

CHOOSING MEDICAL CARE FOR WORK-RELATED INJURIES and ILLNESSES

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a health plan called a Workers' Compensation Health Care Organization, or HCO. This form gives you information about the HCO program, and describes your rights in choosing medical care for work-related injuries and illnesses.

What is an HCO?

A Workers' Compensation Health Care Organization is an organization which has been certified by the State of California Division of Workers' Compensation to provide health care to injured workers. HCOs must meet the quality and service standards set by the Division of Workers' Compensation. They must have health care providers who understand the workers' compensation system and occupational health care. The HCO must be able to work with employers and workers to improve worksite health and safety.

If you choose an HCO, the HCO will coordinate all aspects of the care for your work injury, including working with your employer to help you get back to work in a job that will not make the injury worse. The HCO must provide information on the services they provide to injured workers and must answer your questions and complaints. By choosing an HCO, you may help your employer save money. There is no cost to you in choosing an HCO.

Choosing an HCO

Your employer has offered you enrollment in an HCO. If your employer's workers' compensation insurance company owns or controls this HCO, your employer must tell you this during the enrollment process. Your employer must give you information about the HCO before you make a choice.

If you choose to enroll in the HCO, you must use the HCO for any medical treatment you need as a result of a work injury for at least 90 days after the injury. If you choose an HCO and your employer pays for at least one-half of your health insurance (for non-work injuries), then you must use the HCO for at least 180 days after a work injury. In some HCOs, your own personal physician, personal chiropractor or personal acupuncturist for your regular health care is available to treat you for work injuries/illnesses.

Choosing Your Own Doctor -- Not in an HCO

If you do not want to be treated by the HCO after a work injury, you can "designate" your own personal physician, personal chiropractor or personal acupuncturist who has treated you before and who has your medical records. If you choose your own personal physician, personal chiropractor or personal acupuncturist, you may go to him or her any time for treatment of a work injury.

MAKING YOUR CHOICE
For Workers' Compensation Health Care

Use this form to choose how you want to get medical care if you have a work-related injury or illness. You may choose the Workers' Compensation Health Care Organization offered by your employer, or you may designate your own personal physician, personal chiropractor or personal acupuncturist. If you choose to designate your own personal physician, personal chiropractor or personal acupuncturist, you should do so in the space provided below. If you do not make one of these choices, your employer will enroll you in the HCO in order for you to receive treatment for a work injury or illness.

If you have questions about HCOs or medical treatment after a work injury, you may call an Information and Assistance officer. Find the telephone number in the phone book listed under State of California, Department of Industrial Relations, Division of Workers Compensation. If you have concerns, complaints or questions regarding a specific HCO or the enrollment process you can call 1-800-277-1767.

THIS IS AN IMPORTANT LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS IF YOU HAVE A WORK INJURY.

I want to enroll in an HCO for my medical care for any work related injury or illness. I have received information about the Health Care Organization offered by my employer and want to enroll in that HCO.

I do not want to enroll in an HCO. I want my personal physician, personal chiropractor or personal acupuncturist to treat me for any work-related injury or illness. My personal physician, personal chiropractor or personal acupuncturist is:

(Write in the name, and address and telephone number of your personal physician, personal chiropractor or personal acupuncturist.)

I do not want to enroll in an HCO or designate a personal physician, personal chiropractor or personal acupuncturist to treat me for any work-related injury or illness. I understand that my employer will enroll me in the HCO for treatment of any work-related injury or illness.

(Print) Name of Employee

Signature

Date Signed