



PATIENT INTAKE AND NOTICE OF PRIVACY PRACTICES PATIENT ACKNOWLEDGEMENT

Patient Name: _____

DOB: ___/___/___

Address: _____

City: _____ : State: _____ Zip Code: _____

Preferred method of contact. For internal use only.

Home Phone: _____ Morning Afternoon Evening

Cell Phone: _____ Morning Afternoon Evening

Email: _____

Registered Caregiver (if applicable): _____ Phone Number: _____

A Registered Caregiver is a person chosen by the patient to act as their agent in obtaining their medication at the dispensary. If you feel that you need a caregiver, please have them register for their card.

I understand, that under the Health Insurance Portability Act of 1996, I have certain rights to privacy in regard to my protected health information (PHI). I have received the Notice of Privacy Practices via Organic Remedies Website. Organic Remedies reserves the right to change the terms of its Notice of Privacy Practices. I understand Organic Remedies will provide a current Notice of Privacy Practices on their website.

Patient Signature: _____ Date: _____

Authorized Patient's Representative: _____

Relationship: _____

Signature: _____



Patient & Caregiver Purchase Disclosures

- Organic Remedies requires all patients new to medical marijuana therapy to receive a pharmacist consult and encourage all patients new to our location to also receive a consult with our pharmacists. However, if you have received a consult with a pharmacist at another location prior to visiting us, you may opt to waive a consult and purchase product. Our pharmacists are always available for follow-up consults as needed to help you maximize therapy.
_____ I am a new patient/caregiver and require a pharmacist consult.
_____ I certify that I/we have received a pharmacist consult at _____ and wish to only purchase product.
- Patient/Caregiver agrees not to open or consume medical marijuana within 1000 feet of the facility or in any other place prohibited by law and medical marijuana must be kept in the original packaging with all labels intact. Management recommends that you open your medical marijuana in private, at home or in a similar environment.
- Under the law of the Commonwealth of Pennsylvania, I understand that I am not immune from the imposition of any civil, criminal, or other penalties for:
 - Operating, navigating, or being in physical control of any motor vehicle, boat, or aircraft while under the influence of medical marijuana.
 - Consumption of medical marijuana in any public place
 - Consumption of medical marijuana in a motor vehicle
 - Undertaking any task under the influence of medical marijuana when doing so would constitute negligence or professional malpractice.
- It is unlawful for anyone other than the Patient/Caregiver to possess or use medical marijuana. I understand it is illegal to divert, transfer, sell, or give this or any medical marijuana products to anyone other than the Patient/Caregiver to whom it was dispensed. I agree to keep all medical marijuana away from children, other than the patient.
- It is unlawful under Federal Law, to possess, use manufacture or distribute Marijuana. I understand obtaining medical marijuana under Pennsylvania Law and regulations does not exempt me from Federal prosecution, under the laws and penalties provided by the Federal government.
- I understand that scientific research has not established the safety of medical marijuana use by pregnant women and nursing mothers.
- The FDA Center for Drug Evaluation and Research ensures drugs marketed in the United States are safe and effective. Because Medical marijuana remains a Schedule 1 substance under the Controlled Substance Act, it has not received FDA approval. I understand the use of medical marijuana to treat a medical condition is not yet approved by the U.S Food and Drug administration.

I confirm I have read, understand, acknowledge, and affirm the above statements. My initials beside each line and signature below document my upstanding and acknowledgement of this information.

(Signature)

(Date)

(Print Name)