

**Intake Form • Release Acknowledgement & Indemnity**

**For Patients Seeking Medical Cannabis Licensing**

**MMAR PATIENT RELEASE FORM**

I \_\_\_\_\_

(Print name of applicant)

I understand that this release and acknowledgement contains IMPORTANT information about medical cannabis that the assessing physician and Simcoe Holistic Health requires that I acknowledge and understand before he/she may use a prescription and/or authorization for use of medical cannabis.

I further understand the consulting physician will not necessarily be assuming care for me. He/ She will, however, assess and evaluate the appropriateness of my request to use medical cannabis to assist in treating the conditions and associated symptoms that I believe; from my own personal experience, medical cannabis to be helpful in treating. I accordingly confirm that the assessing physician will be my medical practitioner for the sole purpose of medical cannabis authorization and/or prescriptions.

I agree to not make any claim or commerce any legal proceedings against the assessing physician, his/her practice,, Simcoe Holistic Health, my family physician or any other involved physicians (such as specialists) in relation to:

- a) my use of marijuana as a medicine; and
- b) my Application or, prescription for possessing, obtaining and using medical cannabis.

I am well aware that physicians generally agree that medical cannabis;

- May distort perception (sights, sounds, time, touch);
- May impair memory and learning
- May impair coordination
- May impair thinking and problem-solving
- May increase heart rate and reduces blood
- May produce anxiety, fear, distrust, or panic.

**Initials**

**Simcoe Holistic Health Privacy Policy**

We at Simcoe Holistic Health respect and value your privacy. When you submit information to us, this privacy policy is part of our agreement. We may collect, use, retain or disclose information about you only for these legitimate purposes:

To carry out the normal operations of our business. These may include answering your queries, processing your application with the doctor or licensed commercial producer, conducting research to help our clients and maintaining proper tax and accounting records.

To send you information about our services, unless you advise us not to

To carry out any other activity which has your consent

To comply with legal requirements or so that we can respond to any complaints or claims against us.

I also consent to the disclosure, sharing and use of my personal information and medical data by the assessing physician, Simcoe Holistic Health and my licensed commercial producer. The information may be used to contact, assess and register the patient and for analysis and research to better help our members.

Simcoe Holistic Health or the assessing physician will not be responsible for any delays related to a licensed producer processing the application . and simcoe holistic health only provides the physician for the prescription

When trusted third parties (such as our accountants or a delivery company) are performing a service for us or for you, we may provide them with our information about you only to the extent they need it to perform that service. We will not sell or lease information about you, with these exceptions:

If we reorganize our company(ies), or sell or lease our business, the new entity, owner or operator will assume any rights we have in respect of our information about you. We would obtain reasonable assurances that your privacy would continue to be respected We may create and provide data that is in a form that does not permit you to be identified.

**Who has Access to Information Collected by Simcoe Holistic Health?**

We strictly control access to your personal information to our employees who need this information in order to serve you or to employees who analyze our performance in order to measure and improve our services. We reserve the right to co-operate with local, provincial and national officials in any investigation requiring either personal information including any personal information provided online through Simcoe Holistic Health or reports about lawful and unlawful user activities on the Web site. If you ask us, we will remove any information about you from our files, unless some legitimate purpose makes it reasonable for us to retain it for some additional time. We will also review our files from time to time with a view to identifying and deleting information.

simcoe holistic health in with all protection of the physician and clinic

**Initials**

**For Patients Seeking Medical Cannabis Licensing**

**MMAR PATIENT RELEASE FORM**

I am well aware there is a great lack of consensus among physicians about:

- The appropriate medical use of cannabis
- The appropriate dosage for medical cannabis
- The risks among smoking medical cannabis as compared to vaporizing or ingesting medical cannabis
- The risks of smoking whole plant medical cannabis as compared to extracting the medicinally active cannabanoids or medicating with same;
- The long-term health and psychological risks associated with the use of medical cannabis
- The degree to which regular consumption of medical cannabis:
  - (a) may contribute a pulmonary infections and respiratory cancer;
  - (b) may damage the cells in the bronchial passages which protect the body against inhaled microorganisms and decrease the ability of the immune cells in the lungs to fight off the fungi, bacteria, and tumor cells. For patients with already weakened immune systems, this means an increase in the possibility of dangerous pulmonary infections, including pneumonia;
  - (c) May weaken various natural immune mechanisms, including macrophages and T-cells
  - (d) may trigger attacks of mental illness, such as bipolar(manic-depressive) psychosis and schizophrenia

(hereinafter the “medical debates”)

**Initials**

I am further well aware that the above listed medical concerns are further compounded by the lack of consistency and uniformity in available medical cannabis products. With conventional drug products I generally consume a medication of a precisely known molecular quantity. I recognize that raw plant medical cannabis does not work this way. I appreciate that I will get varying compositions of different cannabanoids and varying proportions of different cannabanoids from strain of plant to strain of plant and even, to a lesser degree, from plant to plant of the same strain.

I further appreciate that there is a significant uncertainty regarding the consistency of medical cannabis drug product I may medicate with further complicates and compounds the practical issue of medicating with an inconsistent drug product like medical cannabis.

I am further aware that ingesting a high dose of medical cannabis can cause nausea an disorientation.

(hereinafter the “medical debates”)

**Initials**

I am aware that Simcoe Holistic Health or the assessing physician may simply refuse to prescribe medical marijuana and is under no circumstance obligated to renew a prescription past a one year duration .

(hereinafter the “medical debates”)

**Initials**

**For Patients Seeking Medical Cannabis Licensing**

**MMAR PATIENT RELEASE FORM**

Despite all these medical concerns, debates and practical issues I honestly believe that the treatment of my condition(s) and symptom(s) the benefits of medicating with medical cannabis outweigh the risks.

(hereinafter the "medical debates")

Initials

This is my decision and I also do not support any claims made by my family, friends or other interested parties against said clinic, physicians and Simcoe Holistic Health.

(hereinafter the "medical debates")

Initials

I hereby release Simcoe Holistic Health and the assessing physician, his/her clinic, my family physician, and any other involved physicians from any and all actions, claims, causes of actions, complaints (even by family and friends) and demands for damages, loss or injury whatsoever arising directly or indirectly as a consequence to my use of medical cannabis and My Application to licensed producers to possess medical cannabis.

(hereinafter the "medical debates")

Initials

This release from liability is to be binding on heirs, executors and assigns. I also consent to the disclosure of my personal data by the assessing physician, Simcoe Holistic Health and his/her clinic to licensed producer.

(hereinafter the "medical debates")

Initials

I understand and acknowledge that while the assessing physician may execute a declaration I stand to potentially benefit from medical marijuana, the assessing physician will not serve as my primary care physician. As such I agree to seek regular medical care from my primary care physician and that the assessing physician will only deal with assessing his support for my medical cannabis use. I also consent to the assessing physician notifying any specialists have seen of my decision to my medical marijuana and I accept any consequences of such notification.

(hereinafter the "medical debates")

Initials

I agree to notify my primary care physician myself about any prescription I receive to use cannabis medicinally as cannabis can interact with other medications. If licensed, I agree not to resell any of my medication.

(hereinafter the "medical debates")

Initials

**Patient Signature** \_\_\_\_\_

**Patient Name** \_\_\_\_\_

**Date Signed**

Month                      Day                      Year