Overview, Policies & Procedures

Note: If you are presently taking medications for Seizures, PTSD, Cancer, Blood thinners, or Pain Medications, you NEED to inform your treating physicians that you will be using medicinal cannabis because at times it can affect the blood levels of the present medications you are taking, especially if you decide to use medicinal cannabis in the edible form (i.e. forms of use, quantity, frequency, or combinations of medications may determine how cannabis effects you).

- We evaluate and recommend patients to the New Jersey Medical Marijuana Program who suffer from the medical conditions approved by the state for Medical Marijuana treatment and have either responded poorly or not at all to reasonable conventional medical approaches
- IMPORTANT: All patients are required to bring their required documents at the time of their appointment. If you fail to bring all required documents we will not evaluate or initiate your registration process.
- It is important that patients inform the doctor at the time of their initial visit and on every follow up visit of the other medications they are taking. This is especially important if the patient is taking medication for pain, chemotherapy, or blood thinners as medical cannabis may interact with these types of medications. The patient must also be sure to inform their physicians who are prescribing other medications that they are participating in the Medical Marijuana program so that those physicians may monitor and possibly adjust the other medication doses.
- CAUTION: medical cannabis may have synergistic and added effects when combined with other medications, alcohol, and or supplements. Patients must consult with their prescribing and treating physicians prior to consumption of any form of medical cannabis (see information section above on drug interaction).
- If it comes to the attention of the doctor that a patient is purchasing any cannabis outside of the dispensary (on the street, online, out of state, mail order etc.) the patient will be automatically discharged from this practice. The dispensaries are there to ensure the patients safety in regards to the medicinal use of cannabis, strains, mode of use, etc.
- PATIENTS WITH PTSD, who are on medication for their PTSD, must have their treating physician approve their use of medical cannabis.
- Patients must bring updated medical records for their 2 year renewal with the state if either their condition or their treatment(s) have changed.
- Patients who qualify under the State's guidelines for medicinal marijuana must first try a full spectrum of treatments BEFORE they contact our practice. Examples of treatments include surgery, medication, Physical Therapy, pain management when applicable
- If in the doctors opinion a patient has not made an earnest attempt to try alternative treatments the patient will not pass the doctor's evaluation for admittance to the program.
- Upon any renewal period if the doctor feels that the patient may be using medicinal cannabis in a nonmedicinal manner, the patient will not be renewed and will be referred elsewhere, regardless of the length of time that the patient has been in the program.
- Any patient transferring to PremierMD MUST provide medical proof that qualified them with the other practice regardless of whether they already have a MMC Card.

- Please do not call our practice to schedule your appointments. All appointments are scheduled through our online scheduling system.
- Patients are strongly recommended to review our policies and the NJMMP guidelines before contacting our practice.
- There is an approximate waiting period of 30 BUSINESS DAYS for your card after the state has received all of the required documents from our practice.
- There will be no refunds of any fees charged for the medical consultations.
- It is your responsibility to follow up with the State 30 Business days after being issued the Attending Physician's Statement. If you do not receive communication via email or telephone after the first 30 business days, you may contact them. The telephone number to reach the State Program is (609)292-0424
- Patients with caregivers must add an additional 14 days for state registration.
- Any court request regarding the use of medical cannabis, must be faxed to 908 941 2715. If approved by the patient, we will supply the physician statement, medical treatment notes.
- Patients should inform their primary physicians and specialists that they are on medical cannabis.
- We are NOT a diagnostic or treatment center. We only evaluate and help qualified patients register for the state of New Jersey Medical Marijuana Program (Patients are required to follow up with their treating/diagnosing physician).
- In order to stay active within the state program and be able to make purchases at the dispensary patients need to be re-evaluated by the doctor within every 90 day period. According to New Jersey State guidelines, if a patient does not follow up to be re-evaluated by the doctor within a 90 day period they will still remain registered in the NJMMP however they will not be able to make purchases at the dispensary until they are re-evaluated. Patients who skip follow up visits may be discharged from the practice at the doctor's discretion and be directed to the NJMMP list of providers to seek the care of another NJMMP physician
- Cannabis is not known as a cure, treatment, or diagnostic tool for any particular disease or medical condition and should not be combined with alcohol.
- Cannabis should be used with caution when taken in conjunction with pain medications.
- Potential dependence on cannabis is possible and signs of dependence should be reported to the doctor
- Patients must carry their Medical Marijuana Program (MMP) card and state ID card at all times.
- Patients must keep medical marijuana (MMJ) in original labeled packaging.
- MMJ shall not be shared or redistributed
- Possession of paraphernalia is permitted when used for the purpose of consuming MMJ
- Growing cultivating or possessing a Cannabis plant is NOT allowed.
- Medical Marijuana cannot be acquired from any source other than a state approved dispensaries, <u>Alternative Treatment Center (ATC)</u>.
- Medical Cannabis may NOT be taken across state lines

