



**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.) or doctor of osteopathic medicine (D.O.) if:

- On the date of your work injury you have health coverage for injuries and 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 non-occupational illnesses 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 a 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**

If you wish to predesignate your personal physician, this form must be completed and signed by you and your personal physician.

Employee Name: \_\_\_\_\_

Please Type or Print Full Name

If I sustain an injury or illness while acting within the course and scope of my employment at CSU San Marcos, I hereby elect to be treated by my personal physician (M.D. or D.O.), named below.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL PHYSICIAN ACCEPTANCE OF EMPLOYEE PRE-DESIGNATION**

I agree to be the pre-designated personal physician for \_\_\_\_\_. I am the regular physician or primary care physician (M.D. or D.O.) and meet the physician pre-designation criteria as outlined above. I understand that I am expected to comply with Title 8, California Code of Regulations, Section 9785, "Reporting Duties of the Primary Treating Physician".

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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)

**Return this form to:** CSU San Marcos - Office of Human Resources | Workers' Compensation Coordinator  
333 So. Twin Oaks Valley Road | San Marcos, CA 92096-0001