

FULL NAME: \_\_\_\_\_

CANNABIS CARD ID: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU A SENIOR (65+)?  YES  NO

ARE YOU A MILITARY VETERAN?  YES  NO

PREFERRED NAME (OPTIONAL): \_\_\_\_\_

PRONOUNS (OPTIONAL): \_\_\_\_\_

## CONTACT INFORMATION

PHONE NUMBER: \_\_\_\_\_

HOME

CELL

IS YOUR ADDRESS THE SAME AS THE ONE LISTED ON YOUR THERAPEUTIC CANNABIS CARD?  YES  NO

ADDRESS (ONLY IF ANSWERED NO ABOVE): \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

WOULD YOU LIKE TO RECIEVE DIRECT MAIL FROM US?  YES  NO

EMAIL ADDRESS: \_\_\_\_\_

WOULD YOU LIKE TO RECIEVE EMAILS FROM US?  YES  NO

CONTACT INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR GRANITELEAF COMMUNICATIONS ONLY

## OPTIONAL INFORMATION

HEALTH CONDITIONS/ SYMPTOMS: \_\_\_\_\_

MEDICATIONS/ SUPPLEMENTS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

ARE YOU EXPERIENCED WITH CANNABIS?  VERY  A LITTLE  NO

ARE YOU INTERESTED IN SCHEDULING AN APPOINTMENT WITH ONE OF OUR PATIENT EDUCATORS?  YES  NO

FOR OFFICE USE ONLY: STAFF INITIALS: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PATIENT ACKNOWLEDGMENTS AND AGREEMENTS

***I acknowledge that I have read and been offered a copy of the following documents:***

- Therapeutic Cannabis Program Patient Agreement
- Acknowledgment of Disclosure and Assumption of Risk Agreement
- Notice of Privacy Practices

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*IF NOT FILLED OUT BY THE PATIENT, AUTHORIZED PATIENT'S REPRESENTATIVE:*

**FULL NAME:** \_\_\_\_\_ **RELATIONSHIP TO PATIENT:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## OPTIONAL PRIVACY RELEASE

**GraniteLeaf Cannabis will not release a patient's Protected Health Information (PHI) without a HIPAA privacy release on file. A patient may restrict or revoke this release at any time by contacting GraniteLeaf Cannabis. If no end date is listed, this release will remain active.**

Protected Health Information includes:

- Purchase history
- Feedback about products, including benefits, side effects, and dosing
- Educational materials
- Health conditions, symptoms, and medications

If you would like GraniteLeaf Cannabis to be able to communicate with an individual (doctor, partner, family member, friend) or entity (hospital, nursing home), please fill out the information below:

**I, (FULL NAME PRINTED) \_\_\_\_\_, GIVE MY CONSENT TO GRANITELEAF CANNABIS FOR MY PROTECTED HEALTH INFORMATION (PHI) TO BE RELEASED TO THE FOLLOWING:**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**IF YOU WANT AN END DATE TO THE RELEASE, OR IF THERE IS ANY INFORMATION YOU WOULD PREFER GRANITELEAF CANNABIS NOT RELEASE, PLEASE LIST THIS HERE:** \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## THERAPEUTIC CANNABIS PROGRAM PATIENT AGREEMENT

### **I agree that the following statements are true and accurate:**

I am registered with and understand the requirements of the State of New Hampshire's Therapeutic Cannabis Program.

I agree to strictly comply with the regulations, terms and conditions of the State of New Hampshire's Therapeutic Cannabis Program including, but not limited to, ensuring that no Therapeutic Cannabis obtained by me shall be used for any other purpose than as directed by my certifying physician and such therapeutic cannabis is not resold, distributed, or otherwise possessed or used by any other person.

I have been advised of the possible risks and side effects associated with using Therapeutic Cannabis by my certifying physician and have decided to assume such risks.