- Patients are NOT allowed to consume Medical Cannabis in a school bus, public transportation, or in a private vehicle while in operation.
- Please refer to the New Jersey Medical Marijuana program rules and conditions: <u>https://njmmp.nj.gov/njmmp/</u>
- PATIENTS ARE STRONGLY ADVISED TO USE CAUTION AND CONSULT WITH THEIR TREATING PHYSICIAN REGARDING MEDICAL CANNABIS USE IN CONJUNCTION WITH PRESCRIBED MEDICATIONS TO AVOID ANY SYNERGISTIC ADDITIVE EFFECTS

Attention to all female patients:

- If you are pregnant, the certification will not be renewed until AFTER your delivery unless an OBGYN writes a note stating they are aware and clearly state that it is their opinion that the benefits of medical cannabis use outweigh the potential risks of its use during your pregnancy and breastfeeding if applicable.
- If you are Breastfeeding you will also NOT be renewed in the program until you are COMPLETELY done Breastfeeding.
- Pregnant women should COMPLETELY stop the use of medical cannabis during both pregnancy and breastfeeding and will not be renewed in the program.

CONTACTING US:

- Our staff and the doctor can be reached at (908) 450 7002, by our online portal through <u>www.MyPremierMD.com</u>. Appointments can be scheduled online via the same website.
- Email is not a HIPPA-compliant medium for transmitting sensitive Patient Health Information and we do not recommend using email for health and treatment related inquiries.

Patient Guidelines for Interaction with our Staff

- Patients are NOT to solicit staff or the Doctor with marketing, business opportunities, patient referrals or any other unrelated non-medical topics. Visits are for medical purposes only and solicitation of our Staff is strictly prohibited. Thank you.
- Additionally our patients should understand that we do not discuss strains or the specifics of marijuana.
- The dispensary discusses strains and specifics of cannabis, while we focus on dosage.

I certify that I have fully read and understood this document, Overview, Policies and Procedures, and agree to abide by my Patient responsibilities, and understand that failure to do so may lead to me being discharged from PremierMD, LLC.

Signature

Date

If you would like to be provided with a copy of any of the documents you are signing today, please ask our staff and a copy will be generated for you

Medical Marijnana Acknowledgement of Disclosure and Informed Consent

Please read each item below and initial in the space provided to indicate that you understand and agree with the information regarding the risks and side effects of using Medical Marijuana. Do not sign this agreement and do not use Medical Marijuana if you have questions about or do not understand the information you have received. Please tell us if you do not understand any of the information provided.

I am being evaluated for a physician's order for Medical Marijuana. The physician will make this order based, in part, on the medical information I have provided. I hereby acknowledge that I have not misrepresented my medical condition to obtain this recommendation and it is my intent to use Medical Marijuana only as needed for the treatment of my medical condition, not for recreational or non- medical purposes. I understand that it is my responsibility to be informed regarding state and federal laws regarding the possession, use, sale/purchase and/or distribution of Medical Marijuana. I have been informed of and understand the following:

I understand that possession or use of Medical Marijuana is unlawful under Federal law and	
outside of the state of New Jersey. I also understand that possession or use of Medical	
Marijuana is unlawful within the state of New Jersey if not recommended for medical purposes	
by a licensed medical doctor with the legal ability to do so	
Certain forms of Medical Marijuana may have intoxicating effects and has not been analyzed or	
approved by the United States Food and Drug Administration and was produced without FDA	
oversight for health, safety, or efficacy. Medical Marijuana may contain unknown quantities of	
active ingredients, impurities, or contaminants.	
The efficacy and potency of Medical Marijuana may vary widely depending on the strain and	
ingestion method.	
If Medical Marijuana is vaporized: Such use may be hazardous to your health. Medical	
Marijuana contains carcinogens and can lead to an increased risk for cancer, tachycardia,	
hypertension, heart attack, birth defects, brain damage, and lung disease.	
If Medical Marijuana is eaten or swallowed: This product has been infused with cannabis or	
active compounds of cannabis. When eaten, or swallowed, the intoxicating effects of this drug	
may be delayed by two or three hours or more.	
There is limited information on the side effects of using Medical Marijuana, and there may be	
associated health risks.	
Symptoms of Medical Marijuana overdose include but are not limited to nausea, vomiting and	
disturbances to heart rhythm.	
For some patients, chronic Medical Marijuana usage can lead to laryngitis, bronchitis, and	
general apathy.	
I understand side effects of Medical Marijuana can include but are not limited to:	
Memory loss, Irregular heartbeat, Slower reaction time/inability to concentrate, Poor physical	
condition, Cough/bronchitis/shortness of breath, Dizziness, Impaired vision,	
Drowsiness/fatigue/abnormal sleep, Depression, Laryngitis, Low blood pressure, Impairment of	
motor skills, Anxiety/Nervousness, Dry mouth, Suppression of immune system, Hunger/Loss of	
appetite, Dependency, Confusion, Feelings of euphoria, Headache/nausea/vomiting,	
Numbness, Agitation, Paranoia/psychotic symptoms, Sedation	

