



# TelstraClear's Medical Dependency Register

## Information Guide

*Effective 1 August 2009*

**0508 556 557**

[www.telstraclear.co.nz](http://www.telstraclear.co.nz)

## What is the Medical Dependency Register?

TelstraClear maintains a Medical Dependency Register for residential customers, or people living at their home, 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 phone line. A list of indicative eligible medical conditions is included on page 3.

The accounts of people included on the Medical Dependency Register are flagged so that we will endeavour to contact them if their account becomes overdue. This is to ensure that a registered customer's phone line is not unexpectedly suspended or disconnected for credit reasons. 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 TelstraClear cannot guarantee continuous or fault free services; events inside or outside our control may cause temporary loss of service. We recommend that you think about what you would do in case of an unexpected outage.
- It is important you understand that TelstraClear will not always be able to inform you in advance if services will be unavailable.
- TelstraClear requires that all customers added to the medical dependency register provide an alternative contact who lives in the same city so there is someone we can contact if we are unable to get in touch with you.
- The provision of a second standard telephone service does not guarantee service continuity; a fault that affects your primary phone line would likely affect your second phone line as well.
- If you are using a cordless phone, you should be aware that you may be unable to operate the phone in the event of a power failure.
- TelstraClear strongly recommends that all customers who have a medical dependency on their phone services have a mobile phone as well as a landline, as an event that affects one may not affect the other. If you have a medical dependence on your phone services we strongly recommend that you consider purchasing a mobile phone.

## What if my circumstances change?

Your TelstraClear Medical Dependency Registration will lapse whenever you move house, change the name of the person responsible for the account, or change to another service provider. If you move house or change the name on the account, you will need to re-apply to be included on the TelstraClear Medical Dependency Register. If you move to another service provider you will need to arrange your medical dependency requirements with your new provider.

## How long will I remain on the Medical Dependency Register?

You will be enrolled on our Medical Dependency Register for three years unless you move house, change the name on the account, or move to another service provider.

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 **0508 556 557** or fax **0508 556 558**.

## Charges

TelstraClear does not charge customers for enrolling with the Medical Dependency Register. Your doctor may charge you a fee to complete the medical certificate required to support your application.

## Privacy Information

TelstraClear 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 TelstraClear 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 TelstraClear Medical Dependency Registration, simply follow these steps.**

1. Determine if you or someone living at your home has a diagnosed life-threatening medical condition. As a guide, consider the 'indicative list of eligible medical conditions' listed on page 3, or if you are unsure, consult your doctor.
2. Complete all the details in the Medical Dependency Registration Form (pages 4 - 7).
3. Post the completed form back to us with a medical certificate included.

**Attn: Medical Dependency  
TelstraClear  
Private Bag 92143  
Auckland Mail Centre  
Auckland 1142**

Or alternatively, fax the form and the medical certificate to **0508 556 558**.

## TelstraClear Medical Dependency Registration Form

**IMPORTANT:** Your application for Medical Dependency Registration cannot be processed until all sections have been completed and signed and we have received a copy of your medical certificate.

### Indicative list of eligible medical conditions

#### **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
- Haemophilia patients, and others with bleeding disorders
- People with severe disability.

If you're unsure whether your medical condition would qualify you for Medical Dependency Registration, please talk to your doctor.

# TelstraClear Medical Dependency Registration Form

## Section A: Customer Details (please print)

### TelstraClear Account Holder

Title (Mr/Mrs/Ms/Miss) First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_

TelstraClear Account Number \_\_\_\_\_

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 \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_

TelstraClear Account Number \_\_\_\_\_

Position (i.e. Carer) \_\_\_\_\_

## Alternative Contact Information

In addition to customer contact details, TelstraClear 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

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Surname

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Address

---

City

Postcode

---

Daytime Phone Number (         )

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After Hours Phone Number (if different)

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## Checklist

**Please fill in the below checklist.**

- I understand that TelstraClear cannot guarantee continuous or fault free services.
- I have thought about what I would do in case of an unexpected outage.
- I understand that TelstraClear will not always be able to inform me in advance if services will be unavailable.
- I understand that TelstraClear 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 TelstraClear 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 TelstraClear may contact my alternative contact about me and my services as required for the purposes of the register.

# TelstraClear's Medical Dependency Register Form

## Declaration

1. I apply for TelstraClear 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 TelstraClear 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.
3. I acknowledge that TelstraClear 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 TelstraClear 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 TelstraClear 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

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Date     /     /

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

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Date     /     /

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## Section B: Medical Practitioner Confirmation

### Your doctor must complete Section B

Name of Medical Practitioner

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Title

---

Business Address

---

City

Postcode

---

Phone (       )

---

Official Stamp of Professional or Registration,  
Certificate or Membership Number.

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I, (insert full name of Medical Practitioner)

---

certify that, (insert full name of patient),

---

has been diagnosed with (insert name of medical condition)

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

For an indicative list of eligible medical conditions, please refer to the first page of the registration form.


Signature of Medical Practitioner

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Date       /       /

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**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 TelstraClear, we will not be able to include the customer on the Medical Dependency Register.**



Please check you have completed the following before sending in your application:

- Read the indicative list of eligible medical conditions
- Filled out all details in the Medical Dependency Registration Form (pages 4 - 7), including having your doctor fill in Section B: Medical Practitioner Confirmation
- Obtained a medical certificate from your doctor

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

Attn: Medical Dependency  
TelstraClear  
Private Bag 92143  
Auckland Mail Centre  
Auckland 1142

Alternatively, fax your completed application and medical certificate to **0508 556 558**



## **Medical Dependency**

Phone 0508 556 557

Fax 0508 556 558

Post

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