If I start using Therapeutic Cannabis, I agree to tell my physician if I experience any one or more of the following:

- Start to feel sad or have crying spells
- Have changes in my normal sleep patterns
- Lose my appetite
- Become more irritable than usual
- Become unusually tired
- Withdraw from my family and friends
- Lose interest in my usual activities
- Any other side effects including but not limited to those listed in the Acknowledgment of Disclosure and Assumption of Risk Agreement

In the event that I experience a severe adverse reaction, I agree to immediately contact my physician. In the event that my physician is not available, I agree to call 911 for help.

I agree to tell my physician if I have ever had symptoms of schizophrenia, bipolar disorder, psychotic episodes or have attempted suicide. I also agree to tell my physician if I have ever been prescribed or taken medication for any of these conditions. I acknowledge that the risks of using Therapeutic Cannabis under these circumstances could be severe.

I understand that GraniteLeaf Cannabis does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.

I am not pregnant, intending to become pregnant, or breastfeeding.

***I certify that I have read this Therapeutic Cannabis Program Patient Agreement and declare that the information contained herein is true, correct, and complete.***



## ACKNOWLEDGMENT OF DISCLOSURE AND ASSUMPTION OF RISK AGREEMENT

This Acknowledgment of Disclosure and Assumption of Risk Agreement has been prepared to provide you with information regarding the risks and side effects of using Therapeutic Cannabis. It is important that you read this information carefully and completely. Please discuss any questions you may have with the dispensary technician or your certifying physician. Once you have read and understand the attached information, and have had any questions addressed to your satisfaction, please sign and date the Acknowledgment of Disclosure and Assumption of Risk Agreement.

**Do not sign this Agreement and do not use Therapeutic Cannabis if you have questions about or do not understand the information you have received or are not willing to assume all the risks that may be associated with Therapeutic Cannabis use or possession.**

### RISKS AND SIDE EFFECTS OF THERAPEUTIC CANNABIS USE

Possession or use of this product is unlawful in many U.S. states and prohibited by federal law.

Therapeutic Cannabis may have intoxicating effects and has not been analyzed or approved by the United States Food and Drug Administration (FDA) and was produced without FDA oversight for health, safety, or efficacy. Therapeutic Cannabis may contain unknown quantities of active ingredients, impurities, or contaminants.

The efficacy and potency of therapeutic cannabis may vary widely depending on the Therapeutic Cannabis cultivar and ingestion method.

If Therapeutic Cannabis is smoked or vaporized: Smoking may be hazardous to your health. Therapeutic Cannabis smoke contains carcinogens and may lead to an increased risk of cancer, tachycardia, hypertension, heart attack, birth defects, brain damage, and lung disease.

If Therapeutic Cannabis is eaten or swallowed: When products infused with therapeutic cannabis or active compounds of therapeutic cannabis are eaten or swallowed, the intoxicating effects of this drug may be delayed by two or three hours or more.

The scientific basis for the medical use of Therapeutic Cannabis has not been established. There is little known information regarding how Therapeutic Cannabis may or may not react with other pharmaceutical or herbal medications.

Some patients can become dependent on Therapeutic Cannabis. This means they experience withdrawal symptoms when they stop using Therapeutic Cannabis. Signs of withdrawal symptoms can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite.

Some users can develop a tolerance to Therapeutic Cannabis. This means higher and higher doses are required to achieve the same symptom relief.

The possibility exists that Therapeutic Cannabis may exacerbate schizophrenia or bipolar disorder in persons predisposed to those disorders.

Women should not consume Therapeutic Cannabis products while planning to become pregnant, during pregnancy, or while breast feeding, except on the advice of the certifying health practitioner, and in the case of breastfeeding mothers, on the advice of the infant's pediatrician. Keep out of the reach of children and pets.

Using Therapeutic Cannabis while under the influence of alcohol is not recommended.

The use of Therapeutic Cannabis may affect coordination, cognition, and judgment. While under the influence of Therapeutic Cannabis, do not drive, operate machinery, or engage in potentially hazardous activities.

Please note that Therapeutic Cannabis will degrade over time.

Symptoms of Therapeutic Cannabis overdose include, but are not limited to, nausea, vomiting, and disturbances to heart rhythm.

