

How to Register in the Medical Cannabis Program

A GUIDE FOR ADULT MEDICAL CANNABIS PATIENTS

07/13/2023

How to Register in the Medical Cannabis Program

Minnesota Department of Health Office of Medical Cannabis PO Box 64882 St. Paul, MN 55164-0882 651-201-5598 health.cannabis@state.mn.us www.health.state.mn.us/medicalcannabis

To obtain this information in a different format, call: 651-201-5598.

Contents

Introduction	. 1
Getting started	. 1
Options for picking up your medical cannabis	. 1
Retrieve and access the enrollment link from your email	. 1
Create your patient account	. 2
Complete enrollment application	. 3
Add your home address	. 5
Add parent/legal guardian/spouse	. 6
Add caregiver (optional)	. 7
Submit your application	. 9
Approval notification	. 9

Introduction

This reference guide provides instructions for certified adult patients to register in the Medical Cannabis Program and create an account in the Registry.

Getting started

You should have received an email notification from the Minnesota Department of Health after you were certified by your health care practitioner.

A computer is the recommended tool for the application, since the Registry is not compatible on some mobile phones and iPads/tablets.

Please have the following ready:

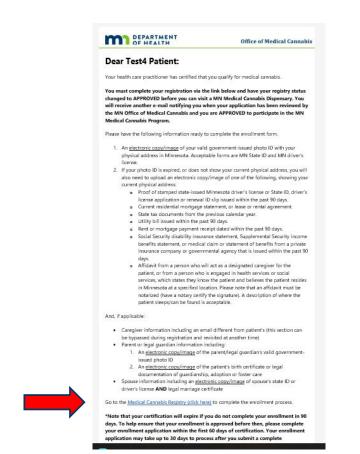
1. A photo or image of your government-issued photo identification, such as a Minnesota identification/driver's license. Image file type must be JPG, GIF, TIF, or PNG and smaller than 4 MB.

Options for picking up your medical cannabis

- If you choose to add a Parent/Legal Guardian to pick up your medical cannabis, you must provide a photo or image of your birth certificate/legal guardianship paperwork AND your Parent/Legal Guardian's government-issued photo identification, such as a Minnesota identification/driver's license.
- If you are adding a spouse to pick up your medical cannabis, you must provide a photo or image of the marriage certificate AND spouse's government-issued photo identification, such as a Minnesota identification/driver's license. If you are adding a caregiver to pick up your medical cannabis, you must include your caregiver's name, email address, and phone number.

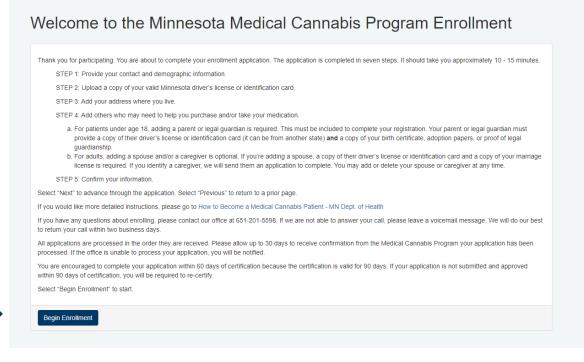
Retrieve and access the enrollment link from your email

- 1. Login to your email account, and open your email notification with the subject line, MN Dept. of Health: Patient Enrollment.
- 2. Click on the Medical Cannabis Registry (click here) link as shown in the graphic.



Create your patient account

1. Click on "Begin Enrollment" to start.



2

2. Create a password, write it down, and store it in a secured area. Password is case sensitive and must meet the minimum requirements as displayed below. Click on "Next" to continue.

mail Address: *	health.cannabis@state.mn.us
Password Requirements:	
Passwords are case sensitive and h	ave the following requirements:
 8 characters or longer both upper and lower case ch at least one number or specia 	
assword: (Note: password is case	
ensitive) *	

Complete enrollment application

0%

- 1. On the next screen, type in your answers in the corresponding fields. If your health care practitioner checked the box for a caregiver (during the certification process), this checkmark will automatically appear here. You can add a caregiver later in the enrollment process.
 - a. If you do not want to add a caregiver at this time, you must **uncheck** this box.
 - b. If you are a parent/legal guardian/spouse for an adult patient, you do **NOT** need to register as a caregiver. Patients can add a parent/legal guardian/spouse later in the enrollment process.

