



**GEORGIA DEPARTMENT OF HUMAN SERVICES  
Human Resources Policy #1701 A7**

**WORKERS' COMPENSATION ACKNOWLEDGMENT**

My signature below indicates that I have been advised that as an employee of the Georgia Department of Human Services I am covered by the Georgia Workers' Compensation Law. I have been informed that I am to immediately report all on-the-job injuries regardless of the extent of the injuries to my supervisor. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment is necessary, I will receive emergency treatment as soon as possible. All follow up care, however, must be provided by a Workers' Compensation physician listed on the official notice which is posted in my work area.

I further understand that if emergency treatment is not necessary, I must receive treatment from a Workers' Compensation physician listed on the official notice. If I obtain non-emergency medical treatment from a physician not on the official notice, I will be responsible for any medical expenses.

I have been advised that if I am dissatisfied with the physician selected, I may make one change without permission to a second physician on the official notice. Any further changes of physicians will require the permission of the DHS Workers' Compensation Coordinator or the State Board of Workers' Compensation.

If I have questions regarding the above, I should discuss them with my supervisor or the DHS Workers' Compensation Coordinator.

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**Employee Name**

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**Employee Signature**

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**Date**