

# New Patient Intake Packet

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## 1. Please enter your information.

First Name:	Middle Initials:	Last Name:	Date of Birth:
_____	_____	_____	_____
Gender:	Marital Status:	Florida Residency Status:	
<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Single <input type="radio"/> Married	<input type="radio"/> Permanent Resident	
	<input type="radio"/> Domestic Partner	<input type="radio"/> Part Time Resident	
	<input type="radio"/> Separated <input type="radio"/> Divorced		
	<input type="radio"/> Widowed		
Address:		Apt./Unit #:	
_____		_____	
Mobile Phone:	Home Phone:	Work Phone:	
_____	_____	_____	
Email:	Preferred contact method:		
_____	<input type="radio"/> Mobile Phone <input type="radio"/> Home Phone <input type="radio"/> Work Phone		
	<input type="radio"/> Email		
Current Weight:	Social Security Number:	County of Residence:	
_____	_____	_____	
Emergency Contact Name:		Emergency Contact Phone:	
_____		_____	

## Patient Health Questionnaire

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

## 2. Are you currently pregnant or intending to become pregnant?

- ☐ Yes  
☐ No

3. Please check each qualifying condition that you are suffering from. If you do not have one of the conditions listed, please select "a medical condition of the same kind or class as or comparable to those enumerated".

- |                                                                           |                                                              |                                                                                                                   |
|---------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cancer                                           | <input type="checkbox"/> Epilepsy                            | <input type="checkbox"/> Glaucoma                                                                                 |
| <input type="checkbox"/> Positive status for human immunodeficiency virus | <input type="checkbox"/> Acquired immune deficiency syndrome | <input type="checkbox"/> Post-traumatic stress disorder                                                           |
| <input type="checkbox"/> Amyotrophic lateral sclerosis                    | <input type="checkbox"/> Crohn's disease                     | <input type="checkbox"/> Parkinson's disease                                                                      |
| <input type="checkbox"/> Multiple sclerosis                               | <input type="checkbox"/> A Terminal condition                | <input type="checkbox"/> A medical condition of the same kind or class as or comparable to those enumerated above |

4. Major current health complaints in order of importance to you:

	Complaint	Since when?	Causes
1			
2			

5. Are you currently taking prescription medications?

- ☐ Yes  
☐ No

6. Please list any prescribed medications you take:

	Medication	Dosage	How long?
1			
2			

7. Are you currently taking non-prescription medications?

- ☐ Yes  
☐ No

8. Please list all non-prescription medications you take:

	Medication	Dosage	How long?
1			
2			

9. Are you currently taking any vitamin supplements?

- ☐ Yes  
☐ No

**10. Please list any supplements you currently take or have taken in the recent past:**

	Supplement	Dosage	How long?
1			
2			

**11. How long have you had the condition(s) about which you are consulting us?**

- ☐ Less than 6 months                      ☐ 6 months to 2 years  
☐ 2 to 5 years                                ☐ More than 5 years

**12. How have your health problems progressed since they began?**

- ☐ Stable                                              ☐ Gradually improving  
☐ Rapidly improving                              ☐ Fluctuating  
☐ Gradually worsening                           ☐ Rapidly worsening

**13. Have you been diagnosed with any of the following conditions?**

- |                                               |                                             |                                                 |
|-----------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Epilepsy           | <input type="checkbox"/> Heart condition        |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Bleeding disorder  | <input type="checkbox"/> Thyroid condition      |
| <input type="checkbox"/> Irritable bowel      | <input type="checkbox"/> Ulcerative colitis | <input type="checkbox"/> Liver disease          |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> HIV / AIDS         | <input type="checkbox"/> Osteoporosis           |
| <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Kidney disease     | <input type="checkbox"/> Cardiovascular disease |
| <input type="checkbox"/> Other(s)             |                                             |                                                 |

If "other(s)", please specify

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**14. Are you allergic to anything? (e.g.: foods, medications, pollens, chemicals, molds, animal hair, etc.)**

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**15. Do you suffer from any of the following?**

- |                                             |                                                   |                                                   |
|---------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Twitching eye      | <input type="checkbox"/> Feeling faint            | <input type="checkbox"/> Dizziness                |
| <input type="checkbox"/> Poor memory        | <input type="checkbox"/> Poor concentration       | <input type="checkbox"/> Tiredness and fatigue    |
| <input type="checkbox"/> Poor wound healing | <input type="checkbox"/> Muscular cramps (where?) | <input type="checkbox"/> Muscle weakness (where?) |

**16. Please tick the boxes which indicate areas you currently have or ever had problems with:**

- |                                                   |                                                |                                                    |
|---------------------------------------------------|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Endocrine System         | <input type="checkbox"/> Digestive System      | <input type="checkbox"/> Urinary System            |
| <input type="checkbox"/> Respiratory System       | <input type="checkbox"/> Cardiovascular System | <input type="checkbox"/> Nervous System            |
| <input type="checkbox"/> Muscular/Skeletal System | <input type="checkbox"/> Reproductive System   | <input type="checkbox"/> Immune & Lymphatic System |
| <input type="checkbox"/> Other (specify below)    |                                                |                                                    |

17. Please tick the boxes which indicate conditions you have had or presently have. If any other conditions, please list them on the box down below:

