Appendix A  Notice of Potential Medically Dependent Consumer (MDC) Status

To the Patient

Please pass this form onto your electricity provider.
Hoatu te puka nei ki tō kaiwhakarato hiko.
Fa'amolemo 'ave lenel pepa i le kamupanī 'olo'o sapalai maia lau 'eletise.
Kātaki 'o 'ave 'a e foou ko 'enē' ki he kautaha 'oku mou ma'u 'uhila mei ai'.
Me ka tika, tukuia atu teia fōmu ki toou ona ūira.

Please return this form to the electricity supplier.
Ko te fōmu ka tekau toou ona ūira.
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) 23.)

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:

_____________________________________________________

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23 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:

_________________________________________

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:

_________________________________________

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.