

HOEY, FARINA & DOWNES

Attorneys At Law

EMERGENCY FOLDER:

This "Emergency Folder" provides your spouse, or other family members, quick access to important information in the event of an injury at work. By maintaining this folder, you and your family, at a time of great anxiety and stress, will be prepared to protect your rights.

The "Emergency Folder" includes:

- 1) Emergency Response Check List
- 2) Letter to ER and Hospital Staff
- 3) Letter To Doctors: *Knowing Your Patient, The Railroad Employee*
- 4) Durable Power of Attorney (which establishes someone to act with authority on your behalf)
- 5) Contact number of Hoey, Farina & Downes, your Designated Legal Counsel

All of these documents also are available from our web site in the **Forms Shanty** section.

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EMERGENCY RESPONSE CHECKLIST

- ✓ Call HF&D immediately to have an attorney meet your family at the hospital.
- ✓ Do not sign any documents without HF&D legal advice.
- ✓ Authorize HF&D to investigate occurrence immediately and act to preserve evidence.



LETTER TO ER AND HOSPITAL STAFF

Dear Health Care Provider:

I am an employee of a railroad. As a railroad employee, my rights are governed by federal law and not a state worker's compensation act. Any claim for my injury sustained at work comes under the Federal Employers' Liability Act (FELA). Contrary to what any railroad official may tell you, I do not authorize any consultation with railroad personnel, its medical department or their representatives.

Your medical bills for my treatment will be paid under my union's negotiated health care plan. Your bill(s) can be sent directly to my employer railroad for processing. You may, also, send my employer railroad medical reports relating to my injury that support your bill(s) and describe the services you provided.

Your sending bills and reports to my employer railroad in no way waives my right to our doctor / patient privilege, which I specifically ask you to respect and enforce.

Sincerely,

KNOWING YOUR PATIENT, THE RAILROAD EMPLOYEE

Dear Health Care Provider:

I am an employee of a railroad. As a railroad employee, I have specific job duties that I am required to perform which involve a significant amount of physical dexterity. I can provide you with a document describing those duties.

As a railroad employee, my rights are governed by federal law and not a state workers' compensation act. Any claim for my injury sustained at work comes under the Federal Employers' Liability Act (FELA).

Under the FELA, I have the right to seek a monetary recovery from the railroad for pain and suffering, loss of a normal life and the value of the impairment to my income producing capacity. If injured on the job, I may be required to be seen by a company doctor. However, I am not required to accept their medical treatment. I have the right to choose my own treating health care providers, which is why I have come to you for medical treatment.

Your medical bills for my treatment will be paid under my union's negotiated health care plan. Your bill(s) can be sent to my employer railroad or directly to my insurance provider for processing. You may, also, send my employer railroad medical reports relating to my injury that support your bill(s) and describe the services you provided. Your sending bills and reports to my employer railroad in no way waives my right to our doctor / patient privilege, which I specifically ask you to respect and enforce. Lastly, I do not authorize any consultation with railroad personnel, its medical department or their representatives.

Sincerely,

**AN EXAMPLE OF A DURABLE POWER OF
ATTORNEY FOR THE STATE OF ILLINOIS**

KNOW ALL MEN BY THESE PRESENTS that I, _____, of the State of Illinois, do hereby nominate, constitute and appoint my _____, _____, as true and lawful Attorney for me and in my name, place and stead and for the benefit of me to sign, endorse and receive checks, drafts, and notes, and other instruments and legal documents to fulfill the terms of this Durable Power of Attorney. Further, _____ is granted full power of attorney to do as follows:

1. To exercise, do, or perform any act, right, power, duty or obligation whatsoever that I now have or may acquire the legal right, power or capacity to exercise, do or perform in connection with, arising out of, or relating to me, and any pertinent item, thing, transaction, business property, personal property, tangible or intangible, or any matter whatsoever which affects the health, safety, welfare and education of me.

2. To file federal and state income tax returns and to pay the tax shown due by any or all of such income tax returns, including any deficiencies, interest and penalties subsequently determined to be due thereon for the benefit of me.

3. To ask, demand, sue for, recover, collect, receive, and hold and possess all such sums of money, debts, dues, bonds, notes, checks, drafts, accounts, deposits, legacies, bequests, devises, interests, dividend, stock certificates, certificates of deposit, annuities, insurance benefits, retirement benefits, documents of title, chooses in action as are now, or shall hereafter become due, owing, payable, owned, or belonging to or by me for the benefit of me, or in which I have or may acquire an interest, and to have, use, and take all lawful ways and means and legal and equitable remedies, procedures, and writs in my name for the collection and recovery thereof, and to compromise, settle, and agree for the same, and to make, execute, and deliver for my name all endorsements, acquittances, releases, receipts, or other sufficient discharges for the same; to enter and have free access to any safe deposit box in my name for the purpose of adding property thereto or removing property therefrom.

4. To buy, sell, assign, and/or encumber any real estate or tangible property.

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

6. On my behalf to endorse bank drafts, checks, and money orders, and to handle and manage all my banking and checking accounts. Also, to grant authority and permission to transact on my behalf any medical authorizations for my medical needs, including payment of my medical bills.

7. **To retain the law firm of Hoey, Farina & Downes, as my attorneys and for my benefit, in the event I am injured while at work as a railroad employee.**

8. This power of attorney shall become effective on the date this document is signed.

9. This power of attorney shall continue indefinitely and terminate on the date of my death, unless otherwise revoked by me in writing.

The undersigned witness certifies that _____ known to me to be the same person(s) whose name(s) is/are subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him and/or her to be of sound mind and memory.

Dated: _____

Witness

HOEY, FARINA & DOWNES

Attorneys At Law

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