

Medical Condition Consent Form



NOTE: Please complete this form only if the person with the life-threatening condition is not the account holder(s).

Date: _____

Name of Account Holder: _____

Hydro One Account Number:

_____, a person with a life-threatening medical condition
or an authorized representative a person with a life-threatening medical condition

I reside at or I am the representative of _____
(name of person with life-threatening medical condition if filled out by an authorized representative) who resides at
_____ (the "Premises") and hereby authorize
_____ who is the account holder for the account with
Hydro One for the supply of electricity to the Premises (the "Account Holder") to disclose to Hydro One information
pertaining to my or _____'s (Name of person with life-threatening medical
condition if filled out by an authorized representative) life-threatening medical condition, including, but not limited to
delivering a Doctor's Certificate from a physician stating that I or _____
(Name of person with lifethreatening medical condition if filled out by an authorized representative) has a life-threatening
medical condition and depend on electrically-powered medical equipment. Furthermore, I consent to Hydro One
collecting from the Account Holder the said information and using it for the purposes of contacting the Account Holder
in the event of a power outage that will affect the supply of electricity to the Premises. I acknowledge that Hydro One
will not be liable to anyone in the event that Hydro One is not able to or fails to contact the Account Holder for the
Premises in the event of a power outage. I may revoke this consent at any time by notifying Hydro One in writing.
I acknowledge that such revocation may result in Hydro One removing the Premises from its critical account list.

Signature of person with life-threatening medical condition
or authorized representative

Witness

Name: _____ Date: _____

If you no longer require notification in the event of a power outage, please call our Customer Communications Centre.

Hydro One Networks Inc.

Hours of operation: Monday to Friday, 7:30 a.m. to 8 p.m. ET

Phone: 1-888-664-9376 Fax: 1-888-625-4401 Email: CustomerCommunications@HydroOne.com

Web: www.HydroOne.com Mail: P.O. Box 5700, Markham ON L3R 1C8