedgwick
P.O. Box 14153
Lexington, KY 40512-4153
Phone (800) 922-5020
Fax (859) 264-4062

Approved by Division of Workers' Compensation

What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. Sedgwick is your employer's claims administrator. Your employer or Sedgwick can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or Sedgwick if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or Sedgwick so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to Sedgwick. Sedgwick is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to $10,000 in treatment pending a decision by Sedgwick for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to Sedgwick .

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, Sedgwick will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to Sedgwick so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or Sedgwick. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

***Temporary Disability Benefits*:** If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional in information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and t hey vary by injury date. If you are entitled to PD, Sedgwick will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, Sedgwick will provide a voucher up to a maximum of $6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/ illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions…ask your supervisor or employer representative. Or contact Sedgwick at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: http://www.dir.ca.gov/dwc.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to $150,000 and imprisonment up to five years.

Designación previa del médico personal

En el caso que usted sufra una lesión o enfermedad relacionada con su empleo, usted puede ser tratado por su lesión/enfermedad por su médico personal con grado de Doctor en Medicina (M.D.), Doctor en Osteopatía (D.O.) o grupo médico si: tiene seguro médico para lesiones/enfermedades que no están relacionadas al trabajo, el médico es su médico de cabecera, quien deberá ser un médico que ha limitado su práctica de medicina a la medicina general o que es un internista certificado por el consejo o internista, pediatra, gineco-obstetra , o médico de familia elegible por el consejo, y ha dirigido previamente su tratamiento médico, y conserva sus registros médicos; su "médico personal" puede ser un grupo médico si se trata de una corporación o asociación simple compuesta de médicos licenciados en medicina u osteopatía, que opera un grupo médico de múltiples especialidades integradas que presta servicios médicos integrales sobre todo para enfermedades y lesiones no ocupacionales; antes de la lesión su médico está de acuerdo en darle el tratamiento para lesiones o enfermedades ocupacionales; antes de la lesión usted proporcionó a su empleador por escrito lo siguiente: (1) notificación de que usted desea que su médico personal le trate por una lesión o enfermedad relacionada con el trabajo y (2) el nombre y dirección comerciales de su médico personal.

Usted puede utilizar este formulario, proporcionado por su empleador o proporcionar toda la información por escrito para notificar a su empleador si desea que su médico personal con grado de Doctor en Medicina o Doctor en Osteopatía le trate por su lesión/enfermedad relacionada con el trabajo y se cumplen los requisitos mencionados anteriormente.

Aviso de Designación Previa de Médico Personal

Empleado(a): Complete esta sección
Empleador _____
Si tengo una enfermedad o lesión relacionada con el trabajo, elijo ser tratado(a) por:

_____
(Nombre del médico) (M.D., D.O., o grupo médico)

_____
(dirección calle, ciudad, estado, código postal)

_____
(número de teléfono)

Nombre de empleado (por favor usar letra de imprenta):

_____
Dirección del empleado:

_____
Nombre de la Compañía de Seguros, Plan o Fondo que le proporciona cobertura de salud para lesiones o enfermedades no ocupacionales:

_____

Firma del empleado: _____
Fecha: _____

Nota para el Empleado: A menos que usted esté de acuerdo por escrito, ni su empleador ni Sedgwick pueden comunicarse con su médico personal para confirmar una designación previa. Si su médico no firma este formulario, será necesaria otra documentación que confirme la aceptación en ser designado antes de la lesión. Si usted está de acuerdo, su empleador o Sedgwick pueden comunicarse con su médico personal para confirmar esta designación previa, firme y coloque la fecha a continuación:

Firma del empleado: _____

Fecha _____

Médico: Acepto esta designación previa:

Firma: _____ Fecha _____
(Médico o Empleado Designado del Médico)

No se exige que el médico firme este formulario; sin embargo, si el médico o empleado designado del médico o grupo médico no firma, se exigirá otro documento de la aceptación del médico de la designación previa en conformidad con el Título 8, Código de Normas de California, sección 9780.1(a)(3).

Aviso del Quiropráctico o Acupunturista Personal

Si su empleador o aseguradora de su empleador no tiene una Red de Proveedores Médicos (MPN por sus siglas en inglés), usted puede cambiar que su médico tratante sea su quiropráctico (D.C., por sus siglas en inglés) o acupunturista (L.AC., por sus siglas en inglés) personales luego de una lesión/enfermedad relacionada con el trabajo. A fin de ser elegible para hacer este cambio, usted debe dar a su empleador el nombre y dirección comercial de un quiropráctico o acupunturista personales por escrito antes de la lesión/enfermedad. Sedgwick generalmente tiene el derecho de seleccionar a su médico tratante en el periodo de los primeros 30 días luego que su empleador se entere de su lesión/enfermedad. Después que su empleador o Sedgwick hayan iniciado su tratamiento con otro médico durante este período, usted podrá, previa solicitud, hacer que su tratamiento sea transferido a su quiropráctico o acupunturista personales. Usted puede usar este formulario para notificar a su empleador acerca de su quiropráctico o acupunturista personales, o su empleador puede tener su propio formulario. El D.C. o L.AC. deben ser su D.C. o L.AC. habituales que han dirigido su tratamiento y conservan sus registros e historia de quiropraxia. Si su empleador tiene una red de proveedores médicos (MPN, por sus siglas en inglés), usted sólo puede cambiar a un D.C. o L.AC. dentro de la MPN. Si un quiropráctico no puede ser su médico tratante después de 24 visitas. Si aún requiere de tratamiento médico de ahí en adelante, tendrá que elegir un médico que no sea quiropráctico. Esta prohibición no se aplicará a las visitas de medicina física posquirúrgicos prescritos por el cirujano o médico designado por el cirujano, en el marco del componente posquirúrgica de la División de Tratamiento Médico programa de Utilización de Compensación para Trabajadores.

