

TERMS AND CONDITIONS

Welcome and thank you for joining us! Before your first visit at Santé Cannabis, there are some key points to understand about our clinic and our medical cannabis program.

1. Santé Cannabis is a medical clinic dedicated to medical cannabis, with a team of doctors, nurses and support staff with extensive experience in medical cannabis. Our first aim is to support patients on their health journey and our policies are in place to accomplish this goal. If our services, including the terms and conditions of our program, do not meet your needs, please let us know.
2. Santé Cannabis also serves as a research and teaching clinic. We aim to educate doctors and other healthcare professionals about the clinical use of medical cannabis. For this purpose, we collect data about patient experiences with medical cannabis and you may also find a trainee in one or more of your appointments as part of our teaching programs.
3. Santé Cannabis receives educational support grants from some licensed sellers of medical cannabis. A list of the organizations providing such support is available at any one of our clinics or upon request.
4. All appointments at Santé Cannabis are free of charge for patients with a valid RAMQ Medicare Card. This card must be presented during each in person appointment. Fees are charged for: an invalid RAMQ Medicare Card, missed appointments, cancellations within 24 hours for follow-up appointments, cancellations within 48 hours for initial appointments and some uninsured services (requests for insurance form completion or requests for personal production permits).
5. Santé Cannabis records personal and medical data to fully assess your health condition and to track your treatment progression. Your information is confidential and protected by law. You have the right to access, rectify, or cancel access to this information at any time by emailing Santé Cannabis at: info@santecannabis.ca. Santé Cannabis may discuss or share your personal information only for servicing your medical needs (like communicating with your referring physician) or in circumstances provided by the law enforcement, such as a court order.
6. Any other release of private personal information to a third party is allowed only if an authorization has been reviewed and signed by you (the patient) and approved by Santé Cannabis.
7. Keep your medical cannabis safe, out of reach of children and pets. The treatments recommended in the Santé Cannabis program are for you and you alone. Do not share your medical cannabis with other people as it might be harmful for them.
8. Santé Cannabis does not sell or provide medical cannabis or cannabinoids, which may be purchased from licensed sellers authorized by Health Canada. If you have been prescribed medical cannabis or cannabinoids and require assistance, our team will help you register with a licensed seller that meets your needs.

9. Santé Cannabis doctors will consider supporting the application for authorized personal or designated production of medical cannabis only under strict and limited conditions.
10. All patients are responsible for staying informed about laws regarding the possession, use, sale, purchase, or distribution of medical cannabis. Since travelling outside of Canada with medical cannabis is still illegal, patients must advise their Santé Cannabis doctor of any international travel plans.

PATIENT TREATMENT AGREEMENT

In order to participate in our medical cannabis program, we need to agree on a few key points. By signing the following page, you are acknowledging the following:

1. I understand that Santé Cannabis is a medical clinic dedicated to medical cannabis, and I am requesting admittance to the Canadian medical cannabis program.
2. I authorize the registration and filing of my personal data with Santé Cannabis, for the purpose of confidentially managing my medical records, in accordance with the Act Respecting the Protection of Personal Information in the Private Sector and other relevant laws.
3. I am aware that the doctors at Santé Cannabis are addressing specific aspects of my medical care related to medical cannabis and are in no way establishing themselves as my primary care doctor.
4. I authorize the staff and doctors at Santé Cannabis to communicate with my referring doctor(s), my primary care doctor(s) or consented caregivers in regard to my medical cannabis treatment or if they assess that my physical or mental health is at risk.
5. I authorize the release of my confidential medical information and Dossier Santé Québec (DSQ) to Santé Cannabis for the purpose of assessing my medical condition.
6. I understand that I am responsible for ensuring that the medical information I share with Santé Cannabis healthcare professionals is accurate and allows them to properly assess my health conditions.
7. I agree to have a doctor at Santé Cannabis, after proper assessment of my health condition(s), complete a Medical Document under the federal regulations pertaining to access to medical cannabis under the Cannabis Act, so that I may legally use cannabis for medical purposes. I agree to receive such a Medical Document from only one doctor.
8. I agree to attend my initial appointment and follow-up visit at Santé Cannabis as recommended by Santé Cannabis doctor until it is determined that my treatment is stable. My care will thereafter be transferred back to my referring or primary care doctor, who will then oversee my medical cannabis treatment.



9. I understand that I am responsible for ensuring that my renewal appointment is scheduled at least one month prior to the expiry date of my Medical Document.
10. I agree to use medical cannabis as per the indications and instructions suggested by the Santé Cannabis team of nurses and doctors, as outlined in the given treatment plan.
11. I understand that cannabis may interact or alter the expected action of other medications and substances (notably alcohol, sedatives, sleep medications). I agree to inform the doctor at Santé Cannabis of any substance and medications I use.
12. I am aware that medical cannabis is an unrecognized treatment and has not been approved as a medication or prescription drug in Canada.
13. I understand the risks and warnings associated with the use of medical cannabis, including potential side effects (notably, altered mental states). I agree to report any side effects, any concern or unexpected change in my medical condition to my healthcare professional and to Santé Cannabis.
14. I am aware that cannabis may impair my motor coordination. As recommended by the Government of Canada, I agree to avoid driving a vehicle or other safety-sensitive tasks for at least six (6) hours after the use of cannabis, or longer should I feel any persistent effects.
15. I am aware that cannabis use is not advisable during pregnancy and breastfeeding. I agree to inform the doctor at Santé Cannabis if I am pregnant or become pregnant.
16. I am aware that smoking any substance carries risks and may cause medical complications associated with the respiratory system and my breathing.
17. I am aware that cannabis has the potential to be abused and misused, and I agree to inform my healthcare practitioner should I feel cannabis is interfering with other aspects of my life.
18. I am aware that the doctors at Santé Cannabis may discontinue my cannabis-based treatment if they assess that my physical or mental health is at risk.
19. I understand that violation of any terms of this agreement may result in the termination of my Medical Document and status as a patient with Santé Cannabis.

I (print full name), _____, have read and understand the terms of this Treatment Agreement, and the Santé Cannabis Terms and Conditions and agree to respect and follow them.

Signature: _____ **Signature Date:** _____