- |                                                  |                                                       |                                                      |
|--------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Abscesses               | <input type="checkbox"/> Acne                         | <input type="checkbox"/> AIDS/HIV                    |
| <input type="checkbox"/> Alcoholism              | <input type="checkbox"/> Allergies                    | <input type="checkbox"/> Amnesia                     |
| <input type="checkbox"/> Anemia                  | <input type="checkbox"/> Angina                       | <input type="checkbox"/> Anxiety disorder            |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Bladder infections          |
| <input type="checkbox"/> Bronchitis              | <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Chicken Pox                 |
| <input type="checkbox"/> Cold Sores              | <input type="checkbox"/> Colitis                      | <input type="checkbox"/> Depression                  |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Eating disorder Eczema       | <input type="checkbox"/> Eczema                      |
| <input type="checkbox"/> Emphysema               | <input type="checkbox"/> Epilepsy                     | <input type="checkbox"/> Gall Stones                 |
| <input type="checkbox"/> Goitre                  | <input type="checkbox"/> Gonorrhea                    | <input type="checkbox"/> Gout                        |
| <input type="checkbox"/> Hay Fever               | <input type="checkbox"/> Hemorrhoids                  | <input type="checkbox"/> Heart Disease               |
| <input type="checkbox"/> Hepatitis A, B or C     | <input type="checkbox"/> Herpes                       | <input type="checkbox"/> Herpes Genitalia            |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Hypoglycemia                 | <input type="checkbox"/> Influenza                   |
| <input type="checkbox"/> Kidney Disease          | <input type="checkbox"/> Kidney Stones                | <input type="checkbox"/> Leukemia                    |
| <input type="checkbox"/> Malaria                 | <input type="checkbox"/> Measles                      | <input type="checkbox"/> Migraines                   |
| <input type="checkbox"/> Miscarriage             | <input type="checkbox"/> Mononucleosis                | <input type="checkbox"/> Mood disorder               |
| <input type="checkbox"/> Mumps                   | <input type="checkbox"/> Parasites                    | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Peritonitis             | <input type="checkbox"/> Pleurisy                     | <input type="checkbox"/> Pneumonia                   |
| <input type="checkbox"/> Post-partum depression  | <input type="checkbox"/> Prostatitis                  | <input type="checkbox"/> Rheumatic Fever             |
| <input type="checkbox"/> Rubella                 | <input type="checkbox"/> Scarlet Fever                | <input type="checkbox"/> Schizophrenia               |
| <input type="checkbox"/> Sexual Abuse            | <input type="checkbox"/> Skin Disease                 | <input type="checkbox"/> Stomach problems            |
| <input type="checkbox"/> Strep Throat            | <input type="checkbox"/> Sinusitis                    | <input type="checkbox"/> Stroke                      |
| <input type="checkbox"/> Sun Stroke              | <input type="checkbox"/> Syphilis                     | <input type="checkbox"/> Tonsillitis                 |
| <input type="checkbox"/> Tuberculosis            | <input type="checkbox"/> Typhoid Fever Venereal Warts | <input type="checkbox"/> Ulcers                      |
| <input type="checkbox"/> Venereal Warts          | <input type="checkbox"/> Warts                        | <input type="checkbox"/> Whooping Cough              |
| <input type="checkbox"/> Worms                   | <input type="checkbox"/> Yellow Fever                 | <input type="checkbox"/> Other(s)                    |

If "other(s)", please specify

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Heather Auld, M.D.  
1570 Colonial Blvd, Suite A  
Fort Myers, FL 33907  
Phone/ Fax: (239) 208-6676

## MEDICAL RECORD RELEASE AUTHORIZATION FORM

The following information is required by law before we can release your medical records.

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
I, the undersigned, hereby:

☐ Authorize **Compassionate Cannabis Clinic** to release my Protected Health Information to the following person(s)/organization(s):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

OR

☐ Authorize \_\_\_\_\_ Fax \_\_\_\_\_ to  
release my Protected Health Information to: **COMPASSIONATE CANNABIS CLINIC** 1570 Colonial Blvd, Suite A Fort Myers, FL 33907

Reason for request (please check one):

☐ Transfer to another provider ☐ Legal Issues ☒ Appointment with specialist  
☐ Personal Use ☐ Insurance Purposes ☐ Other \_\_\_\_\_

**Documents can be released electronically if original records are stored on electronic media. If you wish to have records transferred on a CD, please check to see if your health information is available for electronic release. Fees for electronic media are listed below.**

INFORMATION TO BE RELEASED:

☒ Entire Record ☐ Immunization Record Only ☐ Laboratory Results \_\_\_\_\_  
☐ Other Specified Records \_\_\_\_\_

**\*\*\*Please note: We do not copy information generated by other physicians/offices.**

The following information will be released with your electronic visit summary: (when applicable)

Meaningful Use

<input type="checkbox"/> Diagnostic Tests	<input checked="" type="checkbox"/> History & Physical Exam	<input checked="" type="checkbox"/> Rehabilitation Records
<input checked="" type="checkbox"/> Problem List	<input type="checkbox"/> Operative Report	<input type="checkbox"/> EKG Reports
<input checked="" type="checkbox"/> Medication List	<input type="checkbox"/> Pathology Report	<input checked="" type="checkbox"/> Physician Progress Notes
<input checked="" type="checkbox"/> Allergies	<input checked="" type="checkbox"/> Nurses Notes	<input type="checkbox"/> Radiology Reports
<input checked="" type="checkbox"/> Consultation Reports	<input checked="" type="checkbox"/> Physicians Orders	<input checked="" type="checkbox"/> Vital Signs (growth chart included)
<input checked="" type="checkbox"/> Discharge Summary	<input type="checkbox"/> Discharge Instructions	<input checked="" type="checkbox"/> Family/Social History
<input checked="" type="checkbox"/> Emergency Department Reports	<input type="checkbox"/> Laboratory Tests/Results	<input type="checkbox"/> Immunization Record

HIV and Mental Health Information contained in the parts of the records indicated above will be released through this authorization unless otherwise indicated.

Do not release: ☐ HIV ☐ Mental Health ☐ Drug & Alcohol

Copy Fee:

- I understand there is a charge for copying and handling my request. There is a \$5.00 fee for my records to be released on CD(compact disc) for personal use.
- Requests for paper copies by the patient/parent will be charged per page plus postage/shipping if mailed as follows:
  - Amount charged per page \$1.50
- Requests for records to be transferred to another physician or health care provider will not be charged for the first request. Additional requests will be charged the above rates.

I authorize the release of copies of medical records and/or other information as noted above. If specifically indicated by me above, I understand that this may include information concerning the following: psychiatric/psychotherapy records, mental health records, drug and alcohol treatment information, specific confidential HIV-related information, and/or any general physical condition information. I authorize this information be released by routine mail, inter-office mail, fax, or pick up. I understand that I may revoke this authorization at any time to the extent that the person is to make the disclosure has already acted in the reliance on this authorization. If not revoked earlier, this consent will remain in effect for ninety (90) days and will only be accepted if completed in its entirety.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Patient or Parent/Guardian (if patient is under 18)

☐ Patient

☐ Parent or Legal Guardian

☐ Power of Attorney

# SWFL INTEGRATIVE MEDICINE

## NOTICE OF PRIVACY PRACTICES

Effective November 8, 2017

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Our Pledge Regarding Protected Health Information

SWFL INTEGRATIVE MEDICINE (SWFL IM) creates a record of the care and services you receive from SWFL IM. We need this information to provide you with quality care, administer your health care benefits, and comply with certain legal requirements. This notice applies to all of the records containing protected health information generated by SWFL IM. We understand that medical information about you and your health is personal and we are committed to protecting it.

