

CONFIDENTIAL

Please submit a new form to your supervisor immediately when the information listed below changes. If you have a chronic medical problem (i.e. a heart condition, epilepsy, asthma, diabetes, etc.) that could incapacitate you during work hours, you are encouraged to discuss symptoms and emergency treatment with your supervisor.

EMERGENCY INFORMATION

EMPLOYEE LAST NAME FIRST NAME M.I. BIRTHDATE

HOME TELEPHONE NUMBER MOBILE TELEPHONE NUMBER

OFFICE UNIT

Person(s) to notify in case of accident or illness.

FULL NAME RELATIONSHIP TELEPHONE NUMBER MOBILE TELEPHONE NUMBER

FULL NAME RELATIONSHIP TELEPHONE NUMBER MOBILE TELEPHONE NUMBER

FULL NAME RELATIONSHIP TELEPHONE NUMBER MOBILE TELEPHONE NUMBER

PHYSICIAN DESIGNATION

In case of injury or sudden job-related illness, employees are given the option of choosing their own personal physician to administer medical treatment or accepting services provided by the department. "Personal Physician" means the employee's regular physician or surgeon who has previously directed the medical treatment of the employee and who retains the employee's medical records.

The physician is not required to sign this form, but in lieu of a signature, other documentation of the physician's agreement is required.

I decline designating a personal physician AND will accept medical treatment from the department's designated medical facility.

If I am injured on the job, I wish to be treated by my personal physician or my personal physician's integrated multi-specialty medical group, who meets all the following requirements: (1) is my regular physician; (2) is my primary care physician or integrated multi-specialty medical group; (3) is licensed per Business & Professions Code; (4) has previously provided my treatment; (5) retains my records; (6) agrees to be my pre-designated physician.

PHYSICIAN'S NAME AND/OR NAME OF PERSONAL PHYSICIAN'S MULTI SPECIALTY MEDICAL GROUP

OFFICE ADDRESS (Street, City, State, Zip) TELEPHONE NUMBER

HOSPITAL PREFERENCE HEALTH PLAN/ID NUMBER

EMPLOYEE'S SIGNATURE DATE SIGNED

I am the above employee's regular, primary care physician. I have previously treated and do retain his/her medical records and I agree to treat the above employee for a work related injury and/or illness.

PHYSICIAN'S SIGNATURE or designated employee of the physician's medical group DATE SIGNED

Department of General Services Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977, California Civil Code Sections 1798.17 & 1798.24 and the Federal Privacy Act (Public Law 93-579).

The Department of General Services (DGS), Office of Human Resources, is requesting the information specified on this form pursuant to Civil Code sections 1798.14 - 1798.23.

The principal purpose for requesting this data is to provide contact information in the case of an emergency. The information provided will/may be disclosed to a person where the transfer is necessary for the transferee agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with Section 1798.25.

Individuals should not provide personal information that is not requested.

The submission of all information requested is voluntary unless otherwise noted. If you fail to provide the information requested to DGS, or if the information provided is deemed incomplete or unreadable, this may result in the delay of emergency medical treatment.

Department Privacy Policy

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy ([see State Administrative Manual 5310-5310.7](#)). For more information on how we care for your personal information, please read the [DGS Privacy Policy](#).

Access to Your Information

DGS Office of Human Resources is responsible for maintaining collected records and retaining them for 5 years after separating from DGS. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

DGS Office of Human Resources
707 3rd Street, West Sacramento, CA 95605
(916) 376-5401