

# Notice of Potential Medically Dependent Consumer (MDC) Status<sup>1</sup>

## 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。

Please complete and return this form to Nova Energy Limited to register as a Medically Dependent Consumer.

### PART 1 – PATIENT DETAILS

**Patients Name:**

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**Patients Date of Birth:**

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**Patients Contact Phone Number(s):**

**Hm:**

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**Mob:**

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**Wrk:**

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**Caregivers Contact Phone Number(s):**

(If different from patient's)

**Hm:**

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**Mob:**

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**Wrk:**

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**Physical Address where the patient will reside on discharge (Residence):**

(PO Box or RD is not acceptable)

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**Name of electricity Account Holder(s):**

(Residence where patient will reside on discharge)

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**Account Holders Contact Phone Number(s):** (If different from patient's)

**Hm:**

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**Mob:**

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**Wrk:**

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<sup>1</sup> As per the definition within the Electricity Authority's *Guideline on arrangements to assist medically dependent consumers*.

**Residence Electricity ICP Number:**

(This can be found on the residence electricity bill- usually up to 15 characters)

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**Residents Electricity Account Number:**

(This can be found on the residences electricity bill)

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**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:**

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**Date:**

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**and/or**

**Caregiver Signature:**

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**Date:**

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**PART B – CONFIRMATION THAT ELECTRICITY IS REQUIRED**

I certify that;

**Patients Name:**

\_\_\_\_\_

**NHI Number:**

\_\_\_\_\_

is:

- (i) using mains electricity dependent critical electrical medical equipment (CEME); and,
- (ii) 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>2</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:**

\_\_\_\_\_

**Name of Health Practitioner:**

\_\_\_\_\_

**Designation:**

\_\_\_\_\_

**Signature of Health Practitioner:**

\_\_\_\_\_

**OR**

**Name of Alternative Health Practitioner:**

(Signing on behalf of treating practitioner)

\_\_\_\_\_

**Designation:**

\_\_\_\_\_

<sup>2</sup> As defined in the Electricity Authority’s *Guideline on arrangements to assist medically dependent consumers* (March 2010).

**Signature of Alternative Health  
Practitioner:**

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**Contact Number of Signatory:**

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**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.

## **ADDITIONAL:**

### **Notice of Potential Medically Dependent Consumer Status (*Notice of Potential MDC Status*)**

The Notice of Potential MDC Status has 2 parts:

**Part A** – to be completed by the patient/caregiver.

The DHBs, private hospitals and GPs can assist retailers by checking that the patient/caregiver:

- has filled in as much of the form as possible as this will assist his/her retailer to identify the correct account. Specifically, providing a residential address (not a PO Box or RD number), and recording the names of any of the household members who may be the account holder, will be particularly useful;
- understands and has signed the consent portion of the form; and
- understands the importance of:
  - completing the Notice of Potential MDC Status; and
  - giving the Notice of Potential MDC Status to the patient's retailer.

**Part B** – to be completed by a representative of the DHB, private hospital or GP, and signed by the health practitioner treating the patient (or by another health practitioner signing on behalf of the health practitioner treating the patient).

DHBs, Private Hospitals and GPs should check that the patient/caregiver has been informed of all relevant aspects of using the CEME including:

- what to do in the case of planned or unplanned electricity outages;
- information on the likely costs associated with operating the CEME and, if appropriate, advising the patient/caregiver that financial assistance may be available from Work and Income;
- advising that if electricity loss occurs, there may be loss of power to the telephone if the only phone in the home requires electricity (relevant if the telephone is needed to call an ambulance in the event of a power outage); and
- discussing whether critical mobility aids (for example wheelchair hoists), may require battery backup.

DHBs, Private Hospitals and GPs should also ensure that patients are well enough or with sufficient support to effectively communicate with their retailer when discharged from the hospital with CEME (as per Ministry of Health Letter to the Commission; 18 February 2008).

# **Non-exhaustive List of Critical Electrical Medical Equipment**

- Continuous Positive Airway Pressure (CPAP) machine
- Nasal Continuous Positive Airways pressure machine
- Non-invasive Ventilation (NIV) Bi-level Positive Airway Pressure (BiPAP) machine
- Oxygen concentrator
- Renal dialysis – Automated Peritoneal Dialysis (APD)
- Renal dialysis – Continuous Ambulatory Peritoneal Dialysis (CAPD)
- Renal haemodialysis machine
- Total Parenteral Nutrition
- Ventilator
- Ventricular Assistance Device.

Please be aware that this is a **NON-EXHAUSTIVE** list of CEME.