

Parent or Legal Guardian Acknowledgment/Consent/Disclosure

I certify that I am the parent or legal guardian with responsibility for health care decisions for **[how patient will be identified]**, who is a qualifying patient enrolled in the Minnesota Medical Cannabis Registration Program.

I consent to the use of cannabis by the applicant for medical purposes and agree to act as caregiver.

I agree to only possess and distribute medical cannabis for the purposes of assisting the patient or patients in the Minnesota Medical Cannabis patient registry for whom I am acting as caregiver.

I agree to notify the commissioner within 30 business days after any change to any of the information that the registered qualifying patient was previously required to submit to the commissioner, including if the patient changes address or name or becomes an inmate confined in a correctional facility.

I have been informed of and understand that:

- I cannot consume, by any means, any medical cannabis that has been dispensed on behalf of the registered qualifying patient.
- Selling, providing, diverting, or transferring by any means medical cannabis to any person other than the qualifying registered patient for whom I serve as a designated caregiver 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; and if convicted I will be disqualified from further participation as a registered designated caregiver.
- I must dispose of all unused medical cannabis using methods approved by the commissioner within ten days of the patient's ceasing to be enrolled in the program for any reason, including the death of the patient.

PARENT OR LEGAL GUARDIAN ACKNOWLEDGEMENT/CONSENT/DISCLOSURE

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.

The information in the patient registry contains private information about the patient that must be treated in a manner that preserves the privacy of the patient. I agree to:

- Take appropriate steps to ensure that the patient's assigned login names and passwords are not available to those not authorized to access the patient registry.
- Not enter inaccurate information or falsify information about the patient either knowingly or negligently.
- Report immediately to MDH OMC staff any privacy incident regarding the patient's information contained in the patient registry of which I suspect or become aware. "Privacy incident" means any improper and/or unauthorized use or disclosure of information on the registry, 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.
- Take appropriate steps to ensure the patient's information is not released through unintentional or accidental disclosure.

By clicking here, I acknowledge the information listed above is accurate and certify the information provided in this application is true and accurate to the best of my knowledge.

[click]

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