SWFL INTEGRATIVE MEDICINE (SWFL IM) will take every reasonable action to protect your health care information including the protection of your verbal, written, and electronic protected health information (e-PHI) using all means necessary while ensuring that the information is readily available to the providers that deliver your health care. SWFL IM implements appropriate administrative, technical, and physical safeguards to protect your health information across the organization from unintended or unauthorized use, disclosure, modification or loss.

### Introduction/Overview

This Notice of Privacy Practices describes how SWFL IM may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This notice describes the privacy practices of SWFL IM including:

- All divisions and departments of SWFL IM.
- All employees, staff and other SWFL IM personnel.
- All SWFL IM volunteers and auxiliary staff.

### Uses and Disclosures of Protected Health Information for Treatment, Payment or Health Care Operations

Your protected health information may be used and disclosed by SWFL IM's staff and others outside of our offices that are involved in the delivery of health care services and benefits. Your protected health information may also be used and disclosed to pay your health care bills and to support SWFL IM's operations.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with third parties. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary

information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** We may use or disclose your protected health information, as needed, to bill or make payment for your health care services. This may include certain activities that we take before we approve or pay for your health care services such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may ask for a copy of your medical record from a hospital where you received services to ensure that their bill was appropriate.

**Health Care Operations:** We may use or disclose, as-needed, your protected health information in order to support FSWFL IM's business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training, licensing, and educational activities, and conducting or arranging for other business activities.

For example, we may use your protected health information during medical utilization reviews. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., case management, out-of-area claims re-pricing). Whenever an arrangement between SWFL IM and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives. We may also use and disclose your information for educational activities. For example, your name and address may be used to send you a newsletter.

## Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your consent, written authorization or opportunity to object unless required by law as described below. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes.

You may revoke this authorization, at any time, in writing, except to the extent that SWFL IM has taken an action in reliance on the use or disclosure indicated in the authorization.

## Other Required and Permitted Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

In certain situations we are required or permitted to use or disclose your protected health information. Your authorization is not required for the following uses or disclosures:

**Required By Law:** We may use or .disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health Activities:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

- We may disclose protected health information to a school, about an individual who is a student or prospective student of the school, if:
- The protected health information disclosed is limited to proof of immunization;
- The school is required by State or other law to have such proof of immunization prior to admitting the individual; and
- SWFL IM obtains and documents the agreement to the disclosure from either; A parent, guardian, or other person acting *in loco parentis* of the individual if the individual is an unemancipated minor; or
- The individual, if the individual is an adult or emancipated minor.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on SWFL IM's premises, and (6) medical emergency (not on SWFL IM's premises) and it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

**Research:** We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established

protocols to ensure the privacy of your protected health information.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally-established programs.

**Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

## Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we, using our professional judgment and experience, may determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant will be disclosed. We may use and disclose your protected health information in the following instances:

**Others Involved in Your Health Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

**If it is in Your Best Interest:** Unless you object, we may use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, X-rays, or other similar forms of protected health information.

**Disaster Relief:** Unless you object, we may use or disclose your protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts.

**Deceased Individuals:** If an individual is deceased, SWFL IM may disclose to a family member, or other persons identified who were involved in the individual's care or payment for health care prior to the individual's death, the protected health information of the individual that is relevant to such persons involvement, unless doing so is inconsistent with any prior expressed preferences of the individual that is known to SWFL IM.

## Your Rights

Following are your rights with respect to your protected health information. You may exercise any of these rights by contacting our Member Services Department as described at the end of this Notice.

**You have the right to inspect and/or copy your protected health information.** This means you may inspect and/or obtain a paper or electronic copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. Applicable copying fees apply for costs associated with labor and supplies for reproducing paper copies and creating electronic copies of your protected health information.

A "designated record set" contains medical and billing records and any other records that SWFL IM uses for making treatment and benefit administration decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

SWFL IM is not required to agree to a restriction that you may request prohibiting SWFL IM from using your protected health information for the purposes of treatment, payment or health care operations. If SWFL IM believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If SWFL IM does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

**You have the right to restrict release of information for certain services.** You have the right to request SWFL IM to not disclose PHI to a health plan for a health care item or service where you paid in full out of pocket.

**You have the right to request and receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

**You may have the right to have SWFL IM amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, health care operations, or authorized disclosures as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures made by SWFL IM in the six years prior to your request, but, no earlier than the effective date of this

Notice, April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to a breach notification. You have the right to be notified of any breach of your unsecured protected health information in accordance with Federal Regulations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

## Inquiries About This Notice, Exercise Of Privacy Rights, And Complaints

If you have a question about this Notice, or you wish to exercise your rights described in this Notice, or you believe your privacy rights have been violated, you may contact us at:

SWFL INTEGRATIVE MEDICINE  
1560 Colonial Boulevard, Suite A  
Fort Myers, FL 33907  
(239) 208-6676

All complaints must be submitted in writing. You will not be penalized for filing a complaint. A complaint may also be filed with the U.S. Department of Health and Human Services at the following address:

Office for Civil Rights  
U.S. Department of Health and Human Services  
61 Forsyth Street, S.W., Suite 3B70  
Atlanta, GA. 30323  
Voice: (404) 562-7886  
TDD: (404) 331-2867  
FAX (404) 562-7881

## NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I, \_\_\_\_\_, have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Private Practices.

I, \_\_\_\_\_, understand that I may request in writing that you restrict how my private information issued or Disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

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Patient or Parent/Guardian Signature

---

Date

---

SWFL Integrative Medicine    Signature

---

Date

## Clinical Policies

### Patient Encounter Policy

The state of Florida requires we certify patients every 30 weeks. These certification encounters (visits) require an in person, face to face examination with the physician present within the same room. These visits are classified as **Certification Visits** and the cost is \$250. **Certification encounters must occur once each 30 weeks per state law (381.986, Florida Statutes).**

New patients may be required by the physician to be seen for a followup encounter within 90 days of their initial certification visit. Additionally, the physician may require encounters (visits) in increments greater than the state required minimum. For both, these encounters are classified as **Office Visits** and the cost is \$100.

