

## Health Care Practitioner Patient Certification Acknowledgment/Consent/Disclosure

I am aware that my participation in the Minnesota medical cannabis patient registry program is voluntary.

I have issued the patient a certification of my diagnosis that the patient suffers from a qualifying medical condition.

I acknowledge that, for this patient who I certify suffers from a qualifying medical condition, I have the primary responsibility for the care and treatment of the qualifying medical condition.

In certifying this patient's qualifying medical condition for the purposes of the Minnesota medical cannabis patient registry program, I have the primary responsibility for the care and treatment of the qualifying medical condition of this patient and have:

1. Reviewed the patient's medical history to confirm the diagnosis within my professional standards of practice;
2. Conducted in in-person evaluation of this patient sufficient to confirm this diagnosis; and
3. Determined whether this patient is developmentally or physically disabled and, as a result of that disability, is unable to self-administer medication or acquire medical cannabis from a distribution facility. If it has been so determined, I have included that determination on the patient's certification of diagnosis.

If this patient is enrolled in the Minnesota medical cannabis patient registry, I will:

1. Continue treatment of the patient's qualifying medical condition that conforms to the standards of acceptable and prevailing medical practice, and report medical findings to the Minnesota Department of Health (MDH);
2. Report health records of the patient to the MDH throughout the ongoing treatment of the patient in a manner determined by MDH;
3. Conduct patient treatment, and participate in the patient health records reporting, under the guidance and supervision of MDH;
4. Participate in the patient registry reporting system under the guidance and supervision of MDH;
5. Notify MDH in the event of the death of this patient, by e-mailing [health.cannabis@state.mn.us](mailto:health.cannabis@state.mn.us) within 14 calendar days of learning of the death; and
6. Determine, on a yearly basis, if the patient continues to suffer from a qualifying medical condition and, if so, issue the patient a new certificate of that diagnosis; and

HEALTH CARE PRACTITIONER ACKNOWLEDGEMENT/CONSENT/DISCLOSURE

7. Comply with all requirements developed by MDH relating to the Minnesota medical cannabis patient registry program.

(Lines for date, signature, printed name, etc.)

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](http://mn.gov/medicalcannabis)