There is limited information on the side effects of using Therapeutic Cannabis, and there may be associated health risks. Side effects of Therapeutic Cannabis can include, but are not limited to:

- Memory loss
- Anxiety/Nervousness
- Dry mouth
- Irregular/Increased heartbeat
- Sexual impotence
- Numbness
- Low blood pressure
- Agitation
- Confusion
- Headache/Nausea/Vomiting
- Sedation/slower reaction time/Inability to concentrate
- Hunger/Loss of appetite
- Dizziness/Impairment of motor skills
- Cough/Bronchitis/Shortness of Breath
- Dependency
- Poor physical condition
- Depression
- Impaired vision
- Feelings of euphoria
- Laryngitis/Bronchitis/General Apathy
- Drowsiness/Fatigue/Abnormal sleep
- Paranoia/Psychotic Symptoms
- Suppression of immune system

***I certify that I have read the above Acknowledgment Disclosure and Assumption of Risk Agreement and I fully understand any potential risks and side effects related to the use of Therapeutic Cannabis. I fully accept responsibility and assume any risks associated with the use of Therapeutic Cannabis. I further hold harmless and release GraniteLeaf Cannabis of any liability related to any risks.***



# NOTICE OF PRIVACY PRACTICES

**This notice informs how health information about you may be used and disclosed and how you can get access to this information. Please review this carefully.**

We at GraniteLeaf Cannabis are required by law to maintain the privacy of Protected Health Information ("PHI") and to provide you with notice of our legal duties and privacy practices with respect to PHI. References to "GLC," "we," "us," or "our," include GraniteLeaf Cannabis for purposes of compliance with the Health Insurance Portability and Accountability Act ("HIPAA"). GraniteLeaf Cannabis, its employees, and workforce members who are involved in providing and coordinating health care are all bound to follow the terms of this Notice of Privacy Practices ("Notice").

PHI is information that may identify you and relates to your past, present, or future physical or mental health or condition, the provision of health care products and services to you or payment for such services. This Notice describes how we may use and disclose PHI about you, as well as how you obtain access to such PHI. This Notice also describes your rights with respect to your PHI. We are required by HIPAA to provide this Notice to you. GraniteLeaf Cannabis is required to follow the terms of this Notice or any change to it that is in effect. We reserve the right to change our practices and this Notice and to make the new Notice effective for all PHI we maintain. If we do so, an updated Notice will be available and upon request, we will provide any revised Notice to you.

## HOW WE MAY USE AND DISCLOSE YOUR PHI

**The following categories describe different ways that we may use and disclose your PHI. These are certain examples, and not every permissible use or disclosure will be listed in this Notice. Note that some types of PHI, such as HIV information, genetic information, alcohol and/or substance abuse records, and mental health records may be subject to special confidentiality protections under applicable state or federal law and we will abide by these special protections.**

### **Uses and Disclosures of PHI That Do Not Require Your Prior Authorization**

Unless prohibited by federal or state laws that require special privacy protections, we may use and disclose your PHI for treatment and health care operations without your prior authorization as follows:

- **Treatment:** We may use and disclose your PHI to provide and coordinate the treatment, medications, and services you receive. For example, we may disclose PHI to pharmacists, doctors, nurses, technicians, or other personnel involved in your healthcare. We may also disclose your PHI with other third parties, such as other dispensary facilities, pharmacies, hospitals, or other healthcare agencies to facilitate the provision of healthcare services, medications, equipment and supplies you may need.
- **Health Care Operations.** We may use and disclose your PHI for our health care operations. Health care operations are activities necessary for us to operate our health care facility. For example, we may use your PHI to monitor the performance of the staff and pharmacists providing treatment for you. We may also use your PHI as part of our efforts to continually improve the quality and effectiveness of our products and services we provide. We may analyze your PHI to improve the quality and efficiency of our facility to assess and improve outcomes for health care conditions. We may use your PHI to create de-identified data, which is stripped of your identifiable data and no longer identifies you.

