

## Appendix A Notice of Potential Medically Dependent Consumer (MDC) Status<sup>22</sup>

### To the Patient

Please pass this form onto your electricity provider.

Hoatu te puka nei ki to kaiwhakarato hiko.

Fa'amolemole 'ave lenei pepa i le kamupani 'olo'o sapalai maia lau 'eletise.

Kataki 'o 'ave 'a e foomu ko 'eni' ki he kautaha 'oku mou ma'u 'uhila mei ai'.

Me ka tika, tukuia atu teia fomu ki toou ona uira.

请把本表交给您的电力供应商。

### Part A - Patient Details

Patient's name: .....

Patient's date of birth: .....

Patient's contact phone number(s):

**h** ..... **m** ..... **w** .....

Caregiver's contact phone number(s)- if different from patient's:

**h** ..... **m** ..... **w** .....

Full physical address (PO Box or RD is not acceptable) where the patient will reside on discharge (Residence):

.....  
.....

Name(s) of electricity account holder(s) at residence where the patient will reside on discharge:

.....

Contact phone number(s) of electricity account holder(s):

**h** ..... **m** ..... **w** .....

Residence's electricity ICP number (this can be found on the residence's electricity bill - usually up to 15 characters):

.....

Residence's electricity account number (this can be found on the residence's electricity bill):

.....

<sup>22</sup>As per the definition within the Guideline on arrangements to assist medically dependent consumers.

**Consent:** 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.

**Patient signature:** ..... **Date:** .....

and/or

**Caregiver signature:** ..... **Date:** .....

## Part B - Confirmation that Electricity is required

I certify that ..... (patient's name)

with NHI number ..... is:

- (a) using mains electricity dependent critical electrical medical equipment (CEME); and
- (b) at some point in the future may be dependent on the CEME to the extent that disconnection may result in loss of life or serious harm. (If so, the patient is a potentially medically dependent consumer (of electricity)<sup>23</sup>.)

**I also certify that the patient listed above has been provided knowledge, training and support, in accordance with appropriate clinical practice:**

- (a) for the use of the CEME; and
- (b) what to do in an emergency, including when the supply of electricity may be interrupted for any reason.

**Where:**

- (a) Critical medical support is defined as support which, in the opinion of a DHB, private hospital or GP, is required to prevent loss of life or serious harm; and
- (b) CEME is defined as any equipment supplied or prescribed by a DHB, private hospital or GP, 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).

**Note:** The patient's electricity retailer may seek advice on the patient's status as a MDC if at any point in the future the patient faces disconnection.

**Date:** .....

**Name of DHB/private hospital/GP:**

.....  
.....

<sup>23</sup>As defined in the Electricity Authority's Guideline on arrangements to assist medically dependent consumers (October 2009).

**Name of the health practitioner treating the patient (including designation):**

.....

**Signature of the health practitioner treating the patient:**

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**OR**

**Name of another health practitioner, signing on behalf of the health practitioner treating the patient (including designation):**

.....

**Signature:**

.....

**Contact number and/or email address of signatory:**

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**Disclaimer:** The DHB/private hospital/GP/issuer of this Notice of Potential MDC Status on behalf of the patient, takes no responsibility for any debts incurred by the patient in relation to transactions or arrangements entered into by the patient with the electricity retailer.