

Medical Dependency Register

Info guide and
application form

What is the Medical Dependency Register?

If you're a One New Zealand customer who relies on your phone line for health, disability or safety we can add your name to our Medical Dependency Register.

Once you're on the register we'll try our best to contact you to make sure that your phone line is not unexpectedly suspended or disconnected for credit reasons.

Important things to know

- If you have a medical dependence on your phone service, it's a good idea to have a mobile phone as well as your landline. This is because an event that affects one may not affect the other.
- We can't guarantee continuous or fault-free service, as events within or beyond our control may cause a temporary loss of service. We recommend having a back up plan in place, just in case.
- While we will try our best to inform you in advance if services will be unavailable, we may not always be able to.
- You will be unable to make calls to emergency services if your phone service becomes unavailable.
- We ask that when you register, you also provide an alternative contact in the same city so there's someone we can call if we're unable to get in touch with you.
- If you use a cordless phone or if your phone runs through a modem, it will not operate in the event of a power failure.
- Medical alarms won't work with all services so you'll need to give your provider a call to check.

FAQs

What if my details change or I change to another provider?

If you move house or the name on your account changes, you'll need to apply again to be included on the Medical Dependency Register. And as our registry isn't shared, if you move to another service provider you'll need to discuss your medical dependency requirements with them.

How long will I stay on the Medical Dependency Register?

After you register, you'll be enrolled for 12 months unless you move house, change the name on the account or move to another service provider.

How can I be removed from the register?

If your circumstances change and you no longer need to be enrolled on the Medical Dependency Register, please call us on 0508 556 557 between 8am and 7pm Monday to Friday.

How much does it cost to be on the Medical Dependency Register?

We don't charge customers for applying to be on our Medical Dependency Register, but your doctor may charge you a fee to complete the medical certificate required to support your application.

How will my private information be used?

When you apply to be on our Medical Dependency Register, we'll use your health information, or that of the individual with the life-threatening medical condition, to:

- Assess your eligibility to be on the Medical Dependency Register
- Provide, administer and manage the Register, and
- Provide, administer and manage your services.

Your application

Before you send in your application, check that you have:

- Read the indicative list of eligible medical conditions.
- Filled out all details in the Medical Dependency registration form including having your doctor fill in Section 2
- Included a medical certificate from your doctor

Email your completed application form and medical certificate to team.credit@one.nz Or post your completed application, along with your medical certificate to:

Attn: Medical Dependency Register One New Zealand Group Limited Private Bag 92143, Auckland 1142

You will need to send your completed application form to One New Zealand within 10 days.

Indicative list of eligible medical conditions

You can apply to be on the Medical Dependency register for health, disability or safety reasons. If you're unsure whether your medical condition would qualify you for the Medical Dependency Register, please talk to your doctor.

Patients at high risk of respiratory emergencies

- Anaphylaxis or angioedema.
- Severe asthma (Grade 5 as specified by the MRC Dyspnoea Scale).

Patients with high-risk mental health disorders

- Severe mental health disorder with significant risk of self-harm or harm to others.

Technology dependent patients who are at high risk

- Haemodialysis in the home.
- Patients on home respirators or with tracheostomies.
- Oxygen dependent patients (e.g. with severe obstructive pulmonary disease).

Patients at risk of life-threatening hypoglycaemia or epilepsy

- Unstable insulin-dependent diabetes.
- Poorly controlled grand-mal seizures.

Patients at high risk of obstetric and neonatal emergencies

- High-risk pregnancy (e.g. placenta praevia).
- Infants at risk (e.g. because of prematurity) with history of apnoea.

Patients at high risk of cardiovascular emergencies

- Ventricular arrhythmias.
- Unstable angina.
- Acute myocardial infarction within the last 6 months.
- On a waiting list for aortic aneurysm, coronary or carotid artery surgery.

Other dependent patients who live alone, without support or in remote locations

Patients with other dependent medical conditions with a lesser risk of rapid deterioration may qualify for Medical Dependency registration only if they live alone, without social support, or in a remote location, for example:

- Dialysis patients.
- Oncology patients.
- AIDS patients.
- Patients with Haemophilia or other bleeding disorders.
- People with severe disability.

