

FILE

PUCO

October 3, 2019

2019 OCT -7 PM 2:13

RECEIVED LEGAL DEPT.

Ms. Mary E. Fischer  
Public Utilities Commission of Ohio  
180 E. Broad St.  
Columbus, OH 43215

Dear Ms. Ms. Fischer,

I understand the PUCO has filed a complaint against Frontier North and its ridiculously inadequate telephone service. I want to apologize for adding to the hundreds of pieces of paper you have to deal with. I feel, however, that you should know that as a result of the numerous complaints I have filed with the PUCO, FCC and the Ohio Attorney General, Frontier is now requesting medical information from me (and probably others) before they agree to attempt to provide reliable, basic telephone service. The implication is, as I see it, if I do not have a medical condition that could result in imminent death I am not entitled to basic telephone service. I find this unacceptable and have told them so.

I have had a long running problem with Frontier's inadequate telephone service and have filed numerous complaints with the PUCO, FCC and the Ohio Attorney General. (Recent PUCO Case #'s: 00240926, 00253642 and 00543130. Recent FCC ticket #: 3517887)

I am writing to you in hopes that you will include this information in the complaint against Frontier. I am enclosing the medical information form I received from Frontier along with the letter I sent them in response as reference.

Thank you for your time in reading this letter and for your interest in holding Frontier accountable. If you need any additional information or have any questions concerning this matter, please call me at 513-280-1862 or contact me by mail at 3696 US Highway 52, Georgetown, Ohio 45121.

Sincerely,

  
Barbara Grote

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.  
Technician DR Date Processed 10/7/19

October 3, 2019

Ms. Laurie Hillman  
Frontier Communications  
137 Harrison Street  
Gloversville, New York 12078

Dear Ms. Hillman,

After careful consideration of the opportunity Frontier Communications has given me to release my personal, sensitive medical information to you, I am respectfully declining to do so.

I do not believe this is a reasonable request. I feel I should not be required by Frontier Communications to release my personal medical information to my telephone company in order to receive reliable, basic telephone service, just as I am not required by the company that provides electric service to my home to release my personal medical information to them in order to receive reliable electric service. I am also not required by the company that delivers water to my home nor am I required by the company that collects my garbage to provide them with my personal medical information in order to receive their services reliably.

I am returning a copy of the blank medical request form received from you as reference. If you have any questions or need additional information related to this matter, please contact me by phone at 513-280-1862 or in writing at 3696 US Highway 52, Georgetown, Ohio 45121.

Sincerely,

Barbara Grote

cc: Alfred Thompson, PUCO  
The Office of the Ohio Consumers' Counsel  
Terese Marie Wells, Esq.



Date

Accountholder Name

Address

City, State Zip

Reference Telephone Number

I am requesting my communication carrier, Frontier Communications, update my account with a Medical Emergency notation. This notation will be applied to my account for one year and indicates below listed Customer has a serious medical condition. This request requires Customer's physician annually certify that a medical emergency exists and that phone service is essential.

Customer Full Name: \_\_\_\_\_

Customer Physical/Service Address: \_\_\_\_\_

Physician State Registration/License Number: \_\_\_\_\_

Physician/Physician Assistant Name: \_\_\_\_\_

Physician/Physician Assistant Signature: \_\_\_\_\_

- Signature of licensed physician or public health official (nurse or physician's assistant) indicates certification that the above Customer has a serious illness and phone services are a medical emergency.

Optional - Provide details for any services beyond basic telephone service that may be necessary to reach customer's physician and that absence of such services would be a serious risk of inaccessibility of emergency medical assistance:

\_\_\_\_\_  
\_\_\_\_\_

Please return this form to Frontier Communications.

**Frontier Communications**

**P.O. Box 5166**

**Tampa, FL 33675**

**Fax 888-609-9919**

Should you have any questions, please contact Frontier Customer Service at 1-800-921-8101.

Sincerely,

Frontier

**ALL INFORMATION PROVIDED BY FRONTIER CUSTOMERS WILL BE TREATED AS  
CONFIDENTIAL**