_____
Nombre del quiropráctico o acupunturista (D.C., L.AC.)

_____
(dirección calle, ciudad, estado, código postal)

_____
(número de teléfono)

Nombre de empleado (Por favor use letra de imprenta):
_____

Dirección del empleado: _____

_____

Firma del empleado: _____

Fecha: _____
(Formulario Opcional DWC 9.783,1 Fecha Efectiva 1 de julio 2014)

CUANDO OCURRE UNA LESIÓN EN EL TRABAJO ...

- Busque rápidamente primeros auxilios.
- Llame al 9-1-1 para solicitar ayuda inmediata, si es una emergencia, se requiere atención médica.
- Informe inmediatamente las lesiones a su supervisor o representante del empleador en _____

_____

Oficina de Información y Asistencia:

_____

_____

<u>El empleador DEBE completar esta información</u>

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Información Acerca de Compensación del Trabajador

Sedgwick
P.O. Box 14153
Lexington, KY 40512-4153
Teléfono (800) 922-5020
Fax (859) 264-4062

Aprobado por la División de Compensación del Trabajador

¿Qué es la compensación del trabajador? Su propósito es asegurar que un empleado que sufre una lesión o enfermedad ocupacional reciba beneficios para curar o aliviar médicamente los efectos de la lesión/enfermedad, proporcionar compensación temporal, cuando el empleado sea médicamente incapaz de realizar cualquier función ocupacional, compensación por cualquier discapacidad residual y/o impedimento de la función corporal, beneficios para los dependientes si un empleado fallece como consecuencia de una lesión/enfermedad, protección contra la discriminación de su empleador debido a la lesión/enfermedad.

¿Tengo cobertura? Casi todas las personas empleadas en California están protegidas por la compensación del trabajador; sin embargo hay algunas excepciones. Las personas que trabajan de manera independiente o trabajadores voluntarios no pueden tener cobertura. Leyes similares cubren a los trabajadores federales y marítimos. Su empleador está lícitamente autoasegurado. Sedgwick es el administrador de reclamaciones de su empleador. Su empleador o Sedgwick pueden responder a cualquier pregunta que usted tenga acerca de la cobertura.

¿Qué cubre la Compensación del Trabajador? Si usted tiene una lesión/enfermedad debido a su trabajo, usted tiene cobertura. La causa puede ser un solo evento, como una caída, o puede ser debido a exposiciones repetidas, como la pérdida de audición debido al ruido fuerte y constante. Las lesiones que varían desde primeros auxilios a accidentes graves tienen cobertura. Incluso las lesiones relacionadas con un delito en el lugar de trabajo, tales como lesiones físicas o psicológicas, tienen cobertura de la compensación del trabajador. Algunas lesiones que resultan de actividades voluntarias, como actividades sociales o deportivas fuera del servicio, no pueden tener cobertura. Consulte con su empleador o Sedgwick si usted tiene preguntas. La cobertura comienza en el momento de empezar su trabajo. No hay periodo de prueba o tarifa de salario.

Deber del Empleado. Notifique inmediatamente a su empleador o Sedgwick de manera que usted pueda conseguir la ayuda médica que usted necesita sin demora. Si su lesión es mayor que una lesión de primeros auxilios, su supervisor le dará un Formulario de Reclamación (Formulario DWC-I) para que usted describa dónde, cuándo y cómo sucedió. Para presentar una reclamación, complete la sección "Empleado" del DWC-I. Guarde una copia de este formulario y entregue las páginas restantes a su supervisor. Su empleador deberá completar la sección "Empleador" y entregarle una copia firmada y fechada. Su empleador conservará una copia de este formulario y enviará otra a Sedgwick. Sedgwick está a cargo de manejar su reclamación e informarle a usted acerca de su elegibilidad para recibir beneficios.

Sus beneficios de reclamación no se inician hasta que su empleador se entere de su lesión, por ello informe y presente el DWC-I tan pronto como sea posible. Las leyes de California exigen que su empleador autorice el tratamiento médico en el plazo de un día hábil luego de haber recibido su Formulario de Reclamación. Los empleadores son responsables de un máximo de $10,000 por el tratamiento en espera de una decisión de Sedgwick sobre la aceptación o rechazo de una reclamación. Esperar el informe puede retrasar los beneficios de indemnización del trabajador. Usted no puede recibir beneficios si no presenta una reclamación en el periodo de un año luego de la fecha de la lesión, la fecha en que usted se entera que su lesión era ocupacional, o la fecha en que se proporcionaron por última vez los beneficios.

