NOTICE TO NEW EMPLOYEES

WORKERS' COMPENSATION

This form complies with Division 4, Chapter 2, Article 4, Section 3550 and 3551 of the California Labor Code.

If a work related injury or illness occurs, you are automatically entitled to Workers' Compensation benefits.

In the event of a work related injury or illness, you must notify your supervisor immediately!

You have a right to receive medical care at any of the facilities listed on the attached information sheet, and to receive temporary disability indemnity, permanent disability indemnity, vocational rehabilitation services, and death benefits (as appropriate). You may use a designated personal physician if you file the "Predesignation of Personal Physician" form prior to any injury.

The District is self-insured, and work related injuries are administered by York Insurance Services, P.O. Box 619058, Roseville, CA 95661-9058; telephone number (916) 960-0928.

I have read and understand the above information.

Name of Employee: ________________________________

Signature: ________________________________

Date: ________________________________

Date of Hire: ________________________________

Signature of Interviewer: ________________________________

Original: Employee's Personnel File

GS#73Revised 01/10
CALIFORNIA WORKERS’ COMPENSATION
WHAT EVERY WORKER SHOULD KNOW

What is workers’ compensation?

If you get hurt on the job, your employer is required by law to provide workers’ compensation benefits. You could get hurt by:

- One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries,
- Repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

What are the benefits? They can include:

**Medical Care.** The right to receive regular medical care, paid for by your employer, to help you recover from an injury or illness caused by work. In case of injury or illness, a list of employer Designated Medical Facilities and Hospitals are available to you at your Dean’s, Director’s and Vice President of Administration offices.

**Temporary Disability Benefits.** Payments if you lose wages because you can’t do your usual job while recovering.

**Permanent Disability Benefits.** Payments if can’t recover completely and will always be somewhat limited in your ability to work.

**Vocational Rehabilitation.** Job placement counseling and possibly retraining, if you are unable to return to your old job and your employer doesn’t offer other work.

**Death Benefits.** Payment to the spouse, children or other dependents of a worker who dies from a job injury or illness.

Can I choose the Doctor that will treat me?

It depends. If you want to choose the doctor who will treat you for a job injury or illness, you must tell your employer the name and address of your personal physician before your are injured. You must do it in writing. This is called **predesignating your personal physician**.

- **If you predesignate:** you will be allowed to see your personal physician right after you are injured. You may switch doctors later, if necessary.
- **If you don’t predesignate:** Your employer usually will have the right to choose the doctor who treats you during the first 30 days after your employer learns about your injury or illness. A list of employer Designated Medical Facility and Hospitals are available to you at your Dean’s, Director’s and Vice President of Administration offices. Under Section 4600 and 4601 of the California Labor Code, you have the right to request a change of treating physician if the original treating physician was selected by the employer. Thirty (30) days after reporting an injury you can be treated by a physician of your own choice. Upon selecting a physician thirty (30) days after reporting the injury, you should immediately notify the District’s Workers’ Compensation Administrator of the name and address of the physician you selected.

How do I predesignate?

You can predesignate a doctor of medicine (M.D.), or a doctor of osteopathy (D.O.) who treated you in the past and has your medical records. Or you can predesignate the office, clinic, or hospital where the doctor treated you.

Notify your employer in writing. Predesignation of Personal Physical Forms are available at the District Office Human Resources Department and General Services Department. If another form is used, make sure to include the following information:

1. Name of your employer.
2. Statement that if you're hurt on the job, you designate your personal physician or personal physician’s medical facility to provide medical care. Give the name, address, and phone number.
3. Your name.
4. Your signature.
5. Date.
Did you Know?

- Medical care must be paid for by your employer if you get hurt on the job, whether or not you miss time from work.
- You may be eligible to receive benefits even if you are a temporary or part-time worker.
- You don't have to be a U.S. citizen to receive workers’ compensation benefits.
- You receive benefits no matter who was at fault for your job injury.
- You can't sue your employer for a job injury (in most cases).
- Under Labor Code Section 132(a), it's illegal for your employer to punish or fire you for having a job injury or for requesting workers' compensation benefits when hurt on the job.

Why is the choice of doctor important?

Your treating doctor will:

- Decide what type of medical care you will receive.
- Help identify the kinds of work you can do safely while recovering.
- Determine when you can return to work.
- Write medical reports that will affect the benefits you receive.

What Should I do if I get hurt on the job?

- Report the injury to your employer

  Tell your supervisor right away. If your injury or illness developed gradually (like tendonitis or hearing loss), report it as soon as you learn it was caused by your job. Reporting promptly helps prevent problems and delays in receiving your benefits, including necessary medical care. To be eligible for benefits, you have one year from the time that you know you have a work-related injury or illness to report the injury to your supervisor.

- Get emergency treatment if needed

  If it’s a medical emergency, go to an emergency room right away. Your supervisor may advise you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.

How can I avoid getting hurt on the job?

It’s best to prevent injuries before they happen. Employers are required to have an Injury and Illness Prevention Program. Learn about and participate in your employer’s program. Report unsafe conditions to your supervisor.