If you cancel or change your appointments, the Qualifying Physician **will cancel existing orders and/or certifications and may discharge you from his/her care.**

We reserve the right to deactivate or discharge patients at any time for any reason.

### Cancellation/No Show Payment Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise when another patient fails to cancel and we were unable to schedule you for a visit due to a full schedule.

#### Cancellations

It is our policy that all appointments must be cancelled at least 48 hours in advance of the appointment. **If an appointment is not cancelled 48 hours in advance, you will be charged the full appointment cost.** If you are cancelling less than 48 business hours prior to your appointment, you will be required to prepay for future appointments. All patients will have the opportunity to show proof of an "urgent" reason as to why they were unable to make their scheduled appointment. **If you do not cancel your scheduled appointment with at least 48 hours advance notice, any active orders within the Medical Marijuana Use Registry will be cancelled and will not be re-entered until you are seen by the physician.**

#### No Show

Patients who "No Show" (or do not provide any notice of intent to cancel a scheduled appointment), **will need to prepay their existing balance and for future appointments.** All patients will have the opportunity to show proof of an "urgent" reason as to why they were unable to make their scheduled appointment. Upon doing so, the patient will be reimbursed the charges incurred for not showing for their scheduled appointment. **Additionally, existing patients who "No Show" for their scheduled appointments will have any active orders cancelled within the Medical Marijuana Use Registry.**

### Scheduled Appointments

We understand that delays can happen, however, we must try to keep the other patients and doctors on time. We request you come 30 minutes early to your appointment to account for traffic and to complete the required paperwork. If you are 15 minutes past your scheduled time, your provider may not be able to complete a full visit or we will do our best to accommodate you and fit you into the schedule later in the day. If you can not complete your visit you will be charged for the full visit and you will be required to book a new visit.

### Account Balances

We will require that patients pay their account balances to zero (0) prior to receiving further services by our practice. We also require payment be rendered prior to services.



### Minor Patients

Florida law requires a second physician review the health record of any patient under the age of 18 and provide a signed attestation agreeing with the Qualifying Physician's determination the benefits of medical marijuana outweigh the risk to the patient prior to certifications or orders being entered into the Medical Marijuana Use Registry. We will provide parents/guardians with a sample form they can take to their pediatrician or primary care physician to complete. If that is not an option, we can have a pediatric physician review the child's records and provide the required attestation. **The fee for this service is \$75 and is due on the date of encounter.**

### Abuse of Staff / Vulgarly

Should any patient become rude, vulgar, or abusive to any clinical staff - whether in person or over the phone - we reserve the right to discharge you from our care. Should you be discharged for abuse of staff, your orders and certification will be cancelled within the Medical Marijuana Use Registry.

### Refund Policy

No refunds will be issued for any services previously rendered.

These policies are subject to change without notice.

### Authorization To Charge My Credit/Debit Card &

### Acknowledgement of Receipt of Clinical Policies

I, \_\_\_\_\_ hereby acknowledge receipt of a copy of the Clinical Policy including, but not limited to, Patient Encounter Policy, Cancellation/No Show Policy, Refund Policy, Scheduled Appointment Policy, Account Balances Policy, Minor Patient Policy, and Abuse of Staff / Vulgarly Policy for SWFL INTEGRATIVE MEDICINE, and Compassionate Cannabis Clinic.

**Patients not authorizing SWFL INTEGRATIVE MEDICINE to keep their credit/debit card information on file will be required to prepay all follow-up and certification visits.**

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date

## Medical Marijuana Patient Agreement

I understand the requirements of the State of Florida's Medical Marijuana program. ☐

I understand I must give 48-hours' notice for cancellation of appointments. If I do not give proper notice for a cancellation of an appointment, I may have to prepay for future appointments and will have my active orders cancelled until I am seen again by the doctor. ☐

I understand that 2 or more no calls/no shows within a calendar year will result in my discharge from the practice as well as possible revocation of patient recommendation/certification. ☐

I understand if I give dishonest or untruthful information, I will be discharged from the practice and may have my recommendation revoked. ☐

I understand I cannot use medical marijuana:

• In any public place, except for low-THC cannabis. ☐

• In my place of employment, except when permitted by my employer. ☐

• On the grounds of a preschool, primary school, or secondary school. ☐

• In a school bus, a vehicle, an aircraft, or a motorboat, except for low-THC cannabis ☐

I understand and acknowledge that I am required to pay for services prior to them being rendered. ☐

I understand no refunds will be issued for services rendered. ☐

### Release Of Liability

I hereby acknowledge Compassionate Cannabis Clinic, SWFL Integrative Medicine, and its employees are not addressing specific aspects of my medical care nor are any of them my primary care provider. Furthermore, I, for myself, my heirs, assigns, or anyone acting on my behalf, hold Compassionate Cannabis Clinic, SWFL Integrative Medicine, and its principals, agents, and employees free of and harmless from any responsibility for any harm resulting to me and/or other individuals because of my Medical Marijuana use. ☐

I certify that I fully understand the potential risks and side effects related to the use of Medical Marijuana. ☐

In using Medical Marijuana, I fully accept responsibility and assume the risks and side effects associated with its use. ☐

I agree that Compassionate Cannabis Clinic, SWFL Integrative Medicine, and employees shall not be held responsible for any harm resulting to me and/or any other individual(s) because of my use of Medical Marijuana. ☐

I certify that I have read this document and declare under penalties of perjury that the information contained herein is true, correct, and complete. ☐

Signature

\_\_\_\_\_  
Patient or Legal Guardian Signature

\_\_\_\_\_  
Date

Certifying Physician Obtaining Consent: Dr. Heather Auld M.D.

\_\_\_\_\_  
Certifying Physician Signature

\_\_\_\_\_  
Date

## ADDENDUM A

A summary of the current research on the efficacy of marijuana to treat the patient's medical condition, for medical conditions of same kind or class as or comparable to the enumerated qualifying medical conditions and for terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification.

