

## PowerStream Energy Services

Provided by **Alectra Energy Services Inc.**

This form is to be completed by the account holder.

**Name of Account Holder:**

**Service Location  
Address:**

**Unit #:**

PowerStream Energy Services Inc. maintains a Critical Account Registry for locations having a person(s) with a life-threatening condition which requires electricity to power medical equipment. In order to be included as part of the Critical Account Registry you are required to complete and return this form and provide a Doctor's Certificate. The physician issuing the Doctor's Certificate must confirm that someone at the premises has a life-threatening medical condition and depends on electrically powered medical equipment. Customers will not be included on the PowerStream Energy Services Inc. Critical Account Registry without supporting documentation. If the person(s) with a life-threatening medical condition is/are not the account holder, please also complete and return the **Medical Condition – Consent Form**.

Does any person in your home, including you, have a life-threatening medical condition that would be affected by a power outage?

Yes

No

**If yes, please state the name(s):**

How would the person(s) you specified be affected by a power outage?

Please indicate which, if any, you or person(s) specified are dependent upon:

Dependent on electrically powered ventilator (including CPAP equipment)  
Dependent on electrically operated home dialysis treatment  
Dependent on electrically regulated feeding tube  
Dependent on electrically operated lifting device that must be controlled by a caregiver  
Dependent on electrically operated intravenous/medication pumps  
Dependent on an oxygen concentrator

Please check one:

**Account Holder Confirmation:** I am the Account Holder and I hereby confirm that **I am the only person** in my home that has a life-threatening medical condition that would be affected by a power outage.

**Account Holder Confirmation:** I am the Account Holder and I hereby confirm that **I am not the person or I am not the only person** in my home that has a life-threatening medical condition that would be affected by a power outage. Attached please find an executed consent from that/those person(s) or their authorized person(s) as described above for purposes of contacting me or attempting to contact me in the event of a power outage.

**Signature of  
Account Holder:**

**Date:**

*Please note: Customers are responsible for ensuring that the information provided to PowerStream Energy Services Inc. is accurate and up to date. This information is being collected for the purpose of identifying customer locations where a person(s) is using critical life support equipment. All information will be assigned the appropriate confidentiality level. An annual audit may be performed to ensure our records are complete and up to date.*

This form is to be completed only if the person with the life-threatening condition is **not** the account holder(s).

**Name of Account Holder:**

**Service Location  
Address:**

**Unit #:**

From \_\_\_\_\_ a person with a life-threatening medical condition or an  
authorized representative of 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 with PowerStream Energy Services Inc.  
(PESI) for the supply of electricity to the Premises (the "Account Holder") to disclose to PESI 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 life-threatening 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 PowerStream Energy  
Services Inc. 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 PowerStream Energy Services Inc. will not be liable to anyone, in the event that PowerStream Energy Services Inc.  
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 PowerStream Energy Services Inc. in writing. I acknowledge that such revocation may  
result in PowerStream Energy Services Inc. removing the Premises from its "Critical Account Registry".

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

**Witness Signature**

**Name:**

**Date:**