How can I find out more about workers’ compensation?

- Talk to a supervisor or manager at work. Your employer is required to post information about workers’ compensation and give you written materials.

- Contact a state Information and Assistance Officer. The Information and Assistance Officer can answer questions about workers’ compensation. Call toll-free 1 (800) 736-7401. For a local office near you, check the Government Pages of our local phone book. Look under: State Government Offices/Industrial Relations/Workers' Compensation.
Designated Medical Facilities
For Workers' Compensation Treatment

Mercy Medical Group
9394 Bighorn Blvd.
Elk Grove, CA 95758
(916) 691-8500
8:00 a.m. – 12:30 p.m. (M - F)
1:30 p.m. – 5:00 p.m. (M – F)

Mercy Medical Group
1700 Prairie City Road
Folsom, CA 95630
(916) 817-8690
8:00 a.m. – 4:30 p.m. (M – F)

Mercy Medical Group
3000 Q St., 4th Floor
Sacramento, CA 95816
(916) 733-3390
7:00 a.m. – 5:00 p.m., everyday
Urgent Care After Hours:
(916) 733-3377
5:00 p.m. – 9:00 p.m. (M – F)
9:00 a.m. – 5:00 p.m. (S, S & Holidays)

Med 7 Urgent Care Center
4156 Manzanita Ave., #100
Carmichael, CA 95608
(916) 488-6337
9:00 a.m. – 9:00 p.m. (daily)

Sutter Occupational
Health Services/Laguna
8170 Laguna Blvd., Suite 114
Elk Grove, CA 95758
(916) 691-5952
8:00 a.m. – 5:00 p.m. (M – F)
Extended Hours:
(916) 691-5925
5:00 p.m. – 9:00 p.m. (M – F)
10:00 a.m. – 2:00 p.m. (S & S)

Sutter Occupational
Health Services/Natomas
1014 W. North Market Blvd., Suite 20
Sacramento, CA 95834
(916) 635-3570
8:00 a.m. – 5:00 p.m. (M – F)

Sutter Occupational
Health Services/Roseville
Three Medical Plaza, Suite 100
Roseville, CA 95661
(916) 797-4700
8:00 a.m. – 5:00 p.m. (M – F)

Sutter Occupational
Health Services/Davis
2020 Sutter Place, Suite 101
Davis, CA 95616
(530) 750-5811
8:00 a.m. – 5:00 p.m. (M – F)
Extended Hours:
5:00 p.m. – 9:00 p.m. (M – F)
9:00 a.m. – 5:00 p.m. (S & S)
Designated Hospitals
for After Hours or Emergencies

Mercy General Hospital
4001 J Street
Sacramento, CA 95819

Mercy Hospital of Folsom
1650 Creekside Drive
Folsom, CA 95630

Mercy San Juan Hospital
6501 Coyle Avenue
Carmichael, CA 95608

Methodist Hospital of Sacramento
7500 Hospital Drive
Sacramento, CA 95823

Marshall Hospital – Placerville
Marshall Way
Placerville, CA 95667

Sutter Davis Hospital
2000 Sutter Place
Davis, CA 95616

Sutter General Hospital
2801 “L” Street
Sacramento, CA 95816
LOS RIOS COMMUNITY COLLEGE DISTRICT
OPTIONAL
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.), 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 illness 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 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: Los Rios Community College District (name of employer).

If I have a work-related injury or illness, I choose to be treated by:

(name of doctor) (M.D., or medical group)

/(street address, city, state, ZIP) (telephone number)

Employee Name:

Employee's Address: (please print)

Employee's Signature: Dept: Location: Date:

Status: Faculty Regular Classified Temporary Classified Student Help Management

Physician: I agree to this Predesignation:

Signature: Date:

(Physician or Designated Employee of the Physician Medical Group)

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. DWC form 9783 (March 1, 2007)

Note to Employee: Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a predesignation [CCR 9780.1(f)]. If your physician did not sign above, other documentation that they agreed to be predesignated prior to the injury will be required. If you agree that after receiving this from your employer or claims administrator may contact your physician to confirm the predesignation, sign below:

Employee Signature: Employee I.D. # Date:

Note to Physician: California workers' compensation medical services are subject to preauthorization of non-emergency services; utilization review; reporting requirements; and the California Official Medical Fee Schedule. The following optional information may assist communication and facilitate the authorization, reporting, recordkeeping and payment process:

Office Manager/Billing Contact:

Mailing Address (if different from street address):

Phone: Fax: Email:

Physician License#:

Physician Tax I.D.:

EMPLOYEES: IF YOU CHOOSE TO COMPLETE THIS FORM, PLEASE RETURN THE COMPLETED FORM TO HUMAN RESOURCES AT THE DISTRICT OFFICE. REMEMBER: ALL work related injuries or illnesses must be reported to your Supervisor promptly.

Original: Employee’s Personnel File Copy: General Services Insurance file Copy: V.P. of Administration