

PROTECTED HEALTH INFORMATION (PHI)

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The City of Kettering (the "City") is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. The City is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI — The City may use PHI for the purposes of treatment, payment, and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment — This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.

For payment — This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medical necessity determinations and collecting outstanding accounts.

For health care operations — This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Reminders for Information on Other Services — We may also contact you to provide you with information about other services we provide.

Use and Disclosure of PHI Without Your Authorization — The City is permitted to use PHI *without* your written authorization, or opportunity to object, in certain situations, and unless prohibited by a more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider who treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals;
- We may also use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights — As a patient, you have a number of rights with respect to your PHI, including:

The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect and copy your medical information, you should contact our privacy officer.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer.

The right to request an accounting. You may request an accounting from us of certain disclosures of your medical information that we have made in the six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for purposes of treatment, payment or health care operations, or when we share your health information with our business associates, like our billing company or a medical facility from/to which we have transported you. We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting, contact our privacy officer.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you. The City is not required to agree to any restrictions you request, but any restrictions agreed to by the City of Kettering in writing are binding on the City.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request. If we maintain a web site, we will prominently post a copy of this Notice on our web site.

If you allow us, we may forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: The City reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our web site, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer at: City of Kettering Fire Department, 2329 Wilmington Pike, Kettering, OH 45429 (937) 296-2489 or Fax (937) 296-3265.



EMERGENCY MEDICAL SERVICES (EMS) BILLING

FREQUENTLY ASKED QUESTIONS



The City of Kettering is currently seeking reimbursement from private health insurers, Medicare and Medicaid for ambulance transportation. While no one living or working in Kettering will be required to pay for any uncovered expenses, we expect you might have questions about why the city is charging insurance companies for the service, and how it impacts you. Below you will find common questions and answers about Emergency Medical Services billing. If you still have questions, please feel free to call the Kettering Fire Department at (937) 296-2489 for additional information, or contact our billing service directly at 1-800-676-0111.

- 1. *What is Emergency Medical Services (EMS) billing?***
EMS billing is a service fee charged by the City of Kettering for ambulance transportation (paramedic or EMT) to a hospital facility.
- 2. *Why does the City of Kettering charge for EMS services?***
By billing insurance carriers for ambulance service, the city expects to avoid seeking additional tax revenue – in the form of levies – from residents for the new equipment and stations.
- 3. *Where will the money go that the city receives from reimbursement?***
The money will be used for fire department capital improvements such as new ambulances, fire engines, station improvements and/or new fire stations.
- 4. *Who will be billed?***
We will bill only the *insurance carriers* of Kettering residents who are insured or have Medicare coverage. In other words, if you live in Kettering and don't have health insurance, we will not bill you. We will bill all *non-residents*; however, even if they are not insured.
- 5. *Who receives the ambulance bill?***
 - For those who work or live in Kettering, the ambulance bill goes directly to third-party payers. Third-party payers include Medicare, Medicaid and private health insurers. *No bill should ever be sent to persons living or working in Kettering even if third-party payers do not pay. If you live or work in Kettering and receive a bill directly, please contact Kettering Fire Department at (937) 296-2489.*
 - For those who *don't* live or work in Kettering, the initial ambulance transport billing goes to a third-party payer, if available. If the bill is not paid by Medicare, Medicaid or a private health insurer, we will bill the individual.
 - You may receive an Explanation of Benefits (EOB) from your insurance carrier. This is not a bill. Your insurance carrier may not reimburse the city for the full fee, but rest assured, if you live or work in Kettering, you are not responsible for this difference.
- 6. *How does it work?***
Our crews will simply ask you a few questions. If you are covered by Medicare we may ask you to sign a form allowing us to bill Medicare. Our billing service handles the rest. If you are unable to sign the form when you are transported, our billing service **may** mail you the form. Please fill out the form, so we can file your claim.
- 7. *How much does it cost?***
The city will invoice Medicare or your insurance carrier reasonable and customary rates for this area based on the services you received.
- 8. *Will this increase local insurance rates?***
No. These costs have been built into your premiums for many years. More than 80 percent of the nation's fire departments – that transport patients to the hospital – bill for these services. Ambulance costs are less than 1 percent of health care expenditures. Rate increases are driven by drug costs, technology and research. Billing at the allowable costs will have minimal impact on insurance premiums.
- 9. *Let's say, I am a Kettering resident and have insurance. I receive a bill for ambulance transportation, what should I do?***
You should contact our billing company at 1-800-676-0111. If the problem is not resolved, call the Kettering Fire Department at (937) 296-2489.
- 10. *What if my insurance doesn't pay or only pays a portion of the fee?***
If you are a Kettering resident or work in Kettering, you are not responsible for any co-pays, deductibles or any uncovered fees.

Notice of Privacy Practices

We are permitted to make uses and disclosures of protected health information for treatment, payment and health care operations. We are permitted or required, under specific circumstances, to use or disclose protected health information without your written authorization. Other uses and disclosures will be made only with your written authorization, and you may revoke such authorization. You have the right to request restrictions on certain uses and disclosures of protected health information. You have the right to receive confidential communications of protected health information, as applicable. You have the right to inspect and copy protected health information. You have the right to amend protected health information. You have the right to receive an accounting of disclosures of protected health information. You may file a complaint with us, and with the Secretary of the Department of Health and Human Services, without fear of retaliation, if you believe your privacy rights have been violated. To request a complaint form, or a copy of our full Notice of Privacy Practices, call us at the telephone number on this statement. This Notice is first in effect on April 14, 2003.