

PATIENT RELEASE AND ACKNOWLEDGEMNT

I, (name) _____, living at (address) _____

_____ understand and acknowledge that:

(Initial each item below)

_____ The purpose of my visit to MedMar Medical LLC (henceforth "MedMar ") is for a consultation with the attending physician and the evaluation of my medical history and medical records which I have brought with me or have had sent to MedMar. This consultation and medical record review, I believe, should allow the attending physician at MedMar to determine if I qualify for a Letter of Recommendation for the medical use of marijuana pursuant to Massachusetts laws and regulations.

_____ I consider my medical condition to be debilitating and that this condition is progressing to an extent that one or more my major life activities are substantially limited.

_____ My attending physician, staff, agents and/or representatives of MedMar are (i) not providing, dispensing, nor encouraging me to obtain or secure medical marijuana, and (II) are not providing information regarding dispensaries, treatment centers, or any other methods of obtaining or securing medical marijuana.

_____ Should I be able to obtain a Letter of Recommendation for my medicinal use of marijuana, there shall be an expiration date specified by the attending physician. It is entirely my responsibility to see an attending physician at MedMar to assess the possible continuance of medical marijuana use beyond the expiration date of the Letter of Recommendation. When under the influence and/or in possession of cannabis in public, the original copy of the Letter of Recommendation shall be on my person at all times, if I am issued one.

_____ My attending physician or the staff at MedMar is addressing specific aspects of my medical care and, unless otherwise stated in writing, is in no way whatsoever establishing themselves as my primary care or primary specialty care physician or health care provider. All medical information that I have provided is accurate.

_____ I acknowledge that MedMar has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana. I acknowledge that MedMar informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. I acknowledge that I have received and reviewed a copy of a MedMar form entitled "Medical Marijuana Benefits and Risks". I further acknowledge that I am aware and have been advised of the potential side effects and risks of the short term and long term use of medical marijuana. I have had the opportunity to discuss all matters that I wished to discuss related to the use of medical marijuana with the attending physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified.

_____ I have reviewed the privacy policies on the website of MedMar and understand that no confidential information will be released without my consent unless required by the due process of law. I do, however, authorize MedMar to reveal my medical condition and the contents of this letter for verification and authentication purposes with the requisite government or licensed authorities.

_____ I acknowledge that the federal government has classified marijuana as a Schedule I controlled substance having a high potential for abuse, with no accepted medical use and 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 Massachusetts, which have modified their state laws to treat marijuana as a medicine. Furthermore, 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 standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, can vary in potency, impurities, contaminants, and substances in addition to medically active components.

_____ I understand that using marijuana while under the influence of alcohol is not recommended under any circumstances. I shall under no circumstances drive a car or operate machinery while under the influence of medical marijuana. I understand that if I am stopped by a traffic control officer, I can be arrested for the offense of "Driving under the Influence" ("DUI"). Cannabis will be treated as would an open container of alcohol. It will not be within reach in the car, and will not be extinguished in the vehicles ash tray.

_____ I acknowledge that I will not smoke cannabis with 1000 feet of a school or day care center. I shall primarily use medical marijuana in privacy.

_____ I further agree that if I elect to use medical marijuana I will use it strictly for the treatment of my authorized medical condition and will be at my sole discretion. If I elect to use medical marijuana, I hold MedMar and its staff and agents free of and harmless from any responsibility for any harm resulting to me or others as a result of my use. I further acknowledge that this Letter of Recommendation is not a Prescription and my use of medical marijuana is entirely my responsibility and is my voluntary act.

_____ I agree to immediately cease using medical marijuana and to contact MedMar if I experience any of the side effects identified in the "Medical Marijuana Benefits and Risks" form that I acknowledge receipt of and reviewed. I will also contact MedMar 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.

_____ If MedMar subsequently learns that the information I have furnished is false or misleading, the recommendation for marijuana shall no longer be valid. I agree to promptly meet with MedMar and/or provide additional information in the event of any inaccuracies or misstatements in the information I have provided.

_____ I acknowledge that the office visit, review of my records, and the issuance of a Letter of Recommendation, and any Application to the Massachusetts Department of Health is or may be subject to published fees that are not covered by health insurance. I agree to pay the latest published fees at the time of my appointment. If I require and request a renewal of my Letter of Recommendation I will pay the fees published at that time.

_____ I am not on probation or have legal matters pending for a drug or marijuana related offense.

_____ I acknowledge that the certifying physician may utilize the Massachusetts Prescription Monitoring Program prior to issuance of the Letter of Recommendation.

_____ I acknowledge that I am not an agent of law enforcement, for the local, state or federal government and here for the purpose of investigation or entrapment. I acknowledge that I am not a member of the media or press and that all communication is strictly confidential. I acknowledge that I am not recording any portion of my visit with MedMar nor do I possess any recording equipment. I understand MedMar does not approve such action.

_____ I hereby authorize MedMar to verify my patient status to recognized legal authorities should I be detained by such authorities related to my possession or use of medical marijuana.

_____ (Females only) If I am of child bearing age and become pregnant, I will discontinue use as continued use may be detrimental to the fetus.

I agree with each of the statements above as evidenced by my initials and sign voluntarily.

Patient Signature: _____ Date: _____