***Deber del Empleador*:** Entregue este formulario a todos los empleados en el momento de la contratación o al final de su primer período de pago.

En el periodo de un día hábil, al conocer o recibir aviso por parte de cualquier fuente de una lesión/enfermedad ocupacional mayor que primeros auxilios, entregue al empleado un formulario de reclamación (DWC-1) y autorice tratamiento médico e informe la reclamación a Sedgwick.

¿Cuáles son los beneficios? Usted puede tener derecho a diversos tipos de beneficios en virtud de la ley de compensación del trabajador de California, incluyendo:

Atención médica: El tratamiento médico que sea razonablemente necesario para curar o aliviar al trabajador lesionado de los efectos de la lesión/enfermedad. No hay deducible ni copago. Estos beneficios médicos pueden incluir análisis de laboratorio, terapia física, servicios de hospital, medicamentos y tratamiento por un médico. La ley estatal limita ciertos servicios médicos a partir del 1 de enero de 2004. Usted nunca debe recibir una factura médica. Si el tratamiento adicional es necesario, Sedgwick coordinará la atención médica que cumpla con las normas aplicables de tratamiento para la lesión. El médico puede ser un especialista para su tipo específico de lesión, deberá conocer los requisitos de compensación del trabajador e informará con prontitud a Sedgwick de manera que se paguen sus beneficios.

El médico con la responsabilidad general del tratamiento de su lesión/enfermedad es el médico de atención primaria (PTP, por sus siglas en inglés). El PTP decide qué tipo de atención médica usted necesita y si usted tiene restricciones de trabajo. Si es necesario, el PTP revisará la descripción de su trabajo con usted y su empleador para definir cualquier limitación o restricción que usted pueda tener. Este médico también es responsable de coordinar la atención entre los demás proveedores de servicios médicos y, si es una lesión grave, escribirá los informes sobre cualquier discapacidad permanente de las funciones corporales o la necesidad de atención médica en el futuro. Generalmente, su empleador selecciona al PTP que usted verá durante los primeros 30 días, pero si usted desea cambiar de médico por cualquier motivo, pregunte a su empleador o Sedgwick. A su empleador le interesa tanto como a usted su pronta recuperación y retorno al trabajo y seleccionará a un médico diferente para usted. Si su empleador tiene una Red de Proveedores Médicos (MPN, por sus siglas en inglés), usted será dirigido a tratarse con un médico dentro de la MPN y se aplican reglas diferentes sobre cómo cambiar a su médico.

Usted puede ser tratado por su médico personal o grupo médico de inmediato si tiene seguro médico para lesiones o enfermedades que no estén relacionadas al trabajo, y si su médico estuvo de acuerdo por adelantado en darle el tratamiento para las lesiones o enfermedades ocupacionales y ha dirigido previamente su tratamiento y conserva sus registros médicos y está de acuerdo, antes de su lesión/enfermedad, en atenderle por sus lesiones o enfermedades ocupacionales, y usted entregó a su empleador el nombre de su médico y la dirección por escrito antes de la lesión. Usted puede utilizar el formulario dentro de este folleto o su empleador puede tener un formulario para que usted lo utilice.

Si usted da el nombre de su quiropráctico o acupunturista personal, se aplican reglas diferentes, y usted puede necesitar ver primero a un médico seleccionado por el empleador.

Beneficios de discapacidad temporal: Si usted no es médicamente capaz de trabajar durante más de tres días debido a su lesión relacionada con el trabajo, contando los fines de semana, usted tiene el derecho a pagos de discapacidad temporal (TD, por sus siglas en inglés) para ayudarle en la sustitución de sus salarios perdidos. Después de dos semanas a partir de la presentación del informe de la lesión, usted recibirá un cheque. Si su empleador tiene un plan de continuación de salario, sus beneficios pueden ser incluidos en su cheque de pago habitual. TD se paga cada 14 días hasta que el médico declare que usted puede retornar al trabajo (sin embargo los pagos no se hacen durante los primeros tres días, a menos que usted esté hospitalizado o no pueda trabajar más de 14 días). El monto de los pagos será dos tercios de su salario promedio sujetos a los mínimos y máximos establecidos por la legislatura estatal. Aunque el pago por discapacidad temporal no será el monto total de su cheque de pago habitual, no hay deducciones y los pagos están libres de impuestos. Para lesiones que ocurren a partir del 1 de enero de 2008, los pagos por discapacidad temporal se limitan a 104 semanas compensables en el periodo de cinco años luego de la fecha de la lesión. Para unas pocas lesiones a largo plazo, tales como enfermedad pulmonar crónica o quemaduras severas, los pagos por discapacidad temporal pueden durar hasta 240 semanas en el periodo de cinco años a partir de la fecha de la lesión. Si usted alcanza el máximo pago por discapacidad temporal antes que usted pueda retornar al trabajo, su condición se convierte en permanente y estacionaria. Vea la sección "Otros Beneficios" de este folleto para más en la información. La presentación oportuna al Departamento de Desarrollo de Empleo puede dar lugar a beneficios Estatales de Discapacidad adicionales cuando los beneficios por discapacidad temporal se retrasan, deniegan o cancelan.