DX	SIMILARITY	CITATION	SUMMARY	MED LIT LINK
<b>ATTENTION DEFECIT HYPERACTIVITY DISORDER</b>	ADHD and PTSD are comparable in that they can both similarly produce debilitating irritability, anxiety or depression.	<a href="https://www.ncbi.nlm.nih.gov/pubmed/23561240">https://www.ncbi.nlm.nih.gov/pubmed/23561240</a>	By the end of the study, those who received cannabis treatment showed improvements in symptoms of hyperactivity, impulsivity and inattention. They also scored higher on measures of cognitive performance and emotional stability.	<a href="http://www.europeanneuropsycharmacology.com/article/S0924-977X(16)30912-9/pdf">http://www.europeanneuropsycharmacology.com/article/S0924-977X(16)30912-9/pdf</a>
<b>ALOPECIA AREATA</b>	Both Alopecia Areata and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2">https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
<b>ALZHEIMER'S</b>	Alzheimer's disease and PTSD are comparable in that they can both similarly produce debilitating irritability, anxiety or depression.	<a href="https://www.alz.org/professionals_and_researchers/behavioral_symptoms_p_r.asp">https://www.alz.org/professionals_and_researchers/behavioral_symptoms_p_r.asp</a>	At the treatment concentrations, no toxicity was observed and the CB1 receptor was not significantly upregulated. Additionally, low doses of THC can enhance mitochondria function and does not inhibit melatonin's enhancement of mitochondria function. These sets of data strongly suggest that THC could be a potential therapeutic treatment option for Alzheimer's disease through multiple functions and pathways.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC25024327">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC25024327</a>
<b>ANOREXIA / LOSS OF APPETITE</b>	The patient suffers from anorexia/loss of appetite, a debilitating symptom comparable to that which is seen in HIV/AIDS	<a href="http://www.who.int/hac/techguidance/pdf/8518.pdf?ua=1">http://www.who.int/hac/techguidance/pdf/8518.pdf?ua=1</a>	"Cannabis might be less potent than other available antiemetics, but for some patients, it is the only agent that works, and it is the only antiemetic that also increases appetite."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4791148/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4791148/</a>
<b>ANXIETY (CHRONIC)</b>	The patient suffers from anxiety, a debilitating condition comparable to that which is seen in PTSD	<a href="https://www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd">https://www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd</a>	"people with PTSD continue to be severely depressed and anxious for months or even years following the event." "Half of all respondents also noted relief from stress/anxiety"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3691841/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3691841/</a>
<b>ARTHRITIS</b>	The patient suffers from arthritis, comparable to the joint inflammation and pain seen in multiple sclerosis.	<a href="http://www.nationalmssociety.org/Symptoms-Diagnosis/MSS-Symptoms/Pain">http://www.nationalmssociety.org/Symptoms-Diagnosis/MSS-Symptoms/Pain</a>	"Cannabinoids produce their effects via several cannabinoid receptors and it is important to identify the key cannabinoids and their receptors that are involved in chondroprotection"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC22530636">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC22530636</a>
<b>ASTHMA</b>	a patient suffers from Asthma , a debilitating symptom of post traumatic stress disorder.	<a href="https://www.sciencedaily.com/releases/2007/11/071115091713.htm">https://www.sciencedaily.com/releases/2007/11/071115091713.htm</a>	Cannabinoids are well-known for their anti-inflammatory effects, and while most studies thus far into cannabis and asthma have focused primarily on the bronchodilatory effect, some have also observed a reduction in bronchial inflammation. Furthermore, cannabis is currently being investigated for its ability to produce targeted therapies for immune-modulated inflammatory diseases.	<a href="https://sensiseeds.com/en/blog-6-benefits-of-cannabis-for-asth">https://sensiseeds.com/en/blog-6-benefits-of-cannabis-for-asth</a>
	Autism is a debilitating condition with symptoms that			

<b>AUTISM</b>	include anxiety, panic attacks, disruptive and violent behaviors, insomnia, and irritability (comparable to what is seen in PTSD), and a decreased ability to communicate (comparable to what is seen in Parkinson's Disease and ALS)	<a href="https://www.autismspeaks.org/what-autism/symptoms">https://www.autismspeaks.org/what-autism/symptoms</a>	"IN ONE CASE STUDY, A BOY WITH AUTISM WAS TREATED WITH DAILY DRONABINOL [SYNTHETIC THC] FOR SIX MONTHS AND WAS NOTED TO HAVE IMPROVEMENT IN HYPERACTIVITY, IRRITABILITY, LETHARGY, STEREOTYPED BEHAVIORS AND SPEECH"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318349/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318349/</a>
<b>AUTOIMMUNE ENCEPHALOPATHY</b>	Both Autoimmune encephalopathy and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="http://www.medscape.com/viewarticle/743774_2">http://www.medscape.com/viewarticle/743774_2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."  "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
<b>AUTOIMMUNE HEMOLYTIC ANEMIA</b>	Both Autoimmune hemolytic anemia and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2">https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."  "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
<b>BIPOLAR DISORDER</b>	Biopolar Disorder and PTSD are comparable in that they can both similarly produce debilitating irritability, anxiety or depression.	<a href="https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/dxc-20307970">https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/dxc-20307970</a>	The authors present case histories indicating that a number of patients find cannabis (marihuana) useful in the treatment of their bipolar disorder. Some used it to treat mania, depression, or both. They stated that it was more effective than conventional drugs, or helped relieve the side effects of those drugs. One woman found that cannabis curbed her manic rages; she and her husband have worked to make it legally available as a medicine. Others described the use of cannabis as a supplement to lithium (allowing reduced consumption) or for relief of lithium's side effects.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9692379">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9692379</a>
<b>BONE PAIN</b>	This patient has bone pain which is a debilitating symptom that is comparable to the bone pain seen in people with cancer	<a href="https://www.ncbi.nlm.nih.gov/pubmed/1736768/">https://www.ncbi.nlm.nih.gov/pubmed/1736768/</a>	There are 3 cannabinoids available on the market. Only 1 has the official indication to treat pain in cancer—Sativex.6 This is a combination of 2 cannabinoids from the Cannabis sativa plant: delta-9-tetrahydrocannabinol and cannabidiol.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2294085/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2294085/</a>
<b>BRAIN TRAUMA</b>	the patient suffers from Brain trauma, comparable to epilepsy.	<a href="http://www.INTERNATIONALBRAIN.ORG/articles/posttraumatic-epilepsy-from-trauma-to-therapy/">http://www.INTERNATIONALBRAIN.ORG/articles/posttraumatic-epilepsy-from-trauma-to-therapy/</a>	Activating of the CB1 and CB2 receptors also has been shown to stimulate the release of minocycline, which reduces brain swelling and neurological impairment, and diffuses further injuries to the brain's axons (Lopez-Rodriguez, et al., 2015) (Biegon, 2004).	<a href="https://www.medicalmarijuanaonline.com/traumatic-brain-injuries-medical-marijuana-research/">https://www.medicalmarijuanaonline.com/traumatic-brain-injuries-medical-marijuana-research/</a>
<b>CEREBRAL FOLATE RECEPTOR AUTOIMMUNITY/DEFICIENCY</b>	Both Cerebral Folate Receptor Autoimmunity/Deficiency and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578948/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578948/</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."  "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
<b>CHRONIC ABDOMINAL PAIN</b>	The patient suffers from chronic abdominal pain, a debilitating symptom comparable to that seen in Crohn's disease	<a href="http://www.mayoclinic.org/diseases-conditions/crohns-disease/basics/symptoms/con-20032061">http://www.mayoclinic.org/diseases-conditions/crohns-disease/basics/symptoms/con-20032061</a>	" A substantial proportion of patients perceived cannabis as effective for relief of abdominal pain"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5193087/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5193087/</a>
	Both Chronic Fatigue			

