NAME: _____

Date of Injury: _____

Return by fax to: 504-862-8766 or
by email to workcomp@tulane.edu.

NOTICE
TO INJURED WORKERS

YOU HAVE THE RIGHT TO CHOOSE YOUR OWN DOCTOR!

When you are injured at work or become sick because of something that happened at work, the law gives you the right to choose your own doctor in any field or specialty of medicine for medical treatment.

The law also allows your employer to have you see his/her doctor, but you do **not** have to agree to continue treatment with your employer's doctor unless that is what you want.

If you want your employer's doctor to continue treating you after your first visit with him/her, and after receiving this form, you may choose your employer's doctor as your treating doctor.

Once you choose either your employer's doctor or your own doctor as your treating doctor, you may **not** be permitted to choose another doctor in that same field or specialty of medicine to treat you for your injury or illness later on. HOWEVER, YOU ARE NOT REQUIRED TO GET YOUR EMPLOYER'S APPROVAL TO CHANGE TO A DOCTOR IN ANOTHER FIELD OR SPECIALTY OF MEDICINE (La. R.S. 23:1121(B)(1).

IF YOUR EMPLOYER DENIES YOUR RIGHT TO CHOOSE YOUR DOCTOR, YOU HAVE A RIGHT TO A SPEEDY HEARING BEFORE A WORKERS' COMPENSATION JUDGE TO RESOLVE THE DENIAL OF YOUR RIGHT (La. R.S. 231121 (B)(1) and 1124 (B).

I HEREBY CHOOSE MY OWN DOCTOR TO TREAT ME FOR MY INJURY OR ILLNESS:

DR. _____.

OR

BY SIGNING THIS FORM, I STATE THAT I KNOW ABOUT MY RIGHT TO CHOOSE MY OWN TREATING DOCTOR, AND BEING SO ADVISED, I HEREBY ACCEPT AND CHOOSE TO CONTINUE TREATING WITH MY EMPLOYER'S DOCTOR:

DR. _____.

_____ _____
DATE SIGNATURE OF EMPLOYEE

_____ _____
DATE SIGNATURE OF EMPLOYER REPRESENTATIVE

(Note: If the employee is illiterate or has a language barrier, an authorized representative of the employer/insurer shall attest by their signature that this form and right of physician choice has been reasonably explained to that employee prior to his/her signature on this form. Failure to do so can jeopardize the employer's/insurer's right to subsequently refuse consent to the employee's request for treatment by a different physician within the same field or specialty.)

(Form LDOL – WC 1121)