Discapacidad permanente: Si su médico dice que su lesión siempre le dejará con cierta discapacidad permanente de las funciones corporales, usted puede recibir pagos de discapacidad permanente (PD, por sus siglas en inglés). El monto depende del informe médico, la cantidad de discapacidad permanente que fue causada directamente por su trabajo, y factores como su edad, ocupación, tipo de lesión, y fecha de la lesión. La ley estatal determina los montos mínimos y máximos, y varían según la fecha de la lesión. Si usted tiene derecho a discapacidad permanente, Sedgwick le enviará una carta explicando cómo se calculó el beneficio. Si la lesión causa discapacidad permanente, el primer pago vence en el periodo de 14 días a partir del pago final por discapacidad temporal, salvo que su empleador le haya ofrecido a usted un puesto de trabajo que pague un mínimo del 85% del salario de su fecha de lesión o si regresó a un puesto de trabajo que paga el 100% del salario y, las prestaciones pagadas a usted en la fecha de la lesión, la discapacidad permanente se pagará después que se emita la adjudicación.

***Beneficio complementario por desplazamiento laboral(SJDB, por sus siglas en inglés)*:** Si usted tiene una discapacidad permanente, la elegibilidad para el beneficio complementario por desplazamiento laboral comienza cuando su empleador no tiene trabajo regular, permanente, modificado o alternativo en un periodo de 60 días a partir del recibo de un informe de Mejoría Máxima Médica (MMI por sus siglas en inglés). Esto es un vale no transferible para cuotas de reentrenamiento y/o desarrollo de habilidades relacionadas con la educación en escuelas autorizadas por el estado, herramientas, autorización de licencias y certificación así como otros recursos como beneficios posibles. Si usted califica para el beneficio complementario por desplazamiento laboral, Sedgwick ofrecerá un vale por un monto máximo de $6,000.

***Beneficios por defunción*:** Si la lesión/enfermedad causa la muerte, los pagos se pueden efectuar a sus dependientes. Las leyes estatales establecen estos beneficios y el beneficio total depende del número de dependientes. Los pagos se hacen a la misma tarifa que los pagos por discapacidad temporal. Además, la compensación del trabajador ofrece un monto asignado por concepto de sepelio.

Discriminación: Es una infracción del Código Laboral, Sección 132(a) e ilegal que su empleador le castigue o despida por sufrir una lesión/enfermedad ocupacional, presentar una reclamación o atestiguar en el caso de compensación del trabajador de otra persona. Si su empleador es declarado culpable de discriminación, usted tendría derecho a un aumento de beneficios, restitución y reembolso de los salarios y beneficios perdidos.

Otros beneficios: A veces se confunde la compensación del trabajador con el Seguro Estatal de Discapacidad (SDI, por sus siglas en inglés). La compensación del trabajador las lesiones/enfermedades ocupacionales, y es pagada por su empleador o su aseguradora. Por otro lado, el SDI cubre las lesiones o enfermedades ocurridas fuera del trabajo, y es pagado mediante deducciones de su cheque de pagos. Si usted no está recibiendo beneficios de compensación del trabajador, puede ser capaz de obtener los beneficios de Discapacidad del Estado. Póngase en contacto con la oficina local del Departamento de Desarrollo de Empleo del Estado que aparece en las páginas gubernamentales de su directorio telefónico para obtener más información.

Puede ser elegible para acceder al fondo de regreso al trabajo, con el fin de hacer pagos complementarios a trabajadores lesionados cuyos beneficios de discapacidad permanente son desproporcionalmente bajos en comparación con su pérdida de ganancias. Si tiene alguna pregunta o cree que califica, póngase en contacto con la oficina de Información y asistencia indicada en este folleto o visite el sitio web de DIR en: www.dir.ca.gov.

Si usted todavía tiene preguntas... pregunte a su supervisor o representante del empleador. O póngase en contacto con Sedgwick llamando al número que se indica en los afiches de compensación del trabajador colocados en el trabajo y en este folleto. También puede comunicarse con la División Estatal de Compensación del Trabajador (DWC, por sus siglas en inglés) y hablar con un Funcionario de Información y Asistencia. Estos funcionarios están disponibles para examinar los problemas, responder preguntas y proporcionar información adicional escrita sobre la compensación del trabajador de manera gratuita. La oficina local se muestra a continuación y se publicará en su lugar de trabajo. Usted también puede llamar al 800-736-7401 o visitar el sitio web de DWC: http://www.dir.ca.gov/dwc

EL FRAUDE DE COMPENSACIÓN LABORAL ES UN DELITO GRAVE

Toda persona que haga o disponga que se haga una declaración material deliberadamente falsa o fraudulenta con el fin de obtener o denegar los beneficios o pagos de la compensación laboral es culpable de un delito grave. Las multas pueden ser de hasta un máximo de $150,000 y el encarcelamiento de hasta un máximo de cinco años.