<b>CHRONIC FATIGUE SYNDROME</b>	Syndrome and Multiple Sclerosis are comparable in that both conditions have similar debilitating symptoms of muscular pain, decreased energy, and chronic fatigue.	<a href="https://www.ncbi.nlm.nih.gov/pubmed/25238862">https://www.ncbi.nlm.nih.gov/pubmed/25238862</a>	"THE USE OF CANNABIS WAS ASSOCIATED WITH BENEFICIAL EFFECTS ON SOME FIBROMYALGIA SYMPTOMS."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080871/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080871/</a>
<b>CHRONIC NAUSEA</b>	The patient suffers from chronic nausea, a debilitating symptom comparable to that which is seen in HIV/AIDS and cancer.	<a href="https://aidset.c.org/guide/nausea-and-vomiting">https://aidset.c.org/guide/nausea-and-vomiting</a>	"Considerable evidence demonstrates that manipulation of the endocannabinoid system regulates nausea and vomiting in humans and other animals."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165951/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165951/</a>
<b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>	the patient suffers from Chronic Obstructive Pulmonary Disease, a debilitating symptom comparable to Multiple sclerosis.	<a href="http://www.sciencedirect.com/science/article/pii/S221103481630061X">http://www.sciencedirect.com/science/article/pii/S221103481630061X</a>	prophylactic treatment with cannabidiol (CBD) reduces inflammation in a model of acute lung injury (ALI)	<a href="http://www.tandfonline.com/doi/10.3109/08923973.2014.976799">http://www.tandfonline.com/doi/10.3109/08923973.2014.976799</a> needAccess=true&
<b>CHRONIC PAIN</b>	The patient suffers from chronic pain, a debilitating symptom comparable to that which is seen in Multiple Sclerosis	<a href="http://www.nationalmssociety.org/Symptoms-Diagnosis/Multiple-Sclerosis/Symptoms/Pain">http://www.nationalmssociety.org/Symptoms-Diagnosis/Multiple-Sclerosis/Symptoms/Pain</a>	"Almost all respondents (97%) used medical cannabis primarily for relief of chronic pain."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/</a>
<b>CHRONIC VOMITING</b>	The patient has chronic vomiting, a debilitating symptom comparable to that which is seen in HIV/AIDS and cancer.	<a href="https://aidset.c.org/guide/nausea-and-vomiting">https://aidset.c.org/guide/nausea-and-vomiting</a>	"Considerable evidence demonstrates that manipulation of the endocannabinoid system regulates nausea and vomiting in humans and other animals."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165951/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3165951/</a>
<b>DEPRESSION</b>	The patient has depression, a debilitating symptom comparable to that which is seen in PTSD.	<a href="https://www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd">https://www.adaa.org/understanding-anxiety/posttraumatic-stress-disorder-ptsd</a>	"Daily users reported less depressed mood and more positive affect than non-users."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC15964704">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC15964704</a>
<b>DIABETES - TYPE 1</b>	Both Type 1 diabetes and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2">https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS." "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
<b>DYSPHAGIA</b>	This patient has chronic dysphagia/difficulty swallowing, comparable to the dysphagia that is seen in ALS	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5359548/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5359548/</a>	patient's "cannabis consumption, leading to their improvement, enduring no more weight loss and only sporadic dysphagia."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4445116/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4445116/</a>
<b>DYSTONIA</b>	Dystonia and Parkinson's Disease are comparable in that they are both movement disorders.	<a href="http://www.pmda.org/movement-disorders.html">http://www.pmda.org/movement-disorders.html</a>	"DOSE-RELATED IMPROVEMENT IN DYSTONIA WAS OBSERVED IN ALL PATIENTS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3793381">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3793381</a>
<b>EHLER-DANLOS SYNDROME</b>	This patient has Ehlers-Danlos, a connective tissues disorder with various neurological manifestations comparable to that which is seen in multiple sclerosis.	<a href="http://journals.sagepub.com/doi/abs/10.1177/1352458507083187">http://journals.sagepub.com/doi/abs/10.1177/1352458507083187</a>	""Numerous randomized clinical trials have demonstrated safety and efficacy for Sativex in central and peripheral neuropathic pain, rheumatoid arthritis and cancer pain."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2503660/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2503660/</a>
<b>FIBROMYALGIA/MYOPATHIC ENCEPHALOPATHY</b>	Both Fibromyalgia/Myopathic Encephalopathy and Multiple Sclerosis are comparable in that they both can produce debilitating symptoms of chronic fatigue and muscle pain.	<a href="http://www.fibromyalgia-symptoms.org/similarities-fibromyalgia-multiple-sclerosis.html">http://www.fibromyalgia-symptoms.org/similarities-fibromyalgia-multiple-sclerosis.html</a>	"RESEARCH HAS CONFIRMED THAT UNDERLYING ENDOCANNABINOID DEFICIENCIES INDEED PLAY A ROLE IN ...FIBROMYALGIA...AND A GROWING LIST OF OTHER MEDICAL CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC24977967">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC24977967</a>
<b>GRAVE'S DISEASE</b>	Both Graves Disease and Multiple Sclerosis are comparable in that they are both debilitating autoimmune	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/">https://www.niams.nih.gov/Health_Info/Autoimmune/</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>

