

March 2012

TO: Campus Employees
FROM: Human Resources
RE: PRE-DESIGNATION OF PERSONAL PHYSICIAN

You may pre-designate a personal physician authorized to provide medical treatment for you in the event of a work-related industrial injury or illness.

Due to a change in regulations governed by the Department of Industrial Relations the university can no longer accept or honor pre-designation forms that are **not** authorized by your designated physician.

The attached Pre-Designation of Personal Physician form must be completed by you and signed by the personal physician (or accompanied by appropriate documentation as outlined below) that you have elected to receive treatment from in the event of an industrial injury or illness.

If you wish to pre-designate your personal physician, please complete the following Pre-Designation form, obtain your physician's signature and return to Human Resources & Risk Management. If you are unable to obtain a signature on the form, signed documentation is required from your personal physician on his/her letterhead and submitted with the Pre-Designation of Personal Physician form.

Also attached is a Notice of Personal Chiropractor or Personal Acupuncturist form that does not require authorization and may be kept on file, however, the Pre-Designation of Personal Physician form may only be authorized by a medical doctor (M.D.) or doctor of osteopathic medicine (O.D.).

In the event of a work-related injury or illness and a signed Pre-Designation of Personal Physician form is not on file for you, you must seek medical treatment at Mad River Occupational Health Services, 592 14th Street, Arcata, CA 95521, (707) 825-4907, during the first 30 days following industrial injury or illness. In the event of an emergency, you may seek medical treatment at Mad River Emergency Room, 3800 Janes Road, Arcata, CA 95521, (707) 826-8264.

You may also seek treatment from St. Joseph's Occupational Health Services, 2200 Harrison Ave, Eureka, (M-F 8:00-11:30 & 1:00-4:00; please call first) 445-8121, ext. 5688. In the event of an emergency, you may seek medical treatment at St. Joseph's Hospital Emergency Room, 2700 Dolbeer Street, Eureka, ((24 Hours Day, 7 Days/Week - 269-4250.

During times that classes are in session, the HSU Student Health Center may provide first aid only for minor industrial injuries.

Thank you for your cooperation. If you have additional questions, please contact Human Resources at extension 3626.

Rev 03/12

**HUMBOLDT STATE UNIVERSITY
HUMAN RESOURCES & RISK MANAGEMENT**

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.) or doctor of osteopathic medicine (D.O.) if:

- your employer offers group health coverage;
- 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;
- 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: **HUMBOLDT STATE UNIVERSITY**: If I have a work-related injury or illness, I choose to be treated by:

Name of doctor (M.D. or D.O.): _____

Street address, city, state & zip code: _____

Telephone number: _____

Employee Name (please print): _____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____

(Physician or Designated Employee of the Physician)

If your physician does not sign this form you must provide written documentation on letterhead authorized by the physician or designated employee of the physician, of the physician's agreement to be predesignated for providing medical treatment to you for a work-related injury pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.
(Optional DWC Form 9783-Effective date March 2006)

**HUMBOLDT STATE UNIVERSITY
HUMAN RESOURCES & RISK MANAGEMENT**

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.

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 signature

Title 8, California Code of Regulations, section 9783.1.
(DWC Form 9783.1-Effective date March 2006)