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two- thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

- **Permanent Disability (PD) benefits**: Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
    - Your doctor's medical reports
    - Your age
    - Your occupation

- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job.
  You are eligible for this voucher if:
    - You have a permanent disability.
    - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: **https://www.dir.ca.gov/RTWSP/RTWSP.html**

- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least $224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site **www.edd.ca.gov**.

Workers' compensation fraud is a crime
Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to $150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

_____

Address: _____

Phone: _____

You may be able to find the name of your employer's workers' compensation insurer at **www.caworkcompcoverage.com**. If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at **www.dir.ca.gov/DLSE** as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

_____

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form.** If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this notice. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this notice. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.
To contact the nearest I&A Unit, go to **https:// www.dir.ca.gov/dwc/ianda.html**
or call **1-800-736-7401.**

The nearest I&A Unit is located at:

Address: _____

Phone number: _____

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at www.californiaspecialist.org. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401.**

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: **www.dwc.ca.gov** or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612

PRINT CLEAR

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:_____
(name of doctor)(M.D., D.O., or medical group)
_____ (street address, city, state, ZIP)

_____ (telephone number)

Employee Name (please print):_____

Employee's Address:_____

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

Employee's Signature _____Date: _____

Physician: I agree to this Predesignation:

Signature: _____Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

PRINT CLEAR

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

_____

(name of chiropractor or acupuncturist)

_____

(street address, city, state, zip code)

_____

(Telephone number)

Employee Name **(please print)**: _____

Employee's Address:

_____

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

Aviso para el nuevo empleado

Este aviso, o uno similar que haya sido aprobado por el Director Administrativo, deben entregarse a todos los empleados recién contratados en el estado de California. Los empleadores y administradores de reclamos pueden utilizar el contenido de este documento y colocar en él sus logotipos e información adicional. El contenido de este folleto se aplica a todos los accidentes de trabajo ocurridos a partir del 1 de enero de 2013.

¿QUÉ ES LA COMPENSACIÓN DE TRABAJADORES?

Si se lesiona en el trabajo, su empleador está obligado por ley a pagarle beneficios de compensación de trabajadores. Podría resultar herido por:

Un suceso en el trabajo. Ejemplos: hacerse daño en la espalda en una caída, quemarse con un producto químico que le salpique la piel o lesionarse en un accidente de automóvil mientras hace repartos.

—o—

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la mano, la espalda u otra parte del cuerpo por hacer el mismo movimiento repetido o perder la audición por ruidos fuertes y constantes.

—o—

Delitos en el lugar de trabajo. Ejemplos: resulta herido en un atraco a una tienda, es agredido físicamente por un cliente descontento.

La discriminación es ilegal

Según la sección 132a del Código Laboral, es ilegal que su empleador lo castigue o despida porque usted:

- Presenta un reclamo de compensación de trabajadores
- Tiene intención de presentar un reclamo de compensación de trabajadores
- Concilia un reclamo de compensación de trabajadores
- Testifica o tiene intención de testificar por otro trabajador lesionado

Si se determina que su empleador lo ha discriminado, puede ordenársele que lo reincorpore a su puesto de trabajo; su empleador también puede verse obligado a pagar los salarios perdidos, el aumento de los beneficios de compensación por accidentes laborales y los costos y gastos establecidos por la legislación estatal.

¿CUÁLES SON LOS BENEFICIOS?

- **Atención médica:** pagada por su empleador para ayudarlo a recuperarse de una lesión o enfermedad causada por el trabajo. Las visitas al médico, los servicios hospitalarios, la fisioterapia, las pruebas de laboratorio y las radiografías son algunos de los servicios médicos que pueden prestarse; estos servicios deben ser necesarios para tratar su lesión. Existen límites para algunos servicios, como la fisioterapia, la terapia ocupacional y la quiropráctica.
- **Beneficios por discapacidad temporal (Temporary Disability, TD):** pagos si pierde salario porque su lesión le impide realizar su trabajo habitual mientras se recupera. El monto que puede recibir es de hasta dos tercios de su salario. Existen límites mínimos y máximos de pago establecidos por la legislación estatal; se le pagará cada dos semanas si es elegible. Para la mayoría de las lesiones, los pagos no pueden superar las 104 semanas en un plazo de cinco años a partir de la fecha de la lesión. La discapacidad temporal (TD) finaliza cuando vuelve al trabajo, o cuando el médico le da el alta para trabajar o dice que su lesión ha mejorado todo lo que va a mejorar.
- **Beneficios por discapacidad permanente (Permanent Disability, PD):** pagos si no se recupera del todo. se le pagará cada dos semanas si es elegible. Existen tasas de pago semanales mínimos y máximos establecidos por la legislación estatal; el monto del pago se basa en:
    - Los informes médicos de su doctor.
    - Su edad.
    - Su profesión.
- **Beneficio suplementario por el desplazamiento de trabajo (Supplemental Job Displacement Benefits, SJDB):** se trata de un vale de hasta $6,000 que puede utilizar para volver a capacitarse o mejorar sus conocimientos en una escuela aprobada, para libros, herramientas, licencias o tarifas de certificación, u otros recursos que lo ayuden a encontrar un nuevo empleo; Es elegible a este vale si:
    - Tiene una discapacidad permanente.
    - Su empleador no le ofrece un trabajo regular, modificado o alternativo, **dentro de los 60 días** posteriores a que el administrador de reclamos reciba un informe médico que indique que usted ha logrado una recuperación médica máxima.
- **Programa Suplementario de Regreso al Trabajo (Return-to-Work Supplemental Program, RTWSP):** para las fechas de lesión después del 1 de enero de 2013, usted puede calificar para dinero adicional del programa de la División de Compensación de Trabajadores conocido como el Programa Suplementario de Regreso al Trabajo (RTWSP) si usted recibió el vale de los Beneficios Suplementarios por el Desplazamiento de Trabajo (SJDB). Si tiene alguna pregunta o cree que reúne los requisitos, póngase en contacto con la Unidad de Información y Asistencia llamando al 1-800-736-7401 o visite el sitio web: https://www.dir.ca.gov/RTWSP/RTWSP.html

