

Pharmacist Acknowledgment/Consent/Disclosure

I certify that I am licensed to practice pharmacy in Minnesota under Minnesota Statutes, chapter 151.

The information in the patient registry contains private information about individual qualified registered patients that must be treated in a manner that preserves the privacy of the patients.

I agree to:

- access the registry information only to provide services for qualified registered patients;
- ensure all staff with access to the registry understand and comply with patient privacy protections;
- take appropriate steps to ensure no patient's information is released through unintentional or accidental disclosure;
- take appropriate steps to ensure that assigned login names and passwords are not available to those not authorized to access the patient registry;
- not enter inaccurate information or falsify information either knowingly or negligently; and
- report immediately to MDH OMC staff any privacy incident regarding the patient registry data of which I suspect or become aware. "Privacy incident" means any improper or unauthorized use or disclosure of the information contained in the patient registry, the improper or unauthorized access to or alteration of that information, and incidents in which the confidentiality of the information maintained in the registry has been breached.

I will report any suspected serious health effect caused by medical cannabis within 24 hours of the occurrence by completing a form on the Minnesota Department of Health's Office of Medical Cannabis website. A "serious health effect" is any unexpected or harmful physical or psychological reaction following the use of medical cannabis that results in death, admission to a hospital, or medical treatment beyond basic first aid or mental health care.

PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT/CONSENT/DISCLOSURE

I have been informed of and understand that:

Transferring medical cannabis to a person other than a patient, designated registered caregiver of the patient or, if listed on the registry verification, a parent or legal guardian of a patient is a felony punishable by imprisonment for not more than two years or by payment of a fine of not more than \$3,000, or both.

Intentionally making a false statement to a law enforcement official about any fact or circumstance relating to the medical use of cannabis to avoid arrest or prosecution is a misdemeanor punishable by imprisonment for not more than 90 days or by payment of a fine of not more than \$1,000, or both.

Minnesota Department of Health
Office of Medical Cannabis
P.O. Box 64882
St. Paul, MN 55164-0882
(651)201-5598 Metro or (844)879-3381 Non-Metro
mn.gov/medicalcannabis

DATE: 6/5/2015