GUILLAIN-BARRÉ SYNDROME	diseases.	<a href="#">default.asp#2</a>	"CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	
	Both Guillain-Barre Syndrome and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2">https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."  "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
HASHIMOTO'S THYROIDITIS	Both Hashimoto's Thyroiditis and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2">https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."  "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
	The patient has chronic headaches, a debilitating symptom comparable to that which is seen in Multiple Sclerosis.	<a href="http://www.nationalmssociety.org/Symptoms-Diagnosis/MSS-Symptoms/Headache">http://www.nationalmssociety.org/Symptoms-Diagnosis/MSS-Symptoms/Headache</a>	"The literature suggests that the medicinal use of cannabis may have a therapeutic role for a multitude of diseases, particularly chronic pain disorders including headache."	<a href="https://www.ncbi.nlm.nih.gov/pmc/ed/26015168">https://www.ncbi.nlm.nih.gov/pmc/ed/26015168</a>
HUNTINGTON'S DISEASE	Huntington's Disease and Parkinson's Disease are comparable in that they are both movement disorders.	<a href="http://www.pmda.org/movement-disorders.html">http://www.pmda.org/movement-disorders.html</a>	"NABILONE [A SYNTHETIC CANNABINOID] VERSUS PLACEBO SHOWED A TREATMENT DIFFERENCE FOR TOTAL MOTOR SCORE; FOR CHOREA; FOR UHDRS COGNITION; AND FOR UHDRS BEHAVIOR."	<a href="https://www.ncbi.nlm.nih.gov/pmc/ed/19845035">https://www.ncbi.nlm.nih.gov/pmc/ed/19845035</a>
IDIOPATHIC THROMBOCYTOPENIC PURPURA	Both idiopathic thrombocytopenic purpura and Multiple Sclerosis are comparable in that they are both debilitating autoimmune diseases.	<a href="https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2">https://www.niams.nih.gov/Health_Info/Autoimmune/default.asp#2</a>	"DIRECT SUPPRESSION OF AUTOIMMUNE INFLAMMATION WAS SEEN BY ACTIVATION OF CB1 RECEPTORS ON NEURONS AND CB2 RECEPTORS ON AUTOREACTIVE T CELLS."  "CANNABINOIDS.... CAN PLAY A PROTECTIVE ROLE IN AUTOIMMUNE CONDITIONS"	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202504/</a>
	The patient has symptoms of inattention, cognition changes, less focus and concentration (inattentive, absent mindedness), debilitating symptoms comparable to that which is seen in Parkinson's and HIV/AIDS.	<a href="https://www.apdaparkinsons.org/what-is-parkinsons/symptoms/personality-change/">https://www.apdaparkinsons.org/what-is-parkinsons/symptoms/personality-change/</a>	"Other reported therapeutic benefits included.... increased focus/concentration (9%)	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/</a>
INATTENTION				
INSOMNIA	The patient has insomnia, a debilitating symptom comparable to that which is seen in PTSD.	<a href="https://www.ncbi.nlm.nih.gov/pubmed/16800716">https://www.ncbi.nlm.nih.gov/pubmed/16800716</a>	"Nearly half (45%) reported relief from insomnia."	<a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/</a> <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3998228/</a>
IRRITABLE BOWEL SYNDROME	Irritable bowel syndrome and Crohn's are comparable in that they are both debilitating gastrointestinal disorders.	<a href="https://www.healthline.com/health/crohn-disease/crohn-s-ibd-uc-difference">https://www.healthline.com/health/crohn-disease/crohn-s-ibd-uc-difference</a>	"Cannabinoids activate two types of G-protein-coupled cannabinoid receptors: cannabinoid type 1 receptor and cannabinoid type 2 receptor. There has been ongoing interest and development in research to explore the therapeutic potential of cannabis.  [INCREMENT]-Tetrahydrocannabinol exerts biological functions on the gastrointestinal (GI) tract. Cannabis has been used for the treatment of GI disorders such as abdominal pain and diarrhea. The endocannabinoid system (i.e. endogenous circulating cannabinoids) performs protective activities in the GI tract and presents a promising therapeutic target against various GI conditions such as inflammatory bowel disease (especially Crohn's disease), irritable bowel syndrome, and secretion and motility-related disorders."	<a href="https://www.ncbi.nlm.nih.gov/pmc/ed/27792038">https://www.ncbi.nlm.nih.gov/pmc/ed/27792038</a>
		<a href="https://www.adaa.org/und">https://www.adaa.org/und</a>		

**IRRITABLE/DISTURBED BEHAVIORS**

The patient has significant irritability, a debilitating symptom comparable to that which is seen in PTSD.

[Understanding-anxiety/post-traumatic-stress-disorder-](#)

" [Synthetic THC] treatment decreased severity of disturbed behavior "

<https://www.ncbi.nlm.nih.gov/pubmed/9309469>

**Patient Signature**

I have read and understand the contents of this addendum.

**Florida's Boards of Medicine and Board of Osteopathic Medicine  
Medical Use of Marijuana Consent Form**

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian if the patient is a minor must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.

**a. The Federal Government's classification of marijuana as a Schedule I controlled substance.**

<hr/>	The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana even in states, such as Florida, which have modified their state laws to treat marijuana as a medicine.
<hr/>	When in the possession or under the influence of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

**b. The approval and oversight status of marijuana by the Food and Drug Administration.**

<hr/>	Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.
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**c. The potential for addiction.**

<hr/>	Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact Dr. Auld
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**d. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.**



_____	The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for “driving under the influence.”
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**e. The potential side effects of medical marijuana use.**

_____	Potential side effects from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body's immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia. There is substantial evidence of a statistical association between long-term cannabis smoking and worsening respiratory symptoms and more frequent chronic bronchitis episodes. Smoking marijuana is associated with large airway inflammation, increased airway resistance, and lung hyperinflation. Smoking cannabis, much like smoking tobacco, can introduce levels of volatile chemicals and tar in the lungs that may raise concerns about the risk of cancer and lung disease.
_____	I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.
_____	I agree to contact Dr.Auld if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact Dr. Auld if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

**f. The risks, benefits, and drug interactions of marijuana.**

_____	Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.
_____	Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact Dr. Auld immediately or go to the nearest emergency room.

