

**State of New York
WORKERS' COMPENSATION BOARD**

**Notice of Right to Select a Workers' Compensation Board Authorized
Health Care Provider**

Injured Employee's Name	Injured Employee's Social Security No.	Date of Accident
Employer's Name and Address		

To the Injured Employee:

For the treatment of your work-related injury or illness, you may choose any physician, podiatrist, chiropractor, or psychologist (upon referral from an authorized physician) who is Workers' Compensation Board authorized and who is accepting workers' compensation patients.

While you may choose to utilize a network or provider which is recommended by your employer or its workers' compensation insurance carrier or to permit your employer to select a provider on your behalf, you may, at any time, change your health care provider without jeopardizing your workers' compensation claim for benefits.

Signature of Injured Employee

Date

Signature of Witness

Date

Please note: It is not necessary for you to sign this consent form if your employer is (i) participating in a certified preferred provider organization (PPO) under Article 10-A of the Workers' Compensation Law, or (ii) participating in the alternative dispute resolution (ADR) pilot program under section 25(2-c) of the Workers' Compensation Law. In accordance with these statutory programs, except in emergency situations, you must obtain at least initial treatment for any workers' compensation injury or illness from the certified network(s) or providers designated by your employer.

To the Employer:

The employer shall provide the above-named injured employee with a copy of this signed form and shall maintain the original form in the employer's records where it may be inspected by the Workers' Compensation Board at any time. This form shall not be submitted to the Workers' Compensation Board nor shall it be executed prior to the occurrence of this employee's work-related injury or illness.

The Workers' Compensation Board employs and serves people with disabilities without discrimination.

Eta New York
KOMISYON KONPANSASYON TRAVAYÈ

**Avi pou Dwa pou Chwazi yon Founisè Swen Sante
ki Gen Otorizasyon Komisyon Konpansasyon Travayè**

Non Anplwaye ki Pran Chòk la	Nimewo Sekirite Sosyal Anplwaye ki Pran Chòk la	Dat Aksidan an
Non ak Adrès Travay la		

Pou Anplwaye ki Pran Chòk la:

Pou tretman chòk oswa maladi ou pran nan travay ou, ou ka chwazi nenpòt doktè, podyat, kiwopraktè, oswa sikològ (avèk rekòmandasyon yon doktè otorize) ki jwenn otorizasyon Komisyon Konpansasyon Travayè, epi ki aksepte pasyan konpansasyon travayè.

Menmsi ou ka chwazi pou itilize yon rezo oswa yon founisè swen sante patwon ou oswa konpayi asirans konpansasyon travayè li rekòmande, oswa pou pèmèt patwon ou chwazi yon founisè swen sante sou non ou, nenpòt kilè, ou ka chanje founisè swen sante ou san ou pa riske reklamasyon avantaj konpansasyon travayè ou.

Siyati Anplwaye ki Pran Chòk la	Dat	Siyati Temwen	Dat
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Tanpri sonje: Li pa nesesè pou ou siyen fòm konsantman sa a si patwon ou (i) patisipe nan yon òganizasyon founisè prefere ki sètifye (PPO) anba Atik 10-A Lwa sou Konpansasyon Travayè, oswa (ii) patisipe nan lòt kalite pwogram-pilòt rezolisyon konfli (ADR) anba Seksyon 25(2-c) Lwa sou Konpansasyon Travayè. Dapre pwogram obligatwa sa yo, sof nan sitiyasyon ijan, ou fèt pou jwenn omwen premye tretman pou nenpòt chòk oswa maladi nan konpansasyon travayè nan rezo (yo) sètifye oswa nan klinik founisè swen sante patwon ou deziyen.

Pou Patwon an:

Patwon an fèt pou bay anplwaye ki pran chòk ki gen non li endike anwo a yon kopi fòm siyen sa a, epitou patwon an fèt pou konsève fòm orijinal la nan dosye anplwaye a kote Komisyon Konpansasyon Travayè ka enspekte li nenpòt kilè. Yo pa fèt pou soumèt fòm sa a ba Komisyon Konpansasyon Travayè a ni yo pa fèt pou egzekite li anvan anplwaye a pran chòk oswa maladi sa a ki asosye avèk travay li.

Komisyon Konpansasyon Travayè a anplwaye ak sèvi moun ki gen andikap san diskriminasyon.