



## 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 programs.***

### About our clinic

1. Santé Cannabis is a medical clinic dedicated to medical cannabis and other complementary treatments with a team of doctors, nurses, other healthcare professionals, and support staff with extensive, specialized experience in complementary medicine. 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 these terms and conditions, 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, nurse practitioners and other healthcare professionals about the clinical use of complementary treatments. For this purpose, we collect data about patient experiences with medical cannabis and other treatments. You may be asked to facilitate a trainee in one or more of your appointments as part of our teaching programs. You will always have a right to decline this participation at any time.

### Fees

1. Appointments at Santé Cannabis are free of charge for patients with a valid RAMQ Health Insurance Card. This card must be presented during each in-person appointment and may be requested during telemedicine appointments. Fees are charged for: an invalid RAMQ Health Insurance Card, missed appointments, cancellations within 24 hours for follow-up appointments or 48 hours for initial appointments and some uninsured services that require fees to be paid in advance.
2. Santé Cannabis receives educational support grants from some licensed sellers of medical cannabis. A list of the organizations providing such support is available at our clinics and via email upon request.

### Privacy, Confidentiality & Security

1. 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](mailto: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.
2. 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.
3. You are responsible for keeping 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.

4. Santé Cannabis does not sell or provide medical cannabis or cannabinoids. All products are 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.
5. Santé Cannabis healthcare practitioners will consider supporting the application for authorized personal or designated production of medical cannabis only under limited conditions.
6. 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 or nurse practitioner of any international travel plans.

## **PATIENT TREATMENT AGREEMENT FOR MEDICAL CANNABIS SERVICES**

***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 clinic dedicated to medical cannabis, and I am requesting admittance to the Canadian medical cannabis access program under the Cannabis Act.
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 healthcare practitioners 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 practitioner.
4. I authorize the staff and healthcare practitioners at Santé Cannabis to communicate with my referring practitioner(s), my primary care practitioner(s) or consented caregiver(s) 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's medical team is accurate and allows them to properly assess my health condition.
7. I agree to have a doctor or nurse practitioner 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 Medical Document from only one healthcare practitioner.
8. I agree to attend in-person or virtually my initial and follow-up appointments at Santé Cannabis as recommended by the Santé Cannabis doctor or nurse practitioner until it is determined that my treatment is stable. My care may thereafter be transferred back to my referring or primary care practitioner upon their approval, who will then oversee my medical cannabis treatment.
9. I understand that I am responsible for ensuring that my follow-up appointment for renewal of my Medical Document is scheduled at least one month prior to its expiry date.
10. I agree to use medical cannabis as per the indications and instructions suggested by the Santé Cannabis team of doctors, nurse practitioners and nurses, as outlined in my treatment plan.

11. I understand that cannabis may interact or alter the expected action of other medications and substances, notably alcohol, narcotics, certain anti-epileptic and sleep medications, blood thinners, immunotherapy, or recreational drugs. I agree to inform the medical team at Santé Cannabis of all substances and medications that I take.
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 team and to Santé Cannabis.
14. I am aware that cannabis may impair my motor coordination for up to 4 hours after administering an inhaled product and up to 8 hours after an oral product. I agree to monitor myself for any signs of impairment resulting from cannabis consumption, including, but not limited to, altered perception, delayed reaction times, and diminished motor skills. If I recognize any indications of impairment, I will abstain from operating a vehicle or performing any safety-specific tasks.
15. I am aware that cannabis use is not advisable during pregnancy and breastfeeding. I agree to inform Santé Cannabis if I am pregnant, breastfeeding or planning to 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 professional should I feel cannabis is interfering with other aspects of my life.
18. I am aware that the healthcare practitioners 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. I agree to respect and follow them.**

### **Participate in Research**

Since 2014, Santé Cannabis has been leading research studies of medical cannabis treatments to advance the understanding of medical cannabis. Santé Cannabis may also lead studies in emergent fields of psychedelic medicine and other complementary therapies in the future. We would like your permission to review your Santé Cannabis medical file and determine whether you might be eligible to participate in these studies at the appropriate time. This review serves only to identify and contact eligible participants and does not constitute a consent to the study.

Do you agree to receive information about research studies that you may be eligible for by email or phone? You can decide afterwards if you want to participate or not.

☐ Yes

☐ No

**Signature:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_