

## Personal Acupuncturist Predesignation Form

Major changes in the law regarding medical/acupuncture treatment for injuries suffered on the job.

Your employer has the right to contract with HMO/PPOs, also known as Approved Health Care Organizations, to provide treatment for work-related injuries. Although the law requires your employer to provide you with acupuncture treatment, you will probably not have a say in which acupuncturist you can see.

**EXCEPTION:** To preserve your right to be a patient of this office, you must complete a **Designated Personal Acupuncturist** form and this form must be on file in your personnel record prior to the injury.

Effective January 1, 1994, your employer is required by law to notify you of your right to predesignate your "Personal Acupuncturist". *This must be done at your date of hire, time of open enrollment, and annually thereafter.*

You have the right to change your "Personal Acupuncturist" any time prior to the injury. However, the law requires that **the "Personal Acupuncturist" must have treated you in the past and maintain the records of your treatment.**

**IMPORTANT:** If you have filed this Predesignated Personal Acupuncturist form with your employer prior to the injury, you may be required to see a doctor, selected by your employer, immediately after you report the injury. However, you then have the right to request a change of physician and then can receive treatment from your Predesignated Personal Acupuncturist.

### Steps:

If you are injured on the job and wish this office to be Designated as your Personal Acupuncturist:

1. Complete the attached form.
2. Give the completed form to your personnel representative.
3. Ask this person to sign and date when it is delivered to the personnel department.
4. Request the completed form be put into your personnel file and that you receive two copies of the form.
5. Mail one copy to our office for inclusion in your patient file.
6. Keep the other copy for your records.

Unfortunately, some personnel departments lose this form at the time of a work injury. The additional copies in your and my files help protect your right to acupuncture care.

## Personal Acupuncturist Predesignation Form

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Employer)

From: \_\_\_\_\_  
(Name of Employee)

I hereby designate \_\_\_\_\_, L.Ac., as my  
“Personal Acupuncturist” pursuant to Section 4600.3 and 4601 of the California Labor  
Code.

\_\_\_\_\_ is the acupuncturist who has previously  
directed my treatment and who retains my treatment records, including my history.

\_\_\_\_\_  
(Signature of Employee)

Forward original to my employer \_\_\_\_\_  
(Signature of Personnel Representative who received it.)

Employee’s Copy (Keep this in a safe place)

Acupuncturist’s Copy (Mail to the office)