Medical Dependency Application Form

To the One New Zealand account holder

This form is for you and a Medical Practitioner to fill out, to confirm that the patient (who could be you or someone in your household) depends on telephone access for critical medical support.

It's easy to fill out:

1. Complete the form or get a representative to do it for you
2. Ask the Medical Practitioner to complete the sections about the patient's medical dependency
3. Make sure you and the Medical Practitioner have signed the form where indicated
4. Email the completed form and medical certificate to team.credit@one.nz

OR post them to:

Attn: Medical Dependency Register
One New Zealand Group Limited
Private Bag 92143
Auckland 1142

Section 1: Personal Details

One New Zealand account number

Account holder's full name

Residential address

Contact phone number

Mobile number

Fixed line phone number that's required for medical purposes

Please indicate whether the account holder is medically dependent or whether it is someone in the household

Is the account holder medically dependent?

 Yes No

(If not please provide us with the name of the person in the household who is below)

Medical dependant's full name

Please provide an alternative contact not living at the same address, but in the same city

Their full name

Their relationship to you

Their residential address

Their contact phone number

Their mobile number

Section 2: Medical Practitioner details

Please ask your Medical Practitioner to fill in this section

Designation, e.g. General Practitioner, Specialist etc

Medical practitioner full name

Address

Phone number

Mobile number

After hours contact number

Official stamp of Professional Registration, Certificate of Membership Number

Name of patient requiring continued access to telephone service

Reason for requiring continuous access to telephone service

Please indicate which service the patient requires for their wellbeing

Toll Calls

Internet

Local Calls

111 Calls

I,

(Medical Practitioner) state that

(patient)

is dependant on telephone access for critical medical support. I have attached a medical certificate to support this.

Signed by Medical Practitioner as listed above

Date

Section 3: Checklist

The following questions are to ensure you understand some key factors in regards to your service.

- I understand that One New Zealand cannot guarantee continuous or fault free services.
- I have thought about what I would do in case of an unexpected outage.
- I understand that One New Zealand will not always be able to inform me in advance if services will be unavailable.
- I understand that One New Zealand strongly recommends that customers who have a medical dependency on their phone line have a mobile phone as well as a landline.
- I understand that a cordless phone may rely on mains power and may not work if there is a power outage even if the services I receive from One New Zealand still work. I have thought about what I would do if there was an unexpected power outage.
- 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 One New Zealand may contact my Alternative Contact about me and my services as required for the purposes of the register.

Section 4: Declaration

Please read this section carefully before signing the form below

1. I apply for the One New Zealand Medical Dependency Register and confirm that all of the information I have provided on this ... form is correct.
2. I understand that One New Zealand does not guarantee that medical alarms or devices will work with all services, and that it is my responsibility to confirm compatibility with the device manufacturer.
3. I confirm that I fulfil the eligibility criteria for Medical Dependency Registration, as I or someone living at the One New Zealand Account Holder's 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 telephone would assist to remedy the life-threatening situation.
4. I acknowledge that One New Zealand has the right to refuse my application if I do not meet the eligibility criteria (which may be subject to review).
5. I consent to One New Zealand 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 One New Zealand Medical Dependency Register;
 - providing, administering and managing such register; and
 - providing, administering and managing the services provided to the above-mentioned customer

Signature Required

Please sign and date the section below:

I (name) confirm that One New Zealand is authorised to discuss as appropriate the following information:

1. Details of my medical condition: and if applicable
2. Details of the medical condition of the medically dependent person referred to above (and I confirm that this person has authorised this) with the registered practitioner listed above to confirm the need for telephone services to remain connected at my address.
3. Details of my account, including balance outstanding and repayment options, with the Alternative contact person listed above.

Date

Signed by One New Zealand account holder as listed in section 1

OR

Signed by a Representative of the One New Zealand account holder as listed above (if this form was filled in on behalf of the account holder)

Representative name

Representative signature Date

Representative contact number