



Designation of Personal Treating Physician (Worker's Compensation) GO-1576

The California Labor Code allows for an employee to pre-designate their personal treating physician to treat them if they are injured on the job. This pre-designation must be done prior to an injury.

The following rules apply:

1. Your treating physician must agree to be pre-designated.
2. The physician that you have pre-designated must have been your regular physician. The physician must be licensed pursuant to Chapter 5, commencing with section 2000, of Division 2 of the Business and Professions Code;
3. This physician must have previously directed your medical treatment, and retain your medical records, including your medical history;

If you wish to pre-designate, you and your physician must complete the attached form. Please return this form to your Supervisor and/or Human Resources Representative.



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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:

- 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;
- 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.)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Employee's Signature: _____ Date: _____

Physician: I agree to this Predesignation:

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 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