

Waitomo District Council's Medical Dependency Register

Information Guide

Effective 1 November 2010



What is the Medical Dependency Register?

Waitomo District Council maintains a Medical Dependency Register for residents and ratepayers who have a diagnosed life-threatening medical condition with a high risk of rapid deterioration and whose life may be at risk without access to a Water Supply.

The contact phone numbers of people included on the Medical Dependency Register are vital so that we can inform them in advance if services will be unavailable.

Registering with the Medical Dependency Register does not guarantee service continuity or fault-free service.

Things you need to know

- It is important you understand that Waitomo District Council cannot guarantee continuous or fault free services; events inside or outside our control may cause temporary loss of Council's Water Supply service. We recommend that you think about what you would do in a situation where there is unexpected loss of water supply service.
- It is important you understand that Waitomo District Council will not always be able to inform you in advance if services will be unavailable.
- Waitomo District Council requires that all customers added to the medical dependency register provide an alternative contact who lives in the same town so there is someone we can contact if we are unable to get in touch with you.

What if my circumstances change?

If your circumstances change (i.e you move house), we ask that you contact us so that we can update our Medical Dependency Register with your new details.

How long will I remain on the Medical Dependency Register?

You will be enrolled on our Medical Dependency Register for three years.

To ensure we can focus our efforts on the customers most at risk, if your circumstances change and you no longer need to be enrolled on the Medical Dependency Register, please contact us and let us know so we can remove you from the register.

You can call us on (07) 878 0800 or fax (07) 878 7771 or Freephone 0800 932 4357.

Charges

Waitomo District Council does not charge customers for enrolling with the Medical Dependency Register.

Privacy Information

Waitomo District Council will use your health information, or that of the individual with the life-threatening medical condition, for the purposes of:

- assessing your eligibility to be included on the WDC Medical Dependency Register;
- providing, administering and managing such register; and
- providing, administering and managing your services.

How to Apply for Medical Dependency Registration

To apply for WDC Medical Dependency Registration, simply follow these steps.

1. Determine if you or someone living at your home has a diagnosed life-threatening medical condition. If unsure, please consult your doctor.
2. Complete all the details in the Medical Dependency Registration Form.
3. Post the completed form back to us with a medical certificate included.

Attn: Medical Dependency
Waitomo District Council
PO Box 404
Te Kuiti 3941

Or alternatively, fax the form and the medical certificate to (07) 878 7771.

Section A - Customer Details (please print)

Title (Mr/Mrs/Ms/Miss) First Name:

Surname:

Address:

Telephone number for the above residential address that you have nominated to be included on the Medical Dependency Register:

OR Customer Representative (only fill this out if you are completing on a customer's behalf)

Title (Mr/Mrs/Ms/Miss) First Name:

Surname:

Address:

Position (i.e. Carer):

Alternative Contact Information

In addition to customer contact details, WDC requires contact information for an alternative contact person before a customer can be added to the Medical Dependency Register.

Title (Mr/Mrs/Ms/Miss) First Name:

Surname:

Address:

Daytime Phone Number:

After Hours Phone Number (if different):

Checklist

Please fill in the below checklist.

- I understand that Waitomo District Council (WDC) cannot guarantee continuous or fault free services.
- I have thought about what I would do in a situation where there is unexpected loss of water supply service.
- I understand that WDC will not always be able to inform me in advance if services will be unavailable.
- I have provided the contact details for an alternative contact who lives nearby and who has agreed to act as my alternative contact. I understand that WDC may contact my alternative contact about me and my services as required for the purposes of the register.

Section B - Medical Practitioner Confirmation

Your doctor must complete Section B

Name of Medical Practitioner:

Title:

Business Address:

Phone:

Official Stamp of Professional or Registration,

Certificate or Membership Number.

I, (insert full name of Medical Practitioner):

certify that, (insert full name of patient):

has been diagnosed with (insert name of medical condition)

which is a life-threatening medical condition with a high risk of rapid deterioration and where access to a water supply would assist to remedy a life-threatening situation.

Signature of Medical Practitioner:

Date:

This application cannot be processed until all sections have been completed and signed. If the information relating to the patient's medical condition (as set out in this form) is not provided to WDC, we will not be able to include the customer on the Medical Dependency Register.

Section C - Declaration

1. I apply for WDC Medical Dependency Registration and confirm that all of the information I have provided on this form is correct.
2. I confirm that I fulfil the eligibility criteria for Medical Dependency Registration, as I or someone living at the nominated address has a diagnosed life-threatening medical condition that leaves me/someone living at this address at a high risk of a rapid deterioration to a life-threatening situation and where access to a water supply would assist to remedy the life-threatening situation.
3. I acknowledge that WDC has the right to refuse my application if I do not meet the eligibility criteria (which may be subject to review).
4. I confirm that the person referred to in Section A as having a diagnosed life-threatening medical condition lives in my household.
5. I consent to WDC collecting the information provided with this form and to use this information for the purposes of:
 - assessing the patient's eligibility to be included on the WDC Medical Dependency Register;
 - providing, administering and managing such register; and
 - providing, administering and managing the services provided to the above-mentioned customer.

Signature of Customer:

Date:

OR Signature of Customer Representative (if signed on behalf of the Customer)

Date:

Post your completed application, along with your medical certificate to:

Attn: Medical Dependency Register
Waitomo District Council
PO Box 404
TE KUITI 3941

Alternatively, fax your completed application and medical certificate to **(07) 878 7771**.