Patient ID	P8073354		
Prefix	Please select	~	
Patient First Name *	Test4		
Patient Middle Initial			
Patient Last Name *	Patient		
Suffix			
Sumix	Please select	~	
Date of Birth *	08/18/2000		
Patient Gender *	Please select	~	
Race/Ethnicity	American Indian/Alaska Native		
	Asian		
	 Black or African American 		
	Native Hawaiian or other Pacific Islander		
	Other race		
	White		
	Don't know/Not sure Do not wish to answer		
Identify as Hispanic? *			
identity as inspanie?	Please select	*	
What is your annual total household income from all sources? *	Please select	~	
Phone Number *	(612) 123-4567		
Email Address *	health.cannabis@state.mn.us		
	neaim.cannabis@state.mh.us		

2. Check the Acknowledgment box, read the statements in the pop-up screen then select "Agree." Then click "Next" at the bottom right of the screen to continue.

Please review the legal acknowledgment, consent, and disclosure statements pop-up screen.

DEPARTMENT Medical Cannabis Registry OF HEALTH Medical Cannabis Registry			
		Acknowledgement	
	0%	Minnesota Medical Cannabis Program	
	STEP 1:	Patient Tennessen Notice and Acknowledgement Background	
	Patient ID	The Minnesota Medical Cannabis Patient Registry is a state program run through the Minnesota Department of Health (MDH). When a government entry collects private information from a partice, the entry must give the parson a Tennessen notice. The purpose of this notice is to enable you to make an informate decision about whether to give information about yoursaft to the government entry.	
	Profix	Purpose and Intended Use	
	Patient First Nam	The information respected by the Medical Canada's Patient Registry will be used to communicate with you, establish your eligibility and (larithy, and for MHD is evaluate information on patient derographics, effective transmet options, clinical used usclonmes, and quality-of-life outcomes for the purpose of reporting on the benefits, risks and outcomes regarding patients with a qualifying medical condition engaged in the intersective of emedical canada's patients.	
	Patient Middle Ini	The health care practitioner who certifies your qualifying medical condition for the purposes of the Patient Registry is required by law to	
	Patient Last Nam	report to MDH your health records related to the qualifying medical condition. The health care practitioner may release these records to MDH without your written consent.	
	Suffix	Classification of Data Provided	
	Date of Birth *	The information contained in the Patient Registry is considered private data on individuals, which means that data are not public but concessible to the individual adjude of that data. You reall address will save a solver user name during account registration. If you shoes to create an online patient registry account, you user name, password and answers provided to security questions as part of the registration processes are also considered private data.	
	Patient Gender *	Requirements to Provide	
	Race/Ethnicity	You are not legally required to provide any of the requested information.	
		If you have any questions or concerns about why you are being asked for information or how it will be used, please contact us:	
		by email: health.cannabis@state.mn.us or	
		by telephone: 851-201-5598 (in the metro)	
		844-879-3381 (non-metro)	
		Consequences of Supplying or Refusing to Supply Information	
	Identify as Hispar	Providing the information requested by the Patient Registry will determine whether or not you are eligible to participate in the Medical Cannabis Patient Registry program. Enrolment in the Patient Registry is required in order for medical cannabis to be distributed to you. However, if you choose to not provide all the required information, we will be unable to create your medical accountials patient registry	
	What is your anni income from all s Phone Number *	account and you will not be able to enroll in the medical cannable program. State law requires that applications for enrollment in the Medical Cannable Patient the medical account of the Medical Cannable Patient for Registry be completed on a form presoried by WDH and cancer in minimum information may be required. Pallies to provide any of the requested information could result in the delay or denial of your initial or renewal application, and of your ability to participate in the Medical Cannable Patient Medical Cannable.	
	Email Address *	Other Persons or Entities Authorized to Receive Your Information	
	Please check th	Pharmacy staff at state-registered medical cannabis manufacturers will ask you for information, and will also be able to review and use information in the Patient Registry to determine an appropriate composition and dosage of medical cannabis.	
	_	The health care practitioner who certifies your qualifying medical condition for the purposes of the Medical Cannabis Patient Registry may view your information in the Patient Registry.	
	Next	If you have a designated caregiver to obtain and/or administer your medical cannabis, your caregiver may access information to review composition and dosage information for your safety. The caregiver may also access and/or complete your self-evaluation report.	
		Law enforcement officials may access the information you provide to the Medical Cannabis Patient Registry only if they obtain a search warrant.	
		Acknowledgement	
		By creating a Medical Cannabis Patient Registry account, you are indicating that you have read and understand this notice and the intended use of the data and information your private data provide.	
		Disagree Agree	
		Medical Cannabis Registry - Version 4.42.0-SNAPSHOT - Revision 550857a	