The scientific basis for the medical use of Medical Marijuana is not complete. There is little	
known regarding how Medical Marijuana may, or may not, react with other pharmaceutical or	
herbal medications.	
Some patients can become dependent on Medical Marijuana. This means they experience	
withdrawal symptoms when they stop using Medical Marijuana. 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 develop a tolerance to Medical Marijuana. This means higher and higher doses are	
required to achieve the same symptom relief.	
The possibility exists that Medical Marijuana may exacerbate schizophrenia in persons predisposed to that disorder.	
Women should not consume Medical Marijuana 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 breast feeding mothers, on the advice or the infant's pediatrician.	
Using Medical Marijuana while under the influence of alcohol is not recommended.	
The use of Medical Marijuana may affect coordination, cognition, and judgment. While under	
the influence of Medical Marijuana, do not to drive, operate machinery, or engage in	
potentially hazardous activities. ALWAYS KEEP LOCKED AND OUT OF REACH OF CHILDREN AND PETS.	
Medical Marijuana Patient Agreement	
I am over 18 years of age and understand the requirements of the State of New Jersey's	
Medical Marijuana program.	
I have been advised of the current state of knowledge in the medical community of the	
effectiveness of Medical Marijuana for the treatment of my condition.	
I have been advised of the potential risks and side effects of using Medical Marijuana.	
I have been advised of the medically acceptable alternatives	
I have read and understand the foregoing disclosures and have initialed next to each to	
acknowledge this understanding.	
I have been further advised that some forms of Medical Marijuana may contain chemicals	
known as tars that may be harmful to my health.	
I understand that side effects may occur while I am taking Medical Marijuana	
I have never had symptoms of schizophrenia or have been diagnosed as having schizophrenia	
by a physician or mental health professional.	
I have no direct blood relatives (father, mother, siblings) that have had symptoms or has been	
diagnosed as having schizophrenia or has been psychotic.	
I agree to tell my medical professional if I have ever had symptoms of schizophrenia, been	
psychotic or attempted suicide. I also agree to tell my medical professional if I have ever been	
prescribed or taken medicine for any of these problems.	
I understand that my medical professional does not suggest nor condone that I cease	
treatment of medications that stabilize my mental or physical condition.	
I am not pregnant, intending on becoming pregnant, or breastfeeding.	
When under the influence and/or in possession of Medical Marijuana in public, your state	
issued Medical Marijuana ID Card or temporary state issued verification should be on your	
person at all times.	
I understand if I give dishonest or untruthful information, I will be discharged	
I understand I must give 48-hours' notice for cancellation of appointments. I further	
understand that 2 or more no calls/no shows within a calendar year will result in my discharge	
from the practice as well as possible revocation of patient recommendation.	

I understand there are certain requirements to remain in compliance with New Jersey law	
regarding Medical Marijuana. Some of these requirements include (but are not limited to):	
Patient establishment within our practice for 90 days	
Urine Drug Screens	
 Regularly scheduled follow-ups at intervals determined by state law 	
I understand that the Department of Health may revoke participation in the Medical Marijuana	
Program for any of the following:	
(a) The patient or legal representative makes material misrepresentations in his or her	
application.	
(b) The patient uses his or her card to obtain cannabis for another individual	
(c) The legal representative purchases, obtains, possesses, or uses cannabis not sold by an	
approved dispensing organization, or	
(d) The patient is no longer a qualified patient.	
I further understand that if I am not in compliance with state law and regulations set fourth	
and enforced by the appropriate statutes in the state of NJ, my order may be revoked.	
If I start taking Medical Marijuana, I agree to tell my medical professional 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 family and friends	
Lose interest in my usual activities	

Release of Liability

I hereby acknowledge PremierMD, LLC., and its employees are not addressing specific aspects	
of my medical care nor are any of them my primary care provider. Furthermore, I, for myself,	
my heirs, assigns, or anyone acting on my behalf, hold PremierMD, LLC, and its principals,	
agents, and employees free of and harmless from any responsibility for any harm resulting to	
me and/or other individuals because of my Medical Marijuana use.	
I certify that I fully understand the potential risks and side effects related to the use of Medical	
Marijuana as described above.	
In using Medical Marijuana, I fully accept responsibility and assume the risks and side effects	
associated with its use.	
I agree that PremierMD, and employees shall not be held responsible for any harm resulting to	
me and/or any other individual(s) because of my use of Medical Marijuana.	
I certify that I have read this document and declare under penalties of perjury that the	
information contained herein is true, correct, and complete.	

Signature

Date