



Employee Predesignation of Personal 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 permits the employee the right to be treated by a “personal physician” if the physician is designated before the injury or illness occurs. A Personal Physician must meet all the following conditions:

1. **The physician is your regular physician licensed as an M.D. or D.O.**
2. **The physician is your primary care physician who has limited their practice of medicine to general practice or is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner and has previously directed your medical treatment and who retains your medical records.**
3. **The physician agrees to be predesignated.**

If you wish to predesignate a personal physician, please have your physician provide the information requested below.

EMPLOYEE: I, _____, request to be treated by my personal physician in case of an occupation injury or illness occurring during my employment with Cal State Los Angeles.

My personal physician is: _____

Employee signature: _____ Department: _____

PHYSICIAN: 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).

If you agree to be the predesignated personal physician to treat work-related injuries sustained by an employee of California State University, Los Angeles, please provide the following information. This form may be returned to the employee requesting your acceptance of predesignation or mailed directly to the office listed below.

I am the employee’s regular or primary care physician and have previously directed their medical treatment and I retain their medical records including medical history. I agree to be the predesignated personal physician for

Employee’s Name

Physician Name: _____ Phone: _____

Physician Address: _____

Physician Signature: _____ Date: _____

Please return this form to Cal State LA, Adriana Machuca Parra, Human Resources Management, 5151 State University Drive, Los Angeles, CA 90032, SSB 6381 or email at workerscomp@calstatela.edu.

Notice: The University reserves the right to manage an employee’s medical treatment to the extent permitted under the law as interpreted at the time of injury/illness.