

Medical Confirmation Form



Date of issue:

Use this form to provide medical confirmation and ensure your account remains registered for life support with us and your distributor. We will disclose your personal information (including health information) to your distributor and field vendors as part of managing your life support registration. If you don't provide us with the information in this form we may deregister your premises as requiring life support equipment and power to your premises may be disconnected (which may affect the operation of the equipment).

You must send your completed form to us by

Email: lifesupport@energyaustralia.com.au
Fax: (03) 8628 1680
Mail: EnergyAustralia Customer Care
Locked Bag 14060
Melbourne City Mail Centre Vic 8001

If you have any questions or want to request more time to complete and return your form, please contact us and we'll be happy to help.

- Chat with us online at energyaustralia.com.au/livechat (Monday to Friday, 8am-9pm & Saturdays, 9am-6pm AEST)
- Email us at lifesupport@energyaustralia.com.au
- Call **133 466** (Monday to Friday, 8am-8pm AEST).

I have life support equipment in my premises and I wish to have the residence registered as life support dependent at this address. I agree to inform EnergyAustralia if the person for whom the life support equipment is required vacates the premises or no longer requires the life support equipment.

I acknowledge these conditions and certify any information given below is true and correct.

I consent to EnergyAustralia collecting, using and disclosing the personal information contained in this form (including health information) to ensure that life support requirements at my premises remain registered with EnergyAustralia and my distributor. If personal information of another person included in this form, I confirm that I have the consent of that person, or are otherwise authorised, to provide that information to EnergyAustralia and permit EnergyAustralia to use and disclose that information.

Returning your completed form will satisfy your requirement to provide medical confirmation under the relevant rules and regulations and maintain life support registration at your premises. Please note, if you are a NSW or Victorian resident you may be eligible for any applicable state government life support rebates or concessions. To ensure you receive any eligible rebates or concessions, you need to complete the relevant state government application form.

1. Details

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>		
Energy supply required for life support equipment	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electricity and gas	<input type="checkbox"/>
Electricity account number	<input type="text"/>	Gas account number	<input type="text"/>				

Service address where equipment is located

Street number	<input type="text"/>	Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
NMI/MIRN number on bill (if known)	<input type="text"/>				
Telephone	<input type="text"/>	Work/mobile telephone	<input type="text"/>		
Date you require energy supply for the purposes of life support equipment:	<input type="text"/>				

2. Life Support Equipment

I, or a member of my household, make use of the following life support equipment:

Chronic positive airways pressure respirator/devices

Phototherapy equipment

Oxygen concentrator

Chronic positive airways pressure respirator/devices (24 hr)

Intermittent peritoneal dialysis machine

Crigler Najjar syndrome phototherapy equipment

External heart pump

Kidney dialysis machine

Enteral feeding pump

Ventilator for life support

Total Parenteral Nutrition (TPN) pump

Other equipment fuelled by electricity or gas, certified by a medical practitioner (please detail):

3. Medical practitioner confirmation

I, (Doctor)

hereby certify that a person residing at the above address requires the life support equipment indicated above.

Provider Number:

Name of medical practice/hospital where patient was reviewed:

Phone number of medical practice/hospital:

Signature and stamp of medical practitioner:

Date:

4. Customer's confirmation

I,

certify that the details given above are true and correct and declare that I am responsible for the accounts at the service address where life support equipment is installed.

Signature of customer:

Date:

We'll collect personal information about you as the account holder and, if applicable, another person at the premises who requires life support equipment, via this Medical Confirmation Form and applicable life support concession forms. This information is collected for the purpose of registering life support requirements to the account, as set out in our privacy policy or where permitted by applicable privacy laws. If you're not the person requiring life support equipment and are providing us with the personal information of somebody else, please ensure that you have the consent of that person, or are otherwise authorised to, provide their personal information to us. We may disclose this personal information (including health information) to your distributor and, in some cases, field vendors as part of managing your life support registration. We're authorised to collect this information under the energy laws. If you do not provide us with this information and the information is required to obtain a government concession, we will not be able to process your application for that concession. Also, where the information is required to register that someone at your premises uses life support equipment, we do not have to register your premises, and power to your premises may be disconnected by your distributor (which may affect the operation of that equipment). You have the right to access your personal information in accordance with the Privacy Act. Our privacy policy is available at energyaustralia.com.au/privacy. This privacy policy contains our contact details, information about how we collect, store, use and disclose your personal information, and your rights to request access to your personal information or make a complaint about our information handling processes.