

Part A

Customer name
Customer number
To the Patient. Please pass this form on to your electricity provider. Hoatu te puka nei ki tō kaiwhakarato hiko. Fa`amolemole `ave lenei pepa i le kamupani `olo`o sapalai maia lau `eletise. Katāki `o `ave `a e foomu ko `eni' ki he kautaha `oku mou ma'u `uhila mei ai'. Me ka tika, tukuia atu teia fōmu ki toou ona ūira.
Patient Details 请把本表交给您的电力供应商。
Patient's name
Patient's date of birth / /
Patient's contact phone number(s) Home 0 Work 0 Mobile 0 Image: Contact phone number(s) Caregiver's contact phone number(s) - if different from patient's Home 0 Image: Contact phone number(s) Mobile 0 Image: Contact phone number(s)
Full Physical Address PO Box or RD is not acceptable) Where the patient will reside on discharge (Residence):
No. and street address

Consent

Suburb/Town

As the recipient of this medical equipment and a potentially medically dependent consumer, I consent to the information on this form and information on the future status of my dependence on the medical equipment to be shared between the health practitioner(s), electricity retailer(s) and/or the electricity account holder for the domestic residence where I will be residing, for the purpose of ensuring that the electricity retailer is informed of my medical dependence on electrical equipment and my status as a medically dependent electricity consumer. The electricity retailer may use this information to identify residences where electricity disconnection, for whatever reason, may have significant consequences.

Postcode

City/Province

Patient signature	Date		/	/	
and/or					
Caregiver signature		Date	9	/	/



Medical Dependency form

Part B

This form is to be completed and signed by your medical practitioner to confirm that you have a serious medical condition and are dependent on electricity for critical medical support. You will then be placed on Energy Online's Medical Dependency Register. Please note that we are unable to guarantee a 24 hour continuous supply of energy. Please ensure you have a back-up plan in place in case of a power outage.

If you have any questions about this form, please call our Customer Service Team on 0800 086 400.

Section 1 (To be completed by patient or patient's parent or guardian or authorised representative)

Account Holder's Details

Customer name		
Customer number		
Patient's Details		
Patient's name		
Patient's contact phon	e number(s)	
Home 0	Work 0	
No. and street address		
Suburb/Town	City/Province	Postcode

I confirm that my medical practitioner is authorised to discuss the following with Energy Online:

- 1. Details of my medical condition, if applicable, or
- 2. Details of the medical condition of the medically dependent person referred to above and I confirm that I am authorised to act on behalf of that person.

I consent to the information on this form and any information on the future status of my dependence (or that of the person referred to above) on the medical equipment, to be shared by the health practitioner and Energy Online.

Patient signature	Date	/	/	
and/or				
Patient's parent/Guardian or Authorised representative				
Relationship to patient	Date	/	/	



No Medical Dependency required

Part C

Fill out this form to advise us that your status has changed and you are no longer Medically Dependent.

Then cut this page off this form and send it to Energy Online so we can update our records.

Customer declaration:

There is not/no longer a medical dependency status required for the customer or any person living at this property.

Customer name

Customer number

I have read and considered all the information I have received, regarding the requirements for electricity for critical medical support.

I wish to advise that I no longer regard myself or anyone in my household Medically Dependent on a continued supply of electricity for critical medical support.

I wish the Medically Dependent status to be removed from my energy account.

Name				
No. and street address				
Suburb/Town	City/Province	Postcode		
Contact telephone number				
Signature		Date	/	/

Section 2 (To be completed by medical practitioner)

Medical Practitioner's Details

Medical practitioner name

Designation (for example, GP or Specialist)

Medical practice centre (for example, surgery or health centre)

Contact telephone numbers

Email address

Section 3 (Confirmation that electricity is required)

This section must be completed by a registered doctor to confirm that the patient has a serious medical condition and is dependent on electricity for critical medical support.

Please take into consideration the definition highlighted below of medical dependency as per the Electricity Authority's Guideline on arrangements to assist medically dependent consumers.

"A Medical Dependent Consumer is a person who is dependent on mains electricity for critical medical support, and loss of electricity may result in loss of life or serious harm."

"Critical Electrical Medical Equipment (CEME) is defined as any equipment supplied or prescribed by a District Health Board, private hospital or General Practitioner, which requires mains electricity to provide Critical Medical Support to a person, and includes other electrical equipment needed to support either the CEME or the treatment regime (e.g. a microwave to heat fluids for renal dialysis)."

Description of medical condition

Type of equipment requiring a continuous supply of electricity

Duration for which equipment will be required	d (tick)		
Permanently requires equipment			
Temporarily requires equipment until	(specify date) / /		
I	(Medical Practitioner)		
certify that	(patient's)		
has a serious medical condition and is dependent on a continuous supply of power for Critical Electrical Medical Equipment.			
Signed			
Date / /	Official stamp		
Please complete Section 4 if customer is not medically			
Section 4 (Confirmation that electricity is not required) General Practitioner/District Health Board/Private Hospital declaration to advise that there is not a Medical Dependency status required for the customer or the person named on the Notice of Potential Medically Dependent Status form.			
At the present time, I do not consider that			
(name of potential medically dependent person)			
is dependent on a continued supply of electricity (as above) for Critical Medical Support.			
Signed			
Date / /	Official stamp		
Please return this by mail to: Energy Online, Private Bag 3131, Waikato Mail Centre, Hamilton 3240 Telephone 0800 086 400 • energyonline.co.nz Fax 09 539 4633			

Please return this by mail to: Energy Online, Private Bag 3131, Waikato Mail Centre, Hamilton 3240 Telephone 0800 086 400 • energyonline.co.nz