_____	Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I agree to follow the directions of Dr. Auld regarding the use of prescription and nonprescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.
_____	Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact Dr. Auld immediately or go to the nearest emergency room if these symptoms occur.
_____	I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise Dr. Auld if I become pregnant, try to get pregnant, or will be breastfeeding.

**g. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.**

_____	<p><b>Cancer -</b></p> <ul style="list-style-type: none"> <li>• There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.</li> </ul> <p>There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.</p> <ul style="list-style-type: none"> <li>• There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.</li> </ul> <p>There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.</p>
_____	<p><b>Epilepsy –</b></p> <ul style="list-style-type: none"> <li>• There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.</li> </ul> <p>Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.</p>

	<p><b>Glaucoma –</b></p> <ul style="list-style-type: none"> <li>• There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.</li> </ul> <p>Lower intraocular pressure is a key target for glaucoma treatments. Nonrandomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as and or mucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.</p>
	<p><b>Positive status for human immunodeficiency virus –</b></p> <ul style="list-style-type: none"> <li>• There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.</li> </ul> <p>There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.</p>
	<p><b>Acquired immune deficiency syndrome –</b></p> <ul style="list-style-type: none"> <li>• There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.</li> </ul> <p>There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome</p>
	<p><b>Post-traumatic stress disorder –</b></p> <ul style="list-style-type: none"> <li>• There is limited evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder.</li> </ul> <p>A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.</p>
	<p><b>Amyotrophic lateral sclerosis –</b></p> <ul style="list-style-type: none"> <li>• There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.</li> </ul> <p>Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.</p>

	<p><b>Crohn's disease –</b></p> <ul style="list-style-type: none"> <li>• There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.</li> </ul> <p>Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease.</p>
	<p><b>Parkinson's disease –</b></p> <ul style="list-style-type: none"> <li>• There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa-induced dyskinesia.</li> </ul> <p>Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.</p>
	<p><b>Multiple sclerosis –</b></p> <ul style="list-style-type: none"> <li>• There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.</li> </ul> <p>Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.</p>
	<p><b>Medical conditions of same kind or class as or comparable to the above qualifying medical conditions –</b></p> <ul style="list-style-type: none"> <li>• The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.</li> <li>• The summary is attached to this informed consent as Addendum A.</li> </ul>
	<p><b>Terminal conditions diagnosed by a physician other than the qualified physician issuing the physician certification –</b></p> <ul style="list-style-type: none"> <li>• The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.</li> <li>• The summary is attached to this informed consent as Addendum A.</li> </ul>

	<p><b>Chronic nonmalignant pain –</b></p> <ul style="list-style-type: none"> <li>• There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.</li> </ul> <p>The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms.</p> <p>While the use of cannabis for the treatment of pain is supported by well-controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.</p>
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**h. That the patient's de-identified health information contained in the physician certification and medical marijuana use registry may be used for research purposes.**

	<p>The Department of Health submits a data set to The Medical Marijuana Research and Education Coalition for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.</p>
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	<p>I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that Dr. Auld has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana. Dr. Auld also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Auld informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.</p>
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**PART B: Ordering smokable marijuana for a terminal patient under 18.**

	<p>Initial here if you are not a terminal patient under 18 who will be receiving medical marijuana in a smokable form. After initialing here, complete part C.</p>
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	<p>If the patient is under 18, has a terminal condition, and will be receiving medical marijuana in a smokable form, please review and initial the remainder of Part B before completing Part C.</p>
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**Respiratory Health**

Exposures to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease.

Given the known relationships between tobacco smoking and multiple respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health, and some investigators agree that cannabis smoking may be even more harmful than that of tobacco smoking. Data collected from 15 volunteers suggest that smoking one cannabis joint can lead to four times the exposure to carbon monoxide and three to five times more tar deposition than smoking a single cigarette.

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### **Cognitive and Psychosocial Development**

Researchers are still studying the long-term health effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescence and young adulthood that the neural substrates that underlie the development of cognition are most active. Adolescence marks one of the most impressive stretches of neural and behavioral change with substantial protracted development in terms of both brain structure and function. As a result, cannabis and other substance use during this period may incur relatively greater interference in neural, social, and academic functioning compared to late developmental periods.

- There is moderate evidence of statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory and attention.
- There is limited evidence of statistical association between sustained abstinence from cannabis use and impairments in the cognitive domains of learning, memory and attention
- There is limited evidence of statistical association between cannabis use and impaired academic achievement and education outcomes
- There is limited evidence of a statistical association between cannabis use and increased rates of unemployment and/or low income.
- There is limited evidence of a statistical association between cannabis use and impaired social functioning or engagement in developmentally appropriate social roles.
- Less blood flow to parts of the brain

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### **Addiction**

Marijuana, like some other brain-altering substances, can be addictive. Nearly one in 10 marijuana users will become addicted. Starting to use marijuana at a younger age can lead to greater risk of developing a substance use disorder later in life. Adolescents who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder.

### **PART C: MUST BE COMPLETED FOR ALL MEDICAL MARIJUANA PATIENTS**

\_\_\_\_\_ I have had the opportunity to discuss these matters with the physician and to ask the questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that Dr. Auld has informed me of the nature of the recommended treatment, including, but not limited to any recommendation regarding medical marijuana.

**Dr. Auld also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Auld informed me of any alternatives to the recommended treatment, including the explained information in this consent form about the medical use of marijuana.**

Dr. Auld has explained the information in this consent form about the medical use of marijuana. Patient (print name): \_\_\_\_\_

I have explained the information in this consent form about the medical use of marijuana to \_\_\_\_\_(Print patient name).

64B8ER17-1 (64B8-9.018, F.A.C.)  
64B15ER17-1 (64B15-14.013, F.A.C.)  
DH-MQA-5026  
08/17

Patient signature or signature of the parent or legal guardian if the patient is a minor.

_____	_____
Patient Signature	Date

Qualified physician signature:

_____	_____
Qualified Physician Signature	Date

_____	_____
Witness: Signature	Date