- **Beneficios por muerte:** pagos a su cónyuge, hijos u otras personas a su cargo si fallece a causa de una lesión o enfermedad laboral. El monto del pago depende del número de personas a cargo. El beneficio se paga cada dos semanas a una tasa de, como mínimo, **$224 semanales**; además, la compensación de trabajadores prevé un subsidio de sepelio.

OTROS BENEFICIOS

Puede presentar un reclamo ante el Departamento de Desarrollo del Empleo (Employment Development Department, EDD) para obtener beneficios estatales por discapacidad cuando los beneficios de compensación de trabajadores se retrasen, denieguen o hayan finalizado. Hay restricciones de tiempo, así que para más información póngase en contacto con la oficina local del EDD o visite su sitio web: **www.edd.ca.gov**.

El fraude en la compensación de trabajadores es delito
Toda persona que realice o haga realizar cualquier declaración deliberadamente falsa con el fin de obtener o denegar beneficios o pagos de compensación de trabajadores es culpable de un delito grave; si es declarada culpable, la persona tendrá que pagar multas de hasta $150,000 o cumplir hasta cinco años de cárcel.

¿QUÉ DEBO HACER SI TENGO UNA LESIÓN?

Informe la lesión a su empleador

Informe inmediatamente a su supervisor, por leve que sea la lesión; no se demore, hay plazos. Puede perder el derecho a los beneficios si su empleador no se entera de su lesión en un plazo de 30 días. Si su lesión o enfermedad se desarrolla con el tiempo, notifíquelo en cuanto sepa que ha sido causada por su trabajo. Si no puede informar al empleador o no tiene noticias del administrador de reclamos después de haber informado sobre su lesión, comuníquese usted mismo con el administrador de reclamos.

La persona responsable de tramitar la reclamos de la compañía de seguros de compensación por accidentes laborales, o si el empleador está autoasegurado, es:

_____

Dirección:

Teléfono:

Puede encontrar el nombre de la compañía de seguros de compensación de trabajadores de su empleador en www.caworkcompcoverage.com. Si no existe cobertura o ésta ha expirado, póngase en contacto con la División de Cumplimiento de las Normas Laborales en www.dir.ca.gov/DLSE ya que todos los empleados deben tener cobertura por ley.

Reciba tratamiento de urgencia si es necesario

Si se trata de una urgencia médica, acuda de inmediato a urgencias. Informe al proveedor médico que lo atiende de que su lesión está relacionada con el trabajo. Su empleador puede indicarle dónde acudir para recibir tratamiento

Número de teléfono de urgencias: llame al 911 para pedir una ambulancia, a los bomberos o a la policía. Para recibir atención médica no urgente, póngase en contacto con su empleador, con el administrador de reclamos de compensación por accidentes laborales o acuda a este centro:_____

Rellene el formulario de reclamos DWC 1 y entrégueselo a su empleador

Su empleador debe entregarle un Formulario de reclamos DWC 1 en el plazo de un día hábil tras conocer su lesión o enfermedad. Rellene la parte correspondiente al empleado, fírmela y devuélvala a su empleador. A continuación, su empleador presentará el reclamo al administrador de reclamos. Su empleador debe autorizar el tratamiento en el plazo de un día hábil a partir de la recepción del **formulario de reclamos DWC 1**. Si la lesión se debe a exposiciones repetidas, dispone **de un año** desde el momento en que se dio cuenta de que su lesión estaba relacionada con el trabajo para presentar un reclamo.

En ambos casos, puede recibir hasta $10,000 en concepto de atención médica pagada por el empleador hasta que se acepte o deniegue su reclamo. El administrador de reclamos tiene hasta 90 días para decidir si acepta o rechaza su reclamo; de lo contrario, su caso se presume pagadero. Su empleador o el administrador de reclamos le enviarán "avisos de beneficios" que le informarán de la situación de su reclamo.

MÁS SOBRE LA ATENCIÓN MÉDICA

¿Qué es un médico tratante principal (Primary Treating Physician, PTP)?

Es el médico responsable del tratamiento de su lesión o enfermedad. Él o ella pueden ser:

- El médico que nombra por escrito antes de lesionarse en el trabajo.
- Un médico de la red de proveedores médicos (Medical Provider Network, MPN).
- El médico elegido por su empleador durante los 30 primeros días de la lesión si su empleador no dispone de una MPN.
- El médico que haya elegido después de los primeros 30 días si su empleador no dispone de una MPN.

