



## TREATMENT AGREEMENT

Because we take our responsibilities to authorize and supervise the medical use of cannabis very seriously, we ask you to read, understand, and sign this form.

1. I have been made aware that cannabis laws vary in other countries and may be illegal, therefore patients Licensed Producer cannabis products should not be taken outside of Canada.
2. I request a Greenleaf Medical Clinic physician to sign a medical document for me under the Health Canada ACMPR legislation, so that I may legally use cannabis to treat my medical condition.
3. I agree to receive a medical document for cannabis only from **ONE** physician.
4. I agree to consume no more cannabis than the amount authorized for me by a Greenleaf Medical Clinic physician.
5. I understand that the distribution, sharing or sale of my cannabis with any other party is against the law.
6. I agree to the safe storage of my cannabis.
7. I am aware that taking cannabis with other substances, especially sedating substances, may cause harm and possibly even death. I will not use controlled substances that were prescribed by another doctor unless my Greenleaf Medical Clinic physician is aware of this.
8. I agree to testing (eg. urine drug screening) when requested by my physician.
9. I agree to have an office visit and medical assessment at least every 3 to 6 months.
10. I understand that Health Canada has provided access to cannabis by signed medical document from a physician for the treatment of certain medical conditions, but despite this, Health Canada has not approved cannabis as a registered medication in Canada. 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 cannabis.
11. I agree to communicate to my Greenleaf Medical Clinic physician, any experiences of altered mental status or possible medical side effects of the use of cannabis. I accept full responsibility for any and all risks associated with the use of cannabis. I am aware that my physician may discontinue authorizing cannabis for my condition if the medical or mental health risk or side effects are found to be unsafe.
12. I am aware that cannabis use is not advisable during pregnancy and breastfeeding. I agree to inform my Greenleaf Medical Clinic physician if I am pregnant.
13. I am aware that smoking any substance can cause harm and medical complications to my breathing. I will avoid smoking cannabis. I will avoid mixing cannabis with tobacco. I agree to use my cannabis only by vaporizer or as an edible product.
14. I understand that cannabis may alter my ability to drive safely or make important decisions. I agree to avoid driving, operating machinery, making important decisions, or activity alike for at least:
  - 4 hours after inhalation
  - 6 hours after ingestion of oils or edibles
  - 8 hours after any feeling of euphoria
  - longer than 8 hours if I feel intoxicated
15. As per the Health Canada ACMPR legislation, I agree to purchase my cannabis only from a licensed producer. I am aware that possession of cannabis from other sources is illegal.
16. Greenleaf Medical Clinic has the right to contact my licensed producer to obtain printed history of my cannabis purchases.
17. Following the terms of this contract is one of the conditions I must meet to access cannabis for treatment. I understand that if violated, my physician may stop authorizing the use of cannabis.
18. It is the patients responsibility to ensure that their authorization is renewed with a Greenleaf physician one-month prior to the expiry date . For patients who are cultivating their own medication, renewal should be done 4 months prior to expiry due to Health Canada wait times.
19. It is the patients responsibility to ensure that all product is kept in the original packaging from their Licensed Producer. If cultivating their own medication, a copy of the Health Canada issued license, should be kept in their wallet.

Patients printed name

Patients Signature

Parent/Guardian name

Parent/Guardian signature

*Required for patients under the age of 25 only.*

Date

Physicians Signature