## Sacramento County Workers' Compensation Physician Designation Form

Under Labor Code Section 4600 (d), if an employee is covered under any non-occupational group health coverage, that employee has the right, prior to being injured, to designate a physician to treat them for any industrial injury they may suffer. This physician must be the employee's primary care physician, have previously directed the medical treatment of the employee, and must be the physician who retains the employee's medical records, including his or her medical history. This means your primary treating physician under your group health plan.

You may also designate a chiropractor or an acupuncturist, provided you have treated with them in the past. In order to be treated by a chiropractor or an acupuncturist, you must first be seen by a doctor with one of the County designated occupational clinics and then request a change of treating physician to your personal chiropractor or acupuncturist. For this election to be valid the doctor must agree to treat your work related injury. We therefore require you to have your physician sign this form indicating an agreement to provide treatment under the workers' compensation laws of the State of California.

I am designating the following:

☐ Primary Treating Physician ☐ Chiropractor ☐ Acupuncturist	
(Employee Name)	(Employee's PIN)
(Employee's Address)	
I, hereby select (Print Employee's Name) (Print Employ	
(Physician's Street Address, City, State, Zip Code)	
(Physician's Phone Number)	(Employee's Health Plan)
Employee's Signature:	Date:
I, Dr agree to treat the above patient, under the workers' compensation laws of the State of California, in the event they should suffer an industrial injury.	
Physician's Signature:	Date:

**Return to:** County of Sacramento

Workers' Compensation Office Or Inter-Office Mail Code 58-600

P.O. Box 276130 Sacramento, CA 95827