¿Qué es una red de proveedores médicos (MPN)?
Una MPN es un grupo selecto de proveedores de atención médica que tratan a trabajadores lesionados. Consulte a su empresa si utiliza una MPN. Si no ha nombrado a un médico antes de lesionarse y su empleador utiliza una MPN, acudirá a un médico de la MPN; después de su primera visita, es libre de elegir otro médico de la lista de la MPN.

¿Qué es la designación previa?
La designación previa es cuando nombra a su médico habitual para que lo trate si se lesiona en el trabajo. El médico debe ser doctor en medicina (Medical Doctor, MD), doctor en medicina osteopática (Doctor of Osteopathic Medicine, DO) o un grupo médico con un MD o DO. Debe nombrar a su médico por escrito antes de lesionarse o enfermarse; puede designar previamente a un médico si tiene cobertura de atención médica para lesiones y enfermedades no laborales. El médico debe:

- Haberlo tratado.
- Haber mantenido su historial y expedientes médicos antes de la lesión.
- Haber acordado tratarlo por una lesión o enfermedad relacionada con el trabajo antes de que se lesionara o enfermara.

Puede utilizar el formulario de "designación previa de médico personal" incluido en este folleto. Después de rellenar el formulario, no olvide entregárselo a su empleador; si su empleador no tiene una MPN aprobada, puede nombrar a su quiropráctico o acupunturista para que le trate las lesiones relacionadas con el trabajo. El aviso del quiropráctico o acupunturista personal debe hacerse por escrito antes de que se lesione. Puede utilizar el formulario incluido en este folleto; Después de rellenar el formulario, no olvide entregárselo a su empleador;

Con algunas excepciones, la ley estatal no permite que un quiropráctico siga siendo su médico tratante después de **24 consultas**. Una vez que haya recibido 24 consultas quiroprácticas, si sigue necesitando tratamiento médico, tendrá que elegir un nuevo médico que no sea quiropráctico. Por "consulta quiropráctica" se entiende cualquier visita a un consultorio quiropráctico, independientemente de que los servicios prestados impliquen manipulación quiropráctica o se limiten a evaluación y gestión.

Las excepciones a las 24 consultas incluyen las consultas de medicina física posquirúrgicas prescritas por el cirujano, o el médico designado por el cirujano, en virtud del componente posquirúrgico del Programa de Utilización de Tratamientos Médicos de la División de Compensación por Accidentes Laborales, o si su empleador ha autorizado consultas adicionales por escrito.

¿Y SI HAY ALGÚN PROBLEMA?

Si tiene alguna preocupación, dígalo. Hable con su empleador o con el administrador de reclamos que tramita su reclamo e intente resolver el problema; si esto no funciona, pida ayuda probando lo siguiente:

Póngase en contacto con la Unidad de Información y Asistencia (Information and Assistance, I&A) de la División de Compensación de Trabajadores: Division of Workers' Compensation, DWC). Las 24 oficinas de la DWC repartidas por todo el estado ofrecen información y asistencia sobre derechos, beneficios y obligaciones en virtud de las leyes de compensación por accidentes laborales de California. Los funcionarios de la I&A ayudan a resolver conflictos sin procedimientos formales. Su meta es conseguirle beneficios completos y a tiempo; sus servicios son gratuitos. Para ponerse en contacto con la Unidad de I&A más cercana, visite www.dir.ca.gov/dwc/ianda.html o llame al 1-800-736-7401.

La Unidad de I&A más cercana se encuentra en:

Dirección:_____

Número de teléfono: _____

Consulte con un abogado

La mayoría de los abogados ofrecen una consulta gratuita. Si decide contratar a un abogado, sus honorarios pueden deducirse de algunos de sus beneficios. Para obtener los nombres de los abogados de compensación por accidentes laborales, llame al Colegio de Abogados del Estado de California al 1-415-538-2120 o visite su sitio web en www.californiaspecialist.org. También puede obtener una lista de abogados en la Unidad de I&A local llamando al 1-800-736-7401.

Advertencia

Es posible que su empleador no le pague la compensación de trabajadores si se lesiona en una actividad recreativa, social o deportiva voluntaria fuera del trabajo que no forme parte de sus obligaciones laborales.

Derechos adicionales

También puede tener otros derechos en virtud de la Ley federal de Americanos con Discapacidades (Americans with Disabilities Act, ADA) o la Ley de Justicia en el Empleo y la Vivienda (Fair Employment and Housing Act, FEHA) de California. Para obtener más información, póngase en contacto con el Departamento de Derechos Civiles (Civil Rights Department, CRD) de California, llamando al 1-800-884-1684, o con la Comisión para la Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC), llamando al 1-800-669-4000.

La información contenida en este folleto se ajusta a los requisitos informativos que figuran en las secciones 3551 y 3553 del Código Laboral y en las secciones 9880 y 9883 del título 8 del Código de Reglamentos de California. Este documento ha sido aprobado por el director administrativo de la División de Compensación de Trabajadores.

