



Employee Designation of Physician

The California Labor Code grants an employee who has sustained an occupational injury or illness the right to medical care. Labor Code Section 4600 grants the employee the right to be treated by a "personal physician" if the physician is designated prior to the injury or illness. A personal physician must meet all of the following conditions:

1. The physician is the employee's regular physician licensed as an M.D. or D.O.
2. The physician is the employee's primary care physician and has previously directed the medical treatment of the employee, and who retains the employee's medical record, including the employee's medical history. The physician must be a member of the employee's health plan.

If you are injured on the job and go to a physician other than the physician designated on this form, you may be responsible for the cost of treatment. You are required to promptly notify your supervisor of a work-related injury/illness. If you have any questions please call 664-2664. You may fax a completed form to 664-4049. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY. <http://www.sonoma.edu/hs/erc/workcomp.html>

Employee Name: _____ Department: _____

Physician Name: _____ Kaiser number (if applicable): _____

Physician Address: _____

Physician Phone: _____ Physician fax number: _____

ACKNOWLEDGEMENT OF PERSONAL PHYSICIAN

I hereby acknowledge that I have been designated to act as the primary treating physician for the above employee in the event of a work-related injury or illness and agree to follow the requirements of the treating physician as outlined in Labor Code 9785 and have received a copy of the "Reporting Duties of the Primary Treating Physician".

Signature of Personal Physician

Date

If I am injured on the job, I wish to be treated by my personal physician who has treated me before and who has my medical records. This document identifies my personal physician. In case of a job-related injury or illness that occurs after the date of this notification, I understand that I can be treated by my personal physician as of the date of injury. I understand that personal physician means "my regular physician and surgeon, licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, who has previously directed my medical treatment and who retains my medical records, including my medical history."

Employee Signature: _____ Date: ____/____/____

Please also complete this section if you are designating a doctor that does not meet the conditions outlined above.

I'm pre-designating a doctor who does not meet the conditions outlined by this document. I understand that if I am injured on the job, my employer will designate a physician for my first medical visit. I can request to change to my pre-designated doctor after the initial medical visit.

Employee Signature: _____

Esta carta contiene información importante referente a sus beneficios o a sus derechos de empleado. Posiblemente sea necesario gestionar algún trámite para protegerlos. Si no comprende Ud. esta carta y no tiene quién se la traduzca, llámeme por teléfono a la oficina de "Employee Relations & Compliance Services," teléfono 664-2664, que le conseguirá un intérprete.

Date form received in ERC: _____

Labor Code 9785. Reporting Duties of the Primary Treating Physician (PTP)

- (a) For the purposes of this section, the following definitions apply:
- (1) The “**primary treating physician**” (PTP) is the physician who is primarily responsible for managing the care of an injured employee and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter.
 - (2) A “secondary physician” is any physician other than the PTP who examines or provides treatment to the injured employee, but is not primarily responsible for continuing management of the care of the injured employee.
 - (3) “Claims administrator” is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or ***third-party administrator for a self-insured employer** (*NOTE: the CSU is self-insured and employees a third-party administrator to adjust workers’ compensation claims), insurer, legally uninsured employer or joint powers authority.
- (b) There shall be no more than one primary treating physician at a time.
- (c) The PTP, or a physician designated by the PTP, shall make reports to the claims administrator as required in this section. A PTP has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. However, a claims administrator may designate any person or entity to be the recipient of the required reports.
- (d) The PTP shall render opinions on all medical issues necessary to determine the employee’s eligibility for compensation in the manner prescribed in subsections (e), (f), and (g) of this section. The PTP may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.
- (e) (1) **Within 5 working days following initial examination**, a PTP shall submit a written report to the claims administrator on the form entitled “Doctor’s First Report of Occupational Injury or Illness”, Form DLSR 5021. On line 24 of the First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultation or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).
- (2) Each new PTP shall submit a form DLSR 5021 following the initial examination.
 - (3) Secondary physicians, physical therapists, and other health care providers to whom the injured employee is referred shall report to the PTP in the manner required by the PTP.
 - (4) The PTP shall be responsible for obtaining all of the reports of secondary physicians and shall incorporate, or comment upon, the opinions of the other physicians in the PTP’s report and submit all of the reports to the claims administrator.
- (f) A PTP shall promptly report to the claims administrator when any one or more of the following occurs:
- (1) The employee’s condition undergoes a previously unexpected significant change.

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- (2) There is any significant change in the treatment plan reported, including, but not limited, to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices.
- (3) The employee's condition permits return to modified or regular work.
- (4) The employee's condition required him or her to leave, work, or requires changes in work restrictions or modifications;
- (5) The employee is discharged;
- (6) The PTP concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);
- (7) The employer reasonable requests additional appropriate information;
- (8) When ongoing treatment is provided, a progress report shall be made no later than 45 days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred.

Reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled, "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2.

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner or form.

- (g) When the PTP determines that the employee's condition is permanent and stationary, the physician shall report any findings concerning the existence and the extent of permanent impairment and limitations and any need for continuing or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" (Form PR-3) contained in Section 9785.3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form MC81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section 10606. Qualified Medical Evaluators (QME) and Agreed Medical Evaluators (AME) may not use Form PR-3 to report medical-legal evaluations.
- (h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.
- (i) Claims administrators shall reimburse primary treating physicians for their reports submitted to this section as required by the Official Medical Fee Schedule.