

# Confirmation of Medically Dependent Consumer Status

## What this form is for

**Your power company will use this form to confirm your status as someone who is medically dependent on electricity.**

If you rely on electricity for critical medical support, you are considered a medically dependent consumer. Your power company needs to know this information to make sure you stay connected to electricity and to help keep you safe in case of power cuts. Visit [yourpower.nz](https://yourpower.nz) for more information.

Please follow the instructions to complete this form and send it to your power company as soon as possible. Keep a copy for your own records. Each medically dependent person living in a household must complete a separate form.

## Reconfirming your status

Your power company might ask you to reconfirm your status as a medically dependent consumer. They can only do this once a year. You can use this form to reconfirm your status or update your details if your circumstances change.

## Emergency response plans

Power cuts happen from time to time, for many reasons. Even if you are medically dependent, a constant power supply cannot always be guaranteed. It is vital you have an emergency response plan in place.

Work with your healthcare providers and support people to prepare for when the power goes out. Ensure you have backup power solutions and alternative arrangements are ready.

## Pre-pay plans are not recommended for medically dependent consumers

Medically dependent consumers should be on post-pay plans (where electricity is paid after it is used, usually monthly). Pre-pay plans are not recommended for medically dependent consumers because electricity supply can be interrupted if credit runs out, posing serious risks. If you are on a pre-pay plan and are medically dependent, speak to your power company as soon as possible about moving to a suitable post-pay plan. If your current power provider does not offer post-pay plans, please speak to a power company that does offer post-pay plans or visit an electricity plan comparison platform.

## If you are experiencing financial difficulties, contact your power company

If you are experiencing difficulties paying your power bill, contact your power company as soon as possible. Your power company can provide guidance on available payment options, or further support that may be available to you.

## Your rights

For more information about your rights as a medically dependent consumer, contact your power company or visit the Electricity Authority's website: [yourpower.nz](https://yourpower.nz)

## » Medically dependent consumer details

This section is to be completed by the medically dependent consumer, their parent or guardian, or their authorised representative.

**Full name** (of medically dependent consumer)

---

**Date of birth** (DD/MM/YYYY)

---

**Contact phone number(s)**. Please provide at least one mobile phone number if possible.

---

**Email address**

---

**Full physical address** of the household where the medically dependent consumer lives (cannot be a PO Box or RD). This may be your permanent home or somewhere you're staying for a short time.

---

---

**Preferred method of contact**  Landline  Mobile  Email

---

### **Alternate contact person's details (if any)**

You can name another person to be contacted in case you cannot be reached in an emergency.

**Full name**

---

**Contact phone number(s) and email**

---

## » Power company information

**Power company name** (see account holder's electricity bill)

---

**Electricity account holder(s) name** (if not you)

---

**Contact phone number(s) of electricity account holder(s)** (if not you):

---

**Electricity account details** (from your electricity bill)

Account number

ICP (if known)

---

## » Privacy statement

Please read the following information and sign below to confirm you give consent and understand your responsibilities.

### Using and sharing your personal information

Your power company may use information on your status as a medically dependent consumer to help keep you safe in case of power cuts, including contacting you if there is a planned or unplanned power cut, and to meet its obligations to you under the Electricity Industry Participation Code 2010. You can read more about your power company's obligations on the Electricity Authority's website.

Your information may be shared with your health practitioner(s), power company(s), electricity distributor(s), metering equipment provider, the Electricity Authority and the person who holds your household's electricity account to help keep you safe in case of a planned or unplanned power cut.

In an emergency, your information might also be shared with:

- a health authority, like Health New Zealand Te Whatu Ora or Whaikaha – Ministry for Disabled People
- emergency services, following the Privacy Act 2020 and Health Information Privacy Code 2020
- other agencies following any other relevant legislation, like the Civil Defence National Emergencies (Information Sharing) Code 2020.

### How long your information is held

Under the Electricity Industry Participation Code 2010, your power company is required to keep records for five years from the date the customer contract is terminated.

### Storing information securely

Your power company will take reasonable steps to protect your personal information is protected against loss, unauthorised access, use, modification, disclosure or other misuse.

### Access to and requests to correct the information

You have the right to see any information your power company or other agencies hold about you and ask them to correct it if you think it's wrong. Please contact your power company or the agencies listed above to see your personal information, or if you'd like to correct your information.

## » Your consent and other important notes

I consent to the information in this form and any other relevant information on the future status of my medical dependence on electricity being used, shared and stored with my power company and other agencies as outlined above.

I understand that my power company may contact the health practitioner who certified this form to confirm that the form is valid.

I also understand it is important that I:

- (a) provide this form to my power company
- (b) keep my contact information up to date with my power company, so I can be contacted when needed
- (c) keep an up-to-date emergency response plan for use if there's a power cut at my home. **[Download here](#)**
- (d) let my power company know if I move homes, even temporarily (like moving to the home of a friend or family member), so my power company can update its records.

### Your signature

---

Date

---

**Full name of signatory** (if signed on behalf of the medically dependent consumer by a parent or guardian, or authorised representative)

---

## » Health practitioner's details (to be completed by your doctor or health practitioner)

This section must be completed by the medically dependent consumer's doctor (GP), or another health practitioner with an appropriate scope of practice, such as a specialist, hospital doctor or a nurse practitioner.

Medically dependent consumers should also complete an emergency response plan to keep them safe in case of a power outage. Please support your patient to complete this form.

### General information

**Name of health practitioner's practice or hospital**

---

**Name and role of the health practitioner treating the medically dependent consumer**

---

**Contact number(s)**

---

**Email address**

---

### Health practitioner's certification

**I certify that:**

---

**is or remains a medically dependent consumer** on the basis that they depend on mains electricity for critical medical support, such that loss of electricity may result in loss of life or serious harm.

**Note** that this includes a residential consumer who depends on:

- a) critical electrical medical equipment (CEME); or
- b) other electrical equipment to support a medical treatment regime (which may include the use of a microwave to heat fluids for renal dialysis and similar use of electrical equipment).

**This certification applies from:**

---

If dependency on mains electricity is temporary, **this certification is valid until** (optional):

---

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

- a) the use of CEME, where applicable, and
- b) the preparation of an emergency response plan, detailing what to do in an emergency or in any electrical outage situation.

**Signature**

---

**Note:** The patient's power company may take steps to confirm the validity of this form and may seek reconfirmation of the patient's status as a medically dependent consumer in the future (but no more than annually).

**Disclaimer:** The public hospital / private hospital / GP / issuer of this declaration of verified medically dependent status takes no responsibility for any debts incurred by the patient in relation to transactions or arrangements entered into by the patient with the power company at their permanent or temporary place of residence.