Patient Information

Name

Phone #

Vermont Marijuana Registry #

EXP DATE

Email

Vermont License/Non-Driver ID#

EXP DATE

Address

Mailing Address

City/Town

City/Town

Zip Code

Zip Code

Caregiver Information

Name

Phone #

Vermont Marijuana Registry #

EXP DATE

Email

Vermont License/Non-Driver ID#

EXP DATE

Address

Mailing Address

City/Town

City/Town

Zip Code

Zip Code

*TO BE ELIGIBLE FOR DELIVERY SERVICES, YOU MUST PROVIDE US THE PHYSICAL ADDRESS THAT IS ON FILE AT THE VERMONT MARIJUANA REGISTRY(VMR). TO CHANGE YOUR INFORMATION WITH THE STATE, YOU MUST PROVIDE WRITTEN NOTICE OF CHANGES TO THE VMR.

Dept. of Public Safety
Medical Marijuana Registry
45 State Drive , Waterbury, VT 05671
DPS.MJRegistry@vermont.gov • 802.241.5115

Please Read and Initial the Following Statements of Understanding

_____ I am a registered patient or caregiver with VT Marijuana Registry

_____ I agree to notify Grassroots Vermont IMMEDIATELY in case of status changes to my Vermont Medical Marijuana License.

_____ I understand the health risks of cannabis therapy.

_____ I release and indemnify Grassroots Vermont from any damages arising from my use or possession of medical Cannabis.

_____ I understand that I am not protected from federal prosecution.

_____ I agree not to transport medical cannabis outside the state of Vermont.

_____ I agree to not release transfer or sell medical cannabis to any other person.

_____ I have read and agree with the HIPAA policies and practices of Grassroots Vermont.

_____ I have read and agree with these terms as a condition of purchasing cannabis products from Grassroots Vermont.

_____ I have included clear photocopies of my valid Vermont Marijuana Registry card and a valid VT ID, Military ID, or US issued passport.

Communication Authorization

I, _____ authorize Grassroots Vermont to communicate with me through electronic means, U.S. mail or voicemail. I understand that I can opt out this agreement at any time by notifying Grassroots Vermont or the Department of Public Safety Marijuana Registry.

I have no connection or affiliation with the DEA or any other federal agency. My sole intent in visiting Grassroots Vermont is to purchase medical marijuana for symptom relief.

_____ _____

Signature Date

Health Insurance Portability and Accounbtability (HIPAA)

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. We believe that all medical and other health information is private and should be protected. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' health information, whether electronic, written, or oral. The Security Rule, Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

What information is protected?

Information your doctors nurses and other health care providers put in your medical record. Conversations you doctor has about your care or treatment with nurses and others. Billing information about you. Most other health information about you held by those who must follow these laws.

How is the information is protected?

Covered entities must put in place safeguards to protect your health information. Covered entities must reasonably limit uses and disclosures to the minimal necessary to accomplish their intended purpose. Covered entities must have contracts in place with their contractors and others ensuring that they use and disclose your health information properly and safeguard it appropriately. Covered entities must have procedures in place to limit who can view and access your health information as well as implement training programs for employees about how to protect your health information

Who can look at and receive your health information?

The Privacy Rule regulates the limits of who can look at and receive your health information. To make sure your health information is protected in a way that does not interfere with your health care, your information can be used or shared: •For you treatment and care coordination •With your family, relatives, friends, or others you identify as being involved in your health care-unless you object. •To make sure doctors provide quality care. •To protect public health. Such as by reporting when the flu is in your area. Your health information cannot be used or shared without your written permission unless this law allows it. For example, your employer generally cannot: •Give your information to your employer •Use or share your information for marketing purposes. •Share private notes about your health care. •Grassroots Vermont follows all HIPAA guidelines in order to provide you with safe, private, and secure service

Policies

Your client information will be kept confidential unless to comply with state law. This specifically includes the sharing of information with other licensed producers and the administrators of the Vermont Marijuana Program. Client files will be stored in locked files and will not contain any coding which identifies a client's condition or information that is not already a matter of public record. Grassroots Vermont will send you regular mail and email updates regarding changes of policy, services offered, and products available. Grassroots Vermont, conducts business with a number of vendors. In the normal conduct of business, these vendors may have access to protected health information and they all are bound and agree to abide by HIPAA rules and regulations. Your confidential information will not be used for the purposes of marketing or advertising of non-supported third party products goods or services. It may be accessed for non-identifying data collection and analysis for the purpose of internal program evaluations. You will have access to your client records in accordance with state regulations, within a reasonable timeframe. Grassroots Vermont reserves the right to refuse service to anyone for conduct deemed aggressive or abusive by any employee of Grassroots Vermont. We reserve the right to modify these policies to serve the needs of Grassroots Vermont and its clientele.