

HOLY FAMILY UNIVERSITY

OFFICE MEMO

TO: Work-study employees

FROM: Renée L. Rosenfeld
Assistant Vice President for Human Resources

RE: *Procedures for reporting work-related injury or illness*

If you suffer a work-related injury or illness during the hours in which you are working for Holy Family University as a work-study, our procedures require that you complete an incident report form and submit it to the Human Resources/ Payroll Department (HFH 209) in a timely manner. These forms are available in the Human Resources/Payroll Dept.

The university's Workers' Compensation insurance company will pay for reasonable surgical and medical services and supplies if you:

1. properly report the incident, and
2. seek treatment from one of the doctors identified on the Human Resources/Payroll bulletin board outside HFH 209, on the employee bulletin board at Newtown and Woodhaven, or in the office of the Director of Health Services (CC G7). If you still need treatment after 90 days from your first visit, you may choose to go to another licensed physician. (If you are faced with a medical emergency, go directly to the hospital or physician of your choice.)

As a work-study employee, you are also required to sign and return the attached blue form called "Workers' Compensation Form." **Please review, sign and return this form to the Financial Aid Office (HFH 203).**

If you have any questions, feel free to call me at 267-341-3479 or to stop by HFH 209.

Thank you.

enc.

NOTIFICATION OF EMPLOYEE'S RIGHTS AND DUTIES UNDER THE PA WORKERS' COMPENSATION ACT

In accordance with Section 306 (f.1) (1) (I) of the Pennsylvania Workers' Compensation Act and Section 127.755 of the Rules and Regulations of the Bureau of Workers' Compensation, your employer is required to notify you of your rights and duties following report of a work injury. You are required to acknowledge this notification of your rights and duties in writing.

Your employer has established a list of at least six designated health care providers for treatment of work injuries.

You have the duty to obtain treatment for work-related injury or illness from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

You have the right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90 day period.

You have the right during this 90 day period, to switch from one health care provider on the list to another provider on the list, and this treatment will be paid for by your employer.

You have the right to seek treatment from a health care provider you are referred to if the referral is by a designated provider. Your employer will pay for the treatment rendered by the referral provider.

You have the right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment must be a designated provider for the remainder of the 90-day period.

You have the right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but these services shall be at your expense for the initial 90-day period.

You have the right to seek treatment from any health care provider after the 90 day period has ended, and that treatment will be paid for by your employer, if it is reasonable and necessary.

You have the duty to notify your employer of treatment by a non-designated provider within 5 days of the first visit to that provider. Your employer may not be required to pay for the treatment rendered by a non-designated provider prior to receiving this notification. However, your employer shall pay for these services once notified, unless the treatment is found to be unreasonable by a Utilization Review Organization in accordance with the provisions of the Workers' Compensation Act.

You have the right to seek an additional opinion from any health care provider of your choice when a designated provider prescribes invasive surgery. If the additional opinion differs from the opinion of the designated provider and the additional opinion provides a specific detailed course of treatment, you shall determine which course of treatment to follow. If you opt to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on your employer's designated list for the 90 days from the date of the first visit to the provider of the additional opinion.

You are required to regularly report receipt of all other income you receive while collecting Workers' Compensation, including wages from employment or self-employment, unemployment benefits, Social Security (Old Age) benefits, pension benefits and severance pay. You are also required to report any change in your physical condition, which may affect your receipt of Workers' Compensation benefits.

I hereby acknowledge that I have been informed of these rights and duties, and that I understand my responsibilities as set forth herein. I also understand that Bureau Regulation 127.755 specifically provides that an employee may not refuse to sign this acknowledgment of notification of rights and duties in order to avoid the duties specified in this notice.

EMPLOYEE NAME
(PLEASE PRINT)

SOCIAL SECURITY NUMBER

EMPLOYEE SIGNATURE

DATE