

California **Labor** Federation AFL-CIO

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To:

All Affiliates

From:

Art Pulaski, Executive Secretary-Treasurer

Re:

Maintaining The Right To See Our Own Doctor

Date:

October 3, 2006

RECEIVED

OCT - 62006

After a hard-fought battle, we have a new law that protects our right to see our own doctors if we get injured on the job. The "predesignation" of your treating physician for workers compensation is an important protection against the forced use of a "company doctor" following a workplace injury. This right would have been eliminated April 2007 unless we got a bill signed.

Remember, it is very important that members to complete and file a predesignation form with their employer, prior to any injury!

A sample form is attached. You can also download a form at http://www.dir.ca.gov/dwc/FORMS/DWCForm 9783.pdf

While AB 2068 only extends the sunset date to December 2009, we will continue the fight to maintain our right to predesignate. Unless we predesignate our doctors, we will be forced to see a company doctor!

There are some important rules for a member to be able to see his/her own doctor:

- 1. Beginning January 1, 2007, you will be able to predesignate Kaiser or your medical group on the predesignation form (instead of having to name an individual doctor).
- 2. You must be offered by employer-based group health insurance.
- 3. The doctor is your regular Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) and maintains your medical records.
- 4. The doctor agrees to be predesignated by either signing a predesignation form or providing documentation that the doctor agrees to be predesignated.
- 5. A predesignation form or an equivalent written document must be completed and filed with the employer prior to injury.

We encourage you to develop a plan to have each member file a predesignation form.

Please feel free to contact me should you have any questions.

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: | (name of employer). | If I have a work-related injury or |
| illness, I choose to be treated by: | - · · · · · | 33 |
| (name of doctor)(M.D., D.O.) | | |
| (street address, city, state, ZIP) | | |
| (telephone number) | | |
| Employee Name (please print): | | · · · · · · · · · · · · · · · · · · · |
| Employee'sAddress: | | |
| Employee's | | |
| Signature | | Date: |
| Physician: I agree to this Predesig | nation: | |
| Signature: | | Date: |
| (Physician or Designated Employed | | |

The physician is not required to sign this form, however, if the physician or designated employee of the physician 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).

DWC FORM 9783 (March 14, 2006)