

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.

Name of Employee: _____

Employee ID: _____

Signature: _____

Date: _____

Date of Hire: _____

Signature of Interviewer: _____

Original: Employee's Personnel File

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,
-or-
- 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 you don't recover completely and will always be somewhat limited in your ability to 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 you 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 predestinate 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.

CALIFORNIA WORKERS' COMPENSATION WHAT EVERY WORKER SHOULD KNOW

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, or you can get written information about workers' compensation by going to the Division of Workers' Compensation website at www.dwc.ca.gov

**DESIGNATED MEDICAL FACILITIES
FOR WORKERS' COMPENSATION TREATMENT**

(We recommend you call first to verify that the services listed below have not changed since the last update-Rev. 6/2017)

Kaiser Occupational/Folsom

2155 Iron Point Rd.
Folsom, CA 95630
2nd Floor
(916) 817-5667
8:30 a.m. - 4:30 p.m. (M-F)

Kaiser Occupational/Roseville

1600 Eureka Rd.
Roseville, CA 95661
Bldg. 2C
(916) 784-4000
8:30 a.m. - 5:00 p.m. (M-F)

Kaiser Occupational/South Sacramento

6600 Bruceville Rd.
Sacramento, CA 95823
Medical Office Bldg. 3, 2nd Floor Rm. 235
(916) 688-2005
8:30 a.m. - 5:00 p.m. (M-F)

Kaiser Occupational/Sacramento

2025 Morse Ave.
Sacramento, CA 95825
Across from main hospital
(916) 973-5499
8:30 a.m. - 5:00 p.m. (M-F)

Med 7 Urgent Care Center

4156 Manzanita Ave., #100
Carmichael, CA 95608
(916) 488-6337
9:00 a.m. - 9:00 p.m. (Daily)

Mercy Medical Group

3000 Q Street 4th Floor
Sacramento, CA 95816
(916) 733-3390
7:00 a.m.-5:00 p.m. (M-F)
Urgent Care After Hours (1st Floor)
(916) 733-3377
5:00 p.m.-7:00 p.m. (M-F)
8:00 a.m. - 4:00 p.m. (S&S/Holidays)

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

1730 Prairie City Road
Folsom, CA 95630
(916) 351-4801
8:00 a.m. - 4:30 p.m. (M-F)

Sutter Occupational/Natomas

1014 W North Market Blvd, Suite 20
Sacramento, CA 95834
(916) 565-8600
8:00 a.m. - 5:00 p.m. (M-F)

Sutter Occupational/Sacramento

1201 Alhambra Blvd, Suite 210
Sacramento, CA 95816
(916) 731-7775
8:00 a.m. - 5:00 p.m. (M-F)

Sutter Occupational/Roseville

Three Medical Plaza, Suite 100
Roseville, CA 95661
(916) 797-4700
8:00 a.m. - 5:00 p.m. (M-F)
Extended Hours: Bld#2 Suite, 130
(916) 865-1400
5:00 p.m.- 9:00 p.m. (M-F)

**Designated Hospital
for After Hours or Emergencies**

Mercy General Hospital

4001 J Street
Sacramento, CA 95819

Mercy Hospital of Folsom

1650 Creekside Drive
Folsom, CA 95630

Marcy 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

Rev. 9/17

LOS RIOS COMMUNITY COLLEGE DISTRICT
OPTIONAL
PRE-DESIGNATION 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:

- You have health care insurance for injuries/illnesses that are not work-related;
- 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 PRE-DESIGNATION 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 Physician) (M.D., D.O., or medical group)

_____/_____
(Physician's street address, city, state, ZIP) (Physician's telephone number)

Employee Name: _____ **Employee ID#** _____
(please print)

Employee's Address: _____

Name of insurance company, plan or fund providing health coverage for non-occupational injuries or illnesses:

Employee's Signature: _____ **Dept:** _____ **Location:** _____ **Date:** _____
Status: Faculty Regular Classified Temporary Classified Student Help Manager

Note to Employee: Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a pre-designation. If your physician does not sign the form, other documentation that they agreed to be pre-designated 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 pre-designation, sign below:

Employee's Signature: _____ **Date:** _____

Physician: I agree to this Pre-designation:

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 pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3).

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:** _____

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