

# DOCTOR-PATIENT MEDICINAL CANNABIS TREATMENT AGREEMENT

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INDIVA takes medicinal cannabis seriously and recognizes our responsibility for doing everything in our power to encourage positive, productive doctor-patient relationships. To this end we ask that medicinal cannabis patients read, understand, and sign this agreement form so that your doctor can safely and effectively authorize and supervise your medicinal cannabis treatment.

01. I request Dr \_\_\_\_\_, MD, to sign a medical document for me under the Health Canada MMPR legislation, so that I may legally use marijuana to treat my medical condition.
02. I agree to receive a medical document for marijuana only from one physician, Dr \_\_\_\_\_, MD.
03. I agree to consume no more marijuana than the doses authorized for me by Dr \_\_\_\_\_, MD. I will not request a refill before the agreed-upon refill date.
04. I agree to not distribute my marijuana to any other person, for personal use or for sale. I am aware that redistribution of any marijuana for sale is an illegal activity.
05. I am aware that using marijuana is associated with psychosis in persons who are still undergoing neurodevelopment (brain growth). Therefore, I will ensure that no person under the age of 25 years has access to my marijuana.
06. I agree to the safe storage of my marijuana.
07. I am aware that taking marijuana with other substances, especially sedating substances, may cause harm and possibly even death. I will not use illegal drugs (eg, cocaine, heroin) or controlled substances (eg, narcotics, stimulants, anxiety pills) that were not prescribed for me.
08. I will not use controlled substances that were prescribed by another doctor unless Dr \_\_\_\_\_, MD, is aware of this.
09. I agree to testing (eg, urine drug screening) when and as requested by my physician.
10. I agree to have an office visit and medical assessment at least every \_\_\_\_\_ (months or weeks).
11. I understand that Health Canada has provided access to marijuana by signed medical document from a physician for the treatment of certain medical conditions, but despite this, Health Canada has not approved marijuana as a registered medication in Canada.
12. I understand that my physician may not be knowledgeable about all of the risks associated with the use of a non-Health Canada-approved substance like marijuana.
13. I agree to communicate to my physician, Dr \_\_\_\_\_, MD, any experiences of altered mental status or possible medical side effects of the use of marijuana.

14. I accept full responsibility for any and all risks associated with the use of marijuana, including theft, altered mental status, and side effects of the product.
15. I am aware that marijuana use is not advisable during pregnancy and breastfeeding. I agree to inform my physician, Dr \_\_\_\_\_, MD, if I am pregnant.
16. I am aware that smoking any substance can cause harm and medical complications to my breathing and respiratory status. I will avoid smoking marijuana. I will avoid mixing marijuana with tobacco. I agree to use my marijuana only by vaporizer or as an edible product.
17. I am aware that my physician may discontinue authorizing marijuana for my condition if he or she assesses that the medical or mental health risk or side effects are too high.
18. I agree to see specialists or therapists about my condition at my physician's request.
19. I agree to avoid driving a vehicle or operating heavy machinery for at least 4 hours after the use of marijuana, and for longer if I feel any persistent negative effects on my ability to drive.
20. As per the Health Canada MMPR legislation, I agree to purchase my marijuana only from a licensed producer. I am aware that possession of marijuana from other sources is illegal.
21. I am aware that any possible criminal activity related to my marijuana use may be investigated by legal authorities and criminal charges may be laid. During the course of an investigation, legal authorities have the right to access my medical information with a warrant.
22. Following the terms of this contract is one of the conditions I must meet to access marijuana for treatment. I understand that if I violate any of this agreement's terms, my physician may stop authorizing my use of cannabis.
23. Dr \_\_\_\_\_, MD, has the right to discuss my health care issues with other health care professionals or family members if it is felt, on balance, that my safety outweighs my right to confidentiality. Patient's printed name Patient's signature Date Practitioner's signature College of Family Physicians of Canada (CFPC) Authorizing Dried Cannabis for Chronic Pain or Anxiety: Preliminary Guidance