Canterbury
District Health Board
Te Poari Hauora ō Waitaha

(Attach Label here or Complete Details)

NAME:____ NHI:_________

GENDER: ____ DOB:____________ AGE:_____ WARD:_____________

Notice of Potential Medically Dependent Consumer Status

To the Patient: Please pass this form onto your electricity provider

Hoatu te puka nei ki tō kaiwhakarato hiko

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

Kātaki '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.

请把本表交给您的电力供应商。

PART A – CONSUMER DETAILS (To be completed by consumer or partner/support person)

Consumer contact phone number(s)

____________________ (h) ____________________ (m) ____________________ (w)

Partner/Support Person contact phone number(s)

____________________ (h) ____________________ (m) ____________________ (w)

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

____

____

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

____________________ ____________________ ____________________

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

____________________ (h) ____________________ (m) ____________________ (w)

Residence's electricity ICP number (found on the residence's electricity bill – usually up to 15 characters)

____

Residence's electricity account number (found on the residence's electricity bill)

____

Consent: I am receiving medical equipment and I am a potentially medically dependent consumer. I consent to the information on this form, information on my future dependence on the medical equipment and/or the electricity account information for where I reside to be shared between the health practitioner(s) and electricity retailer(s) so that the electricity retailer is informed of my medical dependence on electrical equipment and my status as a medical dependent consumer (MDC). The electricity retailer may use this information to identify residences where electricity disconnection, for whatever reason, may have significant consequences.

Consumer name __________________ Signature __________________ Date __________

And/or

Partner/Support Person name __________________ Signature __________________ Date __________

CDHB Contact __________________ **Dept** __________________ **Phone** __________

MEDICALLY DEPENDENT CONSUMER C130039

(Attach Label here or Complete Details)

NAME:____ NHI:_________

GENDER: ____ DOB:_____________ AGE:______ WARD:_______________

Notice of Potential Medically Dependent Consumer Status

Part B – CONFIRMATION THAT ELECTRICITY IS REQUIRED

I certify that ________________________________ (consumer 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 consumer is a potentially medically dependent electricity consumer).

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

a. for the use of the CEME (including whether critical mobility aids may require battery back-up); and

b. what to do in an emergency, including when the supply of electricity may be interrupted for any reason (e.g. advice on contacting an ambulance during an electricity outage).

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.

- ☐ Ensure consumer understands the importance of completing this form and that it is his/her responsibility to give this to his/her electricity retailer.
- ☐ Ensure the consumer understands and has signed the consent portion of the form.
- ☐ Ensure consumer is well enough or with sufficient support to effectively communicate with their retailer when discharged.
- ☐ Discuss the likely costs associated with operating the Critical Emergency Medical Equipment (CEME) and if appropriate advise the consumer/partner/support person that financial assistance may be available from Work and Income.

Name ______________________________ Signature ________________________________

Designation ______________________________ Date ________________________________

Or – Details of another health practitioner, signing on behalf of the health practitioner treating the patient

Name ______________________________ Signature ________________________________

Designation ______________________________ Date ________________________________

Contact no. ______________________________ Or Email ________________________________

Disclaimer: By issuing this Notice of Potential MDC Status on behalf of the consumer, the Canterbury District Health Board takes no responsibility for any debts incurred by the consumer in relation to transactions or arrangements entered into by the consumer with the electricity retailer.

Reference: Electricity Commission's *Guideline on arrangements to assist medically dependent consumers* (March 2010)