

Employee Designation of Personal Physician for Industrial Accidents/Injuries

To: **Human Resources**

From: _____
(Name of employee)

You are hereby notified, pursuant to Section 4600 of the Labor Code of the State of California, that if I sustain an industrial injury, I elect to be treated for such injury by my personal physician.

L.C. 4600 allows an employee to select a personal physician prior to the date of the injury. Personal physician is defined as a regular physician or surgeon, licensed pursuant to **Chapter 5** (commencing with the Section 2000) of Division 2 of the Business and Professions Code, who has previously directed the medical treatment of the employee and who retains the employee's medical records, including his or her medical history.

L.C. 4601 states that notwithstanding the 30-day time period as specified under section 4600, the employee can request a one-time change of physician at any time. Upon request of the employee for a change of physician, the maximum amount of time permitted by law for the employer or insurance carrier/TPA to provide the employee an alternative physician or, if requested by the employee, a chiropractor, or an acupuncturist shall be **five working days** from the date of the request.

L.C. 4601(b) states that if the employee requesting the change of physicians has notified his or her employer in writing prior to the date of injury that he or she has a personal chiropractor, the alternative physician tendered by the employer shall be the employee's personal chiropractor. For the purposes of this article, "personal chiropractor" means the employee's regular chiropractor licensed pursuant to **Chapter 2** (commencing with Section 1000) of the Business and Professions Code, who has previously directed treatment of the employee, and who retains the employee's chiropractic treatment records, including his or her chiropractic history.

I understand that if I choose to predesignate a chiropractor or acupuncturist, the employer has the right to send me to an employer-selected physician first.

The name and address of my personal physician is:

Name _____

Address _____

City/Zip Code _____

Telephone _____ Fax #: _____

This notice and election shall remain in full force and effect until revoked, in writing, by the undersigned employee.

Dated _____

Employee Name (Please print)

Employee Signature

Receipt of this notice acknowledge this _____ day of _____, 20____.

WAIVER

I waive my right to be treated by my personal physician in the event of an emergency or when my personal physician is not available.

Employee Name (Please Print)

Date

Employee Signature