

Year		Year	
Eyes, Ears, Nose, Throat		Gastrointestinal	
<input type="checkbox"/>	Cataracts	<input type="checkbox"/>	Chronic Constipation
<input type="checkbox"/>	Seasonal allergies	<input type="checkbox"/>	Chronic Diarrhea
<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	GERD
<input type="checkbox"/>	Hearing loss <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> both	<input type="checkbox"/>	Ulcers
<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Heartburn
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Crhon's Disease
Allergies		<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Food allergies: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Food allergies: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Food allergies: _____		
<input type="checkbox"/>	Medication allergies: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Medication allergies: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Medication allergies: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other allergies: _____		
<input type="checkbox"/>	Other allergies: _____		
Cardiovascular		Central Nervous System	
<input type="checkbox"/>	Cardiac Arrhythmias	<input type="checkbox"/>	Migraine headaches
<input type="checkbox"/>	Angina	<input type="checkbox"/>	Nerve Pain
<input type="checkbox"/>	Congestive Heart Failure	<input type="checkbox"/>	Insomnia/Sleeping Disorder
<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Parkinson's Disease
<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	Post Herpetic Neuralgia (Shingles pain)
<input type="checkbox"/>	High Cholesterol	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	Stroke, TIA (mini stroke)(circle one)	<input type="checkbox"/>	Epilepsy/Seizures
<input type="checkbox"/>	Pace Maker	<input type="checkbox"/>	Severe and persistent muscle spasms
Respiratory		Musculoskeletal	
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Osteoarthritis Where: _____
<input type="checkbox"/>	COPD	<input type="checkbox"/>	Osteoporosis
<input type="checkbox"/>	Chronic Bronchitis	<input type="checkbox"/>	Broken bone: Where: _____
<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Broken bone: Where: _____
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Degenerative Disk Disease
Cancers		<input type="checkbox"/>	Rheumatoid Arthritis
<input type="checkbox"/>	Cancer Type: _____	<input type="checkbox"/>	Fibromyalgia
<input type="checkbox"/>	Cancer Type: _____	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>		Mental Health	
Metabolic/Endocrine		<input type="checkbox"/>	Panic Disorder
<input type="checkbox"/>	Diabetes Type I or II (circle one)	<input type="checkbox"/>	Suicide Attempts
<input type="checkbox"/>	Thyroid Disorder	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Obesity	<input type="checkbox"/>	Bipolar Disorder
<input type="checkbox"/>	Metabolic Syndrome	<input type="checkbox"/>	Schizophrenia
<input type="checkbox"/>	Other: _____	Surgeries	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Tonsillectomy
		<input type="checkbox"/>	Appendectomy
		<input type="checkbox"/>	Other: _____
		<input type="checkbox"/>	Other: _____
		<input type="checkbox"/>	Other: _____

<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Hepatitis A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Impotence	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Amyotrophic Lateral Sclerosis	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Agitation of Alzheimer's Disease	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Nail Patella Cachexia or Wasting Syndrome	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Amyotrophic Lateral Sclerosis	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Severe and Chronic Pain	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Other: _____

I understand that MMMCC will not be providing treatment for my medical condition and that I am here solely for purposes of the Certification process.

I certify that the above information is true and accurate to the best of my ability.

Signature (required): _____ Date: _____

MEDICAL AND LEGAL DISCLAIMER

Scope of Service. Michigan Medical Marihuana Certification Center, PLC (“MMMCC”) provides professional medical review of patient medical records to determine the existence of debilitating medical conditions as defined in the Michigan Medical Marihuana Act (the “Act”).

Patient’s Responsibility. It is the patient’s sole responsibility and not that of MMMCC to ensure that all of the requirements for application to the Michigan Medical Marihuana Registry are completed.

Limited Physician-Patient Relationship. MMMCC’s physician services are limited to the review of the medical records of the patient for the sole purpose of certification under the Act and shall not include a physical examination. Although a physician-patient relationship shall exist between MMMCC physicians and its patients, the relationship is not meant to be and should not be considered by the patient to be for the purpose of treatment in any manner. Patient should continue to treat with patient’s regular treating physician for ongoing medical care and management of disease or other medical conditions.

No Recommendation or Prescription. MMMCC is providing a professional service solely to review patient medical records in order to provide the patient with a determination of whether patient has a debilitating medical condition as defined by the Act. MMMCC is not recommending, advocating, and/or prescribing the use of marihuana to patient. MMMCC recommends that the Patient submit supplementary statements from patient’s primary or other treating physician relative to patient’s diagnosis in order to complete certification requirements of the Act.

No Guarantee or Warranty. MMMCC makes no guarantee or warranty that its certification, if provided to patient, will afford the patient with immunity from criminal prosecution and penalties under the laws of the State of Michigan and/or the Federal government relating to the use and/or manufacture of controlled substances. The information provided to the patient by MMMCC physicians and/or their employer, employees, agents, or through its brochures, handouts, advertisements, or other communications should not be interpreted to imply, promise or state any guarantee or warranty regarding immunity from criminal prosecution and penalties under the laws of the State of Michigan and/or the Federal government relating to the use and/or manufacture of controlled substances. MMMCC makes no guarantee that Michigan Department of Community Health will accept MMMCC’s certification or the patient’s application as a whole for the Michigan Medical Marihuana Registry.

Independent Medical Decision Making. The MMMCC physician and his/her employer shall exercise independent medical judgment to determine the existence of a debilitating medical condition as defined in the Act and whether the patient potentially would receive therapeutic or palliative benefit from the medical use of marