

MEMBERSHIP APPLICATION



**ALBANY FIREMED
PO BOX 490
ALBANY, OR 97321
541-917-7710**

For Office Use Only

Membership #

Expiration Date

Date Received

MEMBERSHIPS VALID FOR ONE YEAR; PAYMENT MUST ACCOMPANY THIS FORM

**\$70 Membership Fee
Per Household**

Payable by cash, check made payable to
City of Albany, or pay by card online at
albanyoregon.gov/firemed



Tax-deductible contributions are welcome:

\$50 \$100 \$ _____

Service Address:

Street

City

State

Zip

Billing Address:

Street

City

State

Zip

Phone

Last Name, First Name Middle Initial

Date of Birth

___/___/_____
___/___/_____
___/___/_____
___/___/_____
___/___/_____

I have read the enclosed FireMed Agreement and agree to the terms and conditions listed. I authorize payment of insurance medical benefits for ambulance service directly to Albany Fire Department Ambulance. My signature on this application authorizes Albany Fire Department Ambulance to submit any claims or bill any health insurance plan of which I am a member. My signature below indicates that I have received a copy of the FireMed Agreement and Albany Fire Department Ambulance Patient Privacy Notice.



Member or Representative Signature

Date

MEMBERSHIPS VALID FOR ONE YEAR; PAYMENT MUST ACCOMPANY FORM

Payable by cash, check made payable to City of Albany, or pay online at albanyoregon.gov/firemed

You will not receive a FireMed membership card. All 9-1-1 emergencies are treated equally, regardless of FireMed membership status; therefore, a membership card is not necessary.



Please read this agreement carefully and maintain this copy for your records. Hereafter, FireMed means the City of Albany, and this agreement is between the City of Albany and the FireMed member. Payment in full must accompany this application for a FireMed membership to be in effect.

I hereby apply to FireMed for membership for myself and listed eligible family members*. I understand the membership fee provides medically necessary** pre-hospital care and ambulance transportation. New membership coverage is immediate after receipt of the FireMed application and fee and extends for the following calendar year. I understand that FireMed is not insurance, but provides prepaid coverage in excess of any health insurance or medical benefits I may have. I authorize FireMed to bill directly for ambulance service to any such insurance. I agree to assign to FireMed any claim I may have for medical insurance benefits as a result of any service provided by FireMed while I am a member. I authorize the release of medical information for the purpose of ambulance insurance billing only, including to participating agencies in the Oregon FireMed network. Should I or a family member receive payment from insurance or any other medical benefit provider for ambulance service provided by FireMed, I will immediately forward such payment directly to FireMed. Failure to do so may be grounds for cancellation of FireMed agreement. This membership is non-refundable and non-transferable. FireMed membership is not solicited from persons who have Oregon Health Plan, and any such memberships constitute a voluntary contribution only.

SERVICES PROVIDED AND SERVICE AREA BOUNDARIES

A FireMed membership provides emergency pre-hospital medical care and ambulance transportation. All emergency service must originate within the boundaries of the Albany Fire Department ambulance service areas. Emergency transportation will be to the nearest medically appropriate hospital as determined by Medical Control physicians.

Specifically, not covered is non-medically necessary transportation where means other than an ambulance should be used including private vehicle, taxi, or wheelchair and stretcher van services. Examples of such uncovered services may include transportation to and from doctors' offices or clinics, transportation from nursing homes for treatment normally provided in the nursing homes, or transport back home from a medical facility when patient condition does not warrant an ambulance.

MEMBER BENEFITS OUTSIDE ALBANY FIREMED SERVICE AREA

Member benefits are extended to areas outside the Albany FireMed service area, but within the state of Oregon. These benefits are limited to the terms of agreement in effect by each FireMed participating agency at the time benefits are used. Members who receive ambulance service from any other FireMed participating agency are eligible for benefits offered by that agency provided that: 1) member is responsible to notify transport agency that they are an Albany FireMed member, 2) the member hereby agrees to the terms of the participating agency's agreement. A current list of FireMed participating agencies is on file in the FireMed business office.

INSURANCE CARRIER INFORMATION

I authorize a copy of this Agreement to be used in lieu of the original on file by FireMed. I authorize and expect payment of usual and customary insurance benefits for ambulance service for myself or family members directly to FireMed, according to the FireMed agreement and as itemized on attached statements.

***DEFINITION OF FAMILY**

A FireMed membership covers all permanent residents living at your address, including persons living together as a family unit. A spouse or dependent living in a nursing home or residential care facility is covered if the care facility is within the FireMed service area boundaries.

****DEFINITION OF MEDICAL NECESSITY**

Ambulance transportation is medically necessary when the patient's condition is such that use of any other method of transportation is contraindicated. In other words, the patient could not be transported by any other means of transportation without endangering their health, whether or not such other transportation is actually available.

ALBANY FIRE DEPARTMENT AMBULANCE - PATIENT PRIVACY NOTICE

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.

Purpose of This Notice: Albany Fire Department Ambulance is required by law to maintain the privacy of certain confidential health information, known as protected health information (PHI). This notice describes your legal rights, advises you of our privacy practices, and lets you know how Albany Fire Department Ambulance is permitted to use and disclose PHI about you. Albany Fire Department Ambulance is also required to abide by the terms of the version of this Notice currently in effect.

Uses and Disclosures of PHI: Albany Fire Department Ambulance may use PHI for the purposes of treatment, payment, and other health care operations.

For Treatment: To include verbal and written information about you and your medical condition for treatment by us and upon transfer of your care to other health care personnel. Also included is PHI via radio or telephone to the hospital as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and/or transport.

For Payment: Includes any activities we must undertake in order to get reimbursed for the services we provide to you, including organizing your PHI and submitting bills to insurance companies, management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For Health Care Operations: This includes quality improvement activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures. In addition, information may be utilized to obtain legal and financial services, conduct business planning, process grievances and complaints, and create reports that do not individually identify you for data collection purposes.

Use and Disclosure of PHI Without Your Consent: Albany Fire Department Ambulance is authorized to use PHI without your consent, authorization, or written permission in certain situations, including:

- Emergency situations (in accordance with requirements by your health insurance carrier we will attempt to get your written consent after the emergency service is provided and we would appreciate your cooperation when we do so);
- To a public health authority in certain situations (such as reporting a birth, death, or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);
- 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 military, national defense, and security and other special government functions;
- For worker's compensation purposes, in compliance with worker's compensation laws.

Any other use or disclosure of PHI, other than those listed above will only be made with your written consent or authorization (an authorization specifically identifies the information we seek to use or disclose, as well as when and how we seek to use or disclose it). **You may revoke your consent or authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that consent or authorization.**

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

The right to access a copy or inspect your PHI. If you wish to inspect and obtain a copy of your medical information, you should contact the privacy officer at the Fire Administration Office at the address listed at the end of this Notice. 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 copies of the information. In limited circumstances, we may deny you access to your medical information, and certain types of denials may be appealed. We have available forms to request PHI and will provide a written response if we deny you access and let you know your appeal rights.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. If you wish to amend medical information that we have about you, you should contact the privacy officer listed at the end of this Notice. 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 if we believe the information you have asked us to amend is correct. You can appeal our denial of your request to amend the information. If you wish to amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made. 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 of uses or disclosures made prior to April 14, 2003. If you wish to request an accounting of the medical information about you that we have used or disclosed, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to restrict how we use and disclose your medical information that we have about you for treatment, payment, or health care operations, or to restrict that information that is provided to family, friends, and other individuals involved in your health care. If you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Albany Fire Department Ambulance is not required to agree to any restrictions you request, but any restrictions agreed to by Albany Fire Department Ambulance are binding.

Legal Rights and Complaints: Notice of any changes in Albany Fire Department Ambulance's privacy policy may be shown directly on the consent form and this Notice will be updated when any significant changes in our privacy practices occur. Albany Fire Department Ambulance reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately. We also reserve the right to make any changes effective for PHI that we have created or received prior to the effective date of the Notice provision that was changed.

You also have the right to complain to us, or to the Secretary of the federal 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 the privacy officer:

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611 Lyon St. SE
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Effective Date of this Notice: 12/01/2014