3. Clicking on "Please select" will open a drop-down menu; select "Upload a picture of your government-issued photo ID" to upload your identification or "Take a picture of your government-issued photo ID" to take a picture of your photo identification with the camera on your computer.

STEP 2: Add Your Photo Identification In sits plate of you Wensels insection is interfactor cost, you as the table plate by you will be the optimum of the plate by the plate by the table plate by the pla	125
Thinki as JFSD, PC / NG, DE FF, el BBY We annot accept PT Has. By yink a period rologi guidant annot period partial static function for possal Lipstel fielderblands case to dear bases as and casepted Choose administration partial partial (b) period (STEP 2: Add Your Photo Identification
Choose whether to take a picture of your government lissed place is if a camera must be part detached to	formats are JPEG, JPG, PNG, GIF, TIF, or BMP, We cannot accept PDF files.
	Choose whether to take a picture of your government issued photo is (a carries muy be part offattacted to

- a. If "Take a picture with the camera attached to your device" option is selected, the next screen will require you to click on "Take Picture" to capture the identification with the camera. The picture will then appear to the right of the screen. Click "Next" to proceed.
- b. If you selected "Upload a picture of your government-issued photo ID," locate and upload the image file of your government-issued photo identification. If you saved your image file on the computer desktop (computer screen), click on "Desktop" on the far left bar to locate items stored on your desktop, as shown below.

If you saved the image file in a different folder, make sure to locate it on the far left bar and open it.

Then select the appropriate device on the far left bar to view.

Next, select the image file to attach. Image file type must be JPG, GIF, TIF, or PNG AND smaller than 4 MB.

Click on "Open" to continue. Then, select "Next" to continue.

0		Choose File to Upload			×
💽 🕘 + 🕆 🔳 Desktop			👻 🧔 Search Desitop		ρ
Organize • New folder			1 - C	- 🖬	
Forontes Converses Co	Network Reference Guides and Screenshots	Coope Cherne Destor 25 56 End 2013 End 2013 End 2013 End 2013 End 2013	Chanics Chanics New Table Chanics Chan		
> 🗣 Network			v All Files (*) Open	Cancel	e e

Add your home address

1. Type in your home address in the fields; check the box only if your mailing address is the same as your home address, and then click "Next" to continue.

DEPARTMENT Medical Cannal OF HEALTH Medical Cannal	is Registry
	3%
	STEP 3: Add Your Residence Address Information
	The program is only available to Minnesota residents. Please provide the address where you five. Residence Suret Address (line 1) * Residence Street Address (line 2) Residence City * Residence State * Minnesota Residence Zip Code * Mailing address is same as home
	Previous Next

2. If your mailing address is different, select "Next," and continue. On the next screen, enter your mailing address in the fields, and select "Next."