**GraniteLeaf Cannabis may also use and disclose your PHI without your prior authorization for the following purposes:**

- **Business Associates.** We may contract with third parties to perform certain services for us, such as computer software technicians, who may need access to your PHI to perform services for us. These Business Associates are required by contract and law to protect your PHI and only use and disclose it as necessary to provide their services for us.
- **Personal Representative.** A personal representative is a person that has authority by law to make health care decisions for you. We will treat this person the same way we would treat you with respect to your PHI.
- **Public Health.** We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. In certain circumstances, we may also report work-related illnesses and injuries to employers for workplace safety purposes.
- **Law Enforcement.** We may disclose your PHI for law enforcement purposes as required or permitted by law. For example, in response to a subpoena or court order, in response to a request from law enforcement, and to report limited information in certain circumstances. As Required by Law. We will disclose your PHI when required to do so by federal, state, or local law.
- **Judicial and Administrative Proceedings.** If you are involved in a lawsuit or legal dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to first tell you about the request or to obtain an order protecting the information requested.
- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose your PHI to coroners or medical examiners so they can carry out their duties. This may be necessary to identify a deceased person or to determine the cause of death. We may also disclose your PHI to funeral directors consistent with applicable law to enable them to carry out their duties.
- **Correctional Institution.** If you are or become an inmate of a correctional institution, we may disclose to the institution, or its agents, PHI necessary for your health and the health and safety of other individuals.
- **To Avert a Serious Threat to Health or Safety.** We may disclose and use your PHI when necessary to prevent a serious threat to your health and safety or health and safety of the public or another person.
- **National Security.** We may release PHI about you to federal officials for intelligence, counterintelligence, protection of the President, and other national security activities authorized by law.
- **Victims of Abuse or Neglect.** We may disclose PHI about you to a government authority if we reasonably believe you are a victim of abuse or neglect. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent serious harm to you or someone else.

**Uses and Disclosures of PHI That Require Your Prior Authorization**

- **Specific Uses or Disclosures Requiring Authorization.** We will obtain your written authorization for the use or disclosure of research projects, marketing, and for the sale of PHI, except in limited circumstances where applicable law allows such uses or disclosure without your authorization.
- **Other Uses and Disclosures.** We will obtain your written authorization before using or disclosing your PHI for purposes other than those described in this Notice or otherwise permitted by law. You may revoke an authorization in writing at any time. Upon receipt of the revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

## Your Health Information Rights

- **Obtain a paper copy of the Notice upon request.** You may request a copy of our current Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled a paper copy. You may obtain a paper copy at this site.
- **Request a restriction on certain uses and disclosures of PHI.** You have the right to request additional restrictions on our use or disclosure of your PHI by sending a written request to our address. We are not required to agree to the restrictions, except in the case where the disclosure is for purposes to carry out payment and is not required by law.
- **Inspect and obtain a copy of PHI.** With a few exceptions, you have the right to access and obtain a copy of the PHI that we maintain about you. To obtain or inspect a copy of your PHI, you must send a written request to our office. You may ask us to send a copy of your PHI to other individuals or entities that you designate. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed.
- **Request an amendment of PHI.** If you feel that PHI we maintain about you is incomplete or incorrect, you may request that we amend it. To request and amendment, you must send a written request to our facility and include a reason that supports your request. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it.
- **Request communications of PHI by alternative means or at alternative locations.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For instance, we may request that we contact you at a different residence or via e-mail or other electronic means. Please note that if you choose to receive communications from us via e-mail or other electronic means, those may not be a secure means of communications and your PHI that may be contained in our e-mails to you will not be encrypted. This means that other unauthorized third parties may intercept our read your PHI in these electronic communications. To request confidential communication of your PHI, submit a request stating how or where you would like to be contacted. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested, we may contact you using the information we have.
- **Notification of a Breach.** You have the right to be notified following a breach of your unsecured PHI, and we will notify you in accordance with applicable law.

**Effective Date. This Notice of Privacy Practices is effective as of November 29, 2023**