

EMERGENCY FILE CARD

EMPLOYEE NAME:	_____
HOME ADDRESS:	_____ _____
HOME PHONE #:	_____ HEALTH PLAN: _____
IN CASE OF EMERGENCY	
CONTACT PERSON:	_____
ADDRESS:	_____ _____
HOME PHONE #:	_____ WORK PHONE # _____
<i>Note: This information will be kept CONFIDENTIAL to be used only in case of emergencies.</i>	

**DESIGNATION OF PERSONAL PHYSICIAN
FOR WORKERS' COMPENSATION INJURIES**

Under State Labor Code Section 4600, an employee may be treated immediately for a work-incurred injury by his or her personal physician*, provided that the employer is notified in writing prior to date of injury, of the name of the personal physician. Otherwise, Professional Risk Management (PRM), the University's Workers' Compensation administrator, may direct the medical treatment for the first 30 days following an injury.

If you choose to designate a personal physician for this purpose, please complete the form below. It should then be placed in your departmental personnel file.

Employees are reminded to notify their supervisor as soon as possible after an injury occurs so that the proper forms can be completed.

DESIGNATION OF PERSONAL PHYSICIAN	
EMPLOYEE NAME:	_____
PHYSICIAN NAME:	_____
PHYSICIAN ADDRESS:	_____ _____
PHYSICIAN PHONE #:	_____ MEDICAL ID#: _____
EMPLOYEE SIGNATURE:	_____ DATE: _____

*PERSONAL PHYSICIAN is defined as a "medical or osteopathic physician, chiropractor or licensed acupuncturist who has previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history." Special rules govern employer medical control if your personal physician is a chiropractor or acupuncturist.

University of California, Berkeley

PLEASE TURN OVER FOR PRIVACY NOTIFICATION
PRIVACY NOTICE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to assure that the immediate expenses of medical services provided by your personal physician or group medical facility for a work-related injury will be paid by Workers' Compensation. University policy and State statutes authorize maintenance of this information.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form may be used for University departments in processing your health claims under Workers' Compensation, and will be transmitted to the State and Federal governments if required by law.

Individuals have the right to review their own records in accordance with Staff Personnel Policy 605 and Academic Personnel Manual Section 160.

This form will be kept in your departmental payroll file.