Registration Form for Life Support Notification Program

Please complete this form if you or your loved one depend on electrically powered medical equipment, such as a ventilator or kidney dialysis machine. When you register for this program, we'll do our best to notify you of **planned outages** so that you have as much time as possible to prepare.

You'll also be automatically enrolled in our Outage Notification program to receive real-time notifications when there's an unplanned outage. You may opt out at any time.

Form to be completed by the account holder and returned to:

Email: **contactus@torontohydro.com**
Subject: Life Support Notification

Mail: Toronto Hydro
500 Commissioners St.
Toronto, ON M4M 3N7
Attention: Life Support Notification

Fax: 416-542-3452
Attention: Customer Experience/Life Support Notification

Account holder: _____ Account number: _____

Service address: _____

Main phone number: _____ Mobile phone number: _____

Email address: _____

Patient's name (uses life support equipment requiring an electrical connection): _____

Unplanned Power Outages

By checking any of the following options below, you agree to be enrolled in the Outage Notification program. Please indicate the preferred method of communication:

- ☐ SMS/text message to the mobile phone number noted above
- ☐ Email to the email address noted above
- ☐ Both SMS/text message and email to the information noted above

Note: The method of notification can be changed at any time by logging in to your account in "Manage Profile" under the "Outage Notifications" section. If you haven't registered for an account, you can do so at **torontohydro.com/registration**. Alternatively, you can send an email to **contactus@torontohydro.com**.

IMPORTANT: If you **DO NOT WISH** to be enrolled in the Outage Notification program, please contact us at **416-542-8000** or email **contactus@torontohydro.com**.

Account holder Please read the following conditions and sign below:

- **I understand that Toronto Hydro informs me of planned outages and it is my sole obligation to maintain my current contact information supplied to Toronto Hydro for the purpose of this notification form**
- **I understand that it is my sole responsibility to supply any backup devices, such as battery storage, in case of a lengthy outage**
- I understand that Toronto Hydro will endeavour to contact me in accordance with the terms of its Conditions of Service under sections 2.3.2.5 and 2.3.2.6 found at **torontohydro.com/conditionsofservice**. I have read and reviewed these contact provisions and agree to provide this information with consent to be used by Toronto Hydro for the purposes set out therein
- I understand that Toronto Hydro will endeavour to notify me of any **unplanned** outages automatically via the communication method(s) specified above
- I accept the above conditions and certify that the details provided on this form are correct

Account Holder signature: _____ **Date**: _____

To be completed by the patient. Notice and consent: (By completing this section, you confirm that you are at least 18 years of age. If you are under 18 years of age, please email **contactus@torontohydro.com** in order to provide legal guardian authority).

By submitting this completed form, you consent and acknowledge that Toronto Hydro is collecting your personal information in accordance with applicable privacy legislation including, but not limited to, the *Municipal Freedom of Information and Protection of Privacy Act*, the *Personal Health Information Protection Act*, and the licence granted to it by the Ontario Energy Board under the Ontario *Energy Board Act, 1998*.

I _____, consent to the release of the following information to Toronto Hydro for the
(patient's name)
purpose of being enrolled in its life support notification program. I hereby authorize and direct my physician to complete this form for this purpose.*

In the event that there is a lengthy power outage, Toronto Hydro is authorized to release my information to relevant agencies (e.g., Police, Fire Department, Ambulance Services, Community Care Access Centres, etc.) to assist me in an emergency situation.

**Please note that you will be responsible for payment of the physician's fee to complete this form.*

Signature: _____ **Date**: _____

To be completed by a licensed physician

Physician's name: _____ Main phone number: _____

Physician's registration number: _____

Physician's address: _____

Patient's name: _____

Does medical equipment have battery backup: ☐ Yes ☐ No If so, for how long? _____

☐ I certify that the patient noted above uses life support equipment requiring an electrical connection.

Physician's signature: _____ **Date**: _____

We're here to help. If you have a question, you can chat with a Customer Experience representative online from our self-serve portal by logging in to your account or registering at **torontohydro.com**. You can also contact us by email at **contactus@torontohydro.com** or by phone at **416-542-8000**, Monday to Friday, 8 a.m. to 8 p.m.

If you have any questions about the information collected on this form or the ways in which your personal information may be used, you can learn more at **torontohydro.com/privacypolicy** *or you can call us at* ***416-542-8000*** *to request a copy of the Toronto Hydro Privacy Policy. Please see Toronto Hydro's Conditions of Service at* ***torontohydro.com/conditionsofservice*** *for terms and conditions.*

By opting to submit this form via email, you are acknowledging that you accept the risk of email communications to and from Toronto Hydro not being encrypted or secure, and that the personal information contained in this form (including but not limited to name, service address, phone number, email address and Toronto Hydro account number) could be intercepted and/or read by unintended parties. Toronto Hydro accepts no liability for any loss and/or damages caused by unintended parties intercepting and/or reading email communications contained in this form.