NEW JERSEY REGISTER
VOLUME 40, ISSUE 16
ISSUE DATE: AUGUST 18, 2008
PUBLIC NOTICES
LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

Notice of Requirements for Providers of Oxygen and Oxygen Delivery Systems

Take notice that the Division of Consumer Affairs (Division) hereby publishes notice to providers of oxygen or an oxygen delivery system ordered by a licensed health care practitioner that they are required by N.J.S.A. 52:17B-139.7 to notify the fire department or company serving the municipality in which a patient resides of the name and address of the patient and the existence of oxygen or an oxygen delivery system at that residence.

Before notifying the appropriate fire department or company, the provider must inform the patient of the notice requirements and obtain written authorization for the notification from the patient. Or, if the patient is legally incompetent, the provider must inform an authorized representative of the patient of the notification requirements and obtain the written authorization from that representative.

If the patient or authorized representative declines to give the provider written authorization for the notification, then the provider is not required to notify; but, the provider must tell the patient or the patient's authorized representative that the patient must notify the appropriate fire department or company of the patient's name and address and the existence of oxygen or an oxygen delivery system at that residence. If the provider has not received written authorization for the notification, the provider may supply the oxygen or oxygen delivery system to the patient. The provider must note on the health care practitioner's order that written authorization to notify was refused.

A provider who complies with the above-mentioned requirements will be immune from civil liability if the patient fails to notify the appropriate fire department or company. However, a provider who knowingly fails to comply with these requirements commits a disorderly persons offense.

Below is an "Authorization to Provide Notice" form. This form also will be included when the Division proposes new rules for providers of oxygen or oxygen delivery systems as set forth in N.J.S.A. 52:17B-139.7.

AUTHORIZATION TO PROVIDE NOTICE

The use of oxygen or an oxygen delivery system in the home poses special safety hazards to the patient, other occupants of the home, neighbors and firefighters in the event of a fire in the home. For this reason, the New Jersey Legislature passed a law which provides a process for notifying local fire departments of the existence of oxygen or oxygen delivery systems at residences so that fire departments may respond appropriately to the special safety hazards. The law requires the provider of the oxygen or an oxygen delivery system to inform the local fire department that oxygen or an oxygen delivery system is in a patient's home. If the patient or the patient's authorized representative refuses to authorize written notice, then the patient is obligated to give the notice.

A person who fails to notify the local fire department, as stated above, is a disorderly person and is subject to fines and other penalties under the law.

By checking "I consent," you, the patient, or the patient's authorized representative if the patient is incompetent, acknowledge that the provider of this oxygen or oxygen delivery system has provided you with information regarding the notification requirements of this law and that you authorize the provider to notify the local fire department of the delivery. By checking "I do not consent" on the authorization form, or if you fail to return the form, YOU must notify the local fire department that there is oxygen or an oxygen delivery system in your home.

Patient's Name:		
Address:		

Telephone:		
Name of fire department or company:		
Provider's Name:		
Address:		
Telephone:		
I CONSENT AND AUTHORIZE THE	E PROVIDER TO GIV	E NOTIFICATION
I DO NOT CONSENT		
Signed:	Date:	_
Printed name, if authorized representative:		
Witness:		
Sign and return this form to the provider at th	ne address listed above.	