Visite el sitio web de la División de Compensación de Trabajadores
www.dwc.ca.gov o llame al 1-800-736-7401
Departamento de Relaciones Industriales
1515 Clay Street, 17th Floor
Oakland, CA 94612

DESIGNACIÓN PREVIA DEL MÉDICO PERSONAL

En caso de que sufra una lesión o enfermedad relacionada con su empleo, podrá ser tratado de dicha lesión o enfermedad por su doctor en medicina (MD) personal, médico osteópata (DO) o grupo médico si:

- en la fecha de su accidente laboral tiene cobertura de atención médica por lesiones o enfermedades no relacionadas con el trabajo;
- el médico es su médico habitual, que será un médico que haya limitado su ejercicio de la medicina a la práctica general o que sea internista, pediatra, ginecólogo-obstetra o médico de familia colegiado o habilitado, y que haya dirigido previamente su tratamiento médico y conserve su historial médico;
- su "médico personal" puede ser un grupo médico si se trata de una sola corporación o sociedad compuesta por médicos licenciados en medicina u osteopatía, que gestiona un grupo médico multiespecialidad integrado que presta servicios médicos integrales predominantemente para enfermedades y lesiones no profesionales;
- antes de la lesión, su médico acepta tratarlo por lesiones o enfermedades laborales;
- antes de producirse la lesión, facilitó por escrito a su empleador la siguiente información: (1) aviso de que desea que su médico personal lo atienda por una lesión o enfermedad relacionada con el trabajo y (2) el nombre y la dirección profesional de su médico personal.

Puede utilizar este formulario para avisar a su empleador si desea que su médico personal o un médico osteópata lo atienda por una lesión o enfermedad relacionada con el trabajo y se cumplen los requisitos anteriores.

AVISO DE DESIGNACIÓN PREVIA DEL MÉDICO PERSONAL

Empleado: Complete esta sección.

Para_____ (nombre del empleador) Si tengo una lesión o enfermedad relacionada con el trabajo, elijo ser tratado por:

_____ (nombre del médico)

(MD, DO o grupo médico)

_____ (dirección, ciudad, estado, código postal)

_____ (Número de teléfono)

Nombre del empleado (en letra de imprenta): _____

Dirección del empleado: _____

Nombre de la compañía de seguros, plan o fondo que brinda cobertura de atención médica para lesiones o enfermedades no profesionales: _____

Firma del empleado _____ Fecha: _____

Médico: Estoy de acuerdo con esta designación previa:

Firma: _____Fecha: _____

(Médico o empleado designado del médico o grupo médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado del médico o grupo médico no firma, se requerirá otra documentación del acuerdo del médico para ser predesignado de conformidad con el título 8 del Código de Reglamentos de California, sección 9780.1(a)(3).

Título 8 del Código de Reglamentos de California, sección 9783.

FORMULARIO DWC 9783 (jul 2014)

AVISO DE QUIROPRÁCTICO PERSONAL O ACUPUNTURISTA PERSONAL

Si su empleador o la aseguradora de su empleador no disponen de una red de proveedores médicos, es posible que pueda cambiar su médico tratante por su quiropráctico o acupunturista personal tras una lesión o enfermedad laboral. Para ser elegible para este cambio, debe comunicar por escrito a su empleador el nombre y la dirección profesional de un quiropráctico o acupunturista personal antes de la lesión o enfermedad. Por lo general, su administrador de reclamos tiene derecho a seleccionar a su médico tratante dentro de los primeros 30 días después de que su empleador tenga conocimiento de su lesión o enfermedad; después de que el administrador de reclamos haya iniciado su tratamiento con otro médico durante este periodo, podrá, previa solicitud, transferir su tratamiento a su quiropráctico o acupunturista personal.

NOTA: si su fecha de lesión es el 1.º de enero de 2004 o posterior, un quiropráctico no puede ser su médico tratante después de que haya recibido 24 consultas quiroprácticas, a menos que su empleador haya autorizado por escrito consultas adicionales. Por "consulta quiropráctica" se entiende cualquier visita a un consultorio quiropráctico, independientemente de que los servicios prestados impliquen manipulación quiropráctica o se limiten a evaluación y gestión. Una vez que haya recibido 24 consultas quiroprácticas, si sigue necesitando tratamiento médico, tendrá que elegir un nuevo médico que no sea quiropráctico. Esta prohibición no se aplicará a las consultas de medicina física posquirúrgica prescritas por el cirujano, o el médico designado por el cirujano, en virtud del componente posquirúrgico del Programa de Utilización de Tratamientos Médicos de la División de Compensación de trabajadores.

Puede utilizar este formulario para notificar a su empleador su quiropráctico o acupunturista personal.

Información sobre su quiropráctico o acupunturista:

_____

(nombre del quiropráctico o acupunturista)

_____

(dirección, ciudad, estado, código postal)

_____

(número de teléfono)

_____

Nombre del empleado **(en letra de imprenta):**

_____

dirección del empleado:

_____

Firma del empleado: _____ Fecha: _____

Título 8 del Código de Reglamentos de California, sección 9783.1.
(Formulario opcional DWC 9783.1 Fecha de entrada en vigor: 1.º de julio de 2014)