HOW TO REGISTER IN THE MEDICAL CANNABIS PROGRAM

Mailing Street Address (line 1) *		
Mailing Street Address (line 2)		
Mailing City *		
Mailing Country	Select	•
Mailing State *	Please select	•
Mailing Zip Code (USA) *		

Add parent/legal guardian/spouse

1. Click on "Add a parent/legal guardian/spouse" if you would like to add a parent/legal guardian/spouse, and continue as shown below. Otherwise, select "Next" if you do not wish to add a parent/legal guardian/spouse at this time.

Add Paren	/Legal Guardiar	n/Spouse
One or more parents r	ust be added if the patient is under	r 18. For patient older than 18, adding parent is optic
Add a parent/legal gua	dian/spouse	
Previous Next		

2. After clicking the "Add a parent/legal guardian/spouse" link:

If adding a spouse, check the box for spouse, enter your spouse's information and attach your spouse's photo identification and marriage certificate using the "Upload" button as shown below.

If adding a parent/legal guardian, enter your parent/legal guardian's information and attach the parent/legal guardian's photo identification and patient's birth certificate or legal guardianship using the "Upload" button as shown below.

Check the Acknowledgement box and select "Agree" after reading the disclaimer.

Click "Submit" to continue.

First Name *				
Middle Initial				
Last Name *				
Email Address *				
Is added person the spouse of the patient? *	O Yes	No		
or legal documentation of guardi If adding a spouse, upload and a	anship, adoption or foster ca tach an electronic copy/ima	tre. ge of the spouse's State ID or	legal guardian's State ID or driver's license A driver's license AND legal marriage certificate n patient's. Must be an image (.jpeg, .jpg, .gif,	
+ Upload				

3. The parent/legal guardian/spouse listed would then receive an email notification. Click on "Add a parent/legal guardian/spouse" again and follow the same instructions to add another parent or legal guardian. Otherwise, select "Next" to continue.

	Guardian/Spouse the patient is under 18. For patient older than 18, adding parent is optional.	
arents/Legal Guardians/Spouse (1 ad	ided)	
Full Name	Email Address	Action
Training Training	ju+lyomc2016@gmail.com	Remove
dd a parent/legal guardian/spouse		

Add caregiver (optional)

1. If no caregiver is needed, the patient may simply click "Next." If caregiver is needed, see instructions below.

Click on "Add a caregiver" to add your caregiver.

Please add one or more caregivers If you register as a parent/legal guardian of a patient, you <u>DO NOT</u> need to also register as a caregiver. Add a caregiver		Add Caregiver
		Please add one or more caregivers
Add a caregiver		If you register as a parent/legal guardian of a patient, you DO NOT need to also register as a caregiver.
	_	Add a caregiver

2. Enter your caregiver's information in the fields, and click on "Submit" on the left side of screen. The caregiver will receive an enrollment email with instructions to submit their application.

Add Caregiver Please add one or more caregivers	
If you register as a parent/legal guardian o	of a patient, you <u>DO NOT</u> need to also register as a caregiver.
Caregiver First Name *	
Caregiver Middle Initial	
Caregiver Last Name *	
Caregiver Email Address * (Must be different than the patient's) *	
Caregiver Phone Number *	(###) ###-####
Submit	

Click on "Add a caregiver" again and follow the same instructions to add another caregiver, if necessary. Otherwise, select "Next" to continue.

dd Caregiver		
	f a patient, you <u>DO NOT</u> need to also register as a caregiver.	
aregivers (1 added)		
Full Name	Email	Action
Training CG Training	jul+yomc2016@gmail.com	Remove
dd a caregiver		

Submit your application

This is the notification a patient will receive once they submit their enrollment application. The Office of Medical Cannabis processes complete applications in the order they are received. Close out of this page when finished.

Application Submitted
Your applications has been submitted. There is no further action you need to take at this time. All applications are processed in the order they are received. Please allow up to 30 days to receive an email from the Medical Cannabis Program, informing you that your application has been processed and approved. If we are unable to process your application, you will be notified by email. Once you've received the approval notice, you may purchase medical cannabis at any of the approved dispensaries. You may now dose this page.

Approval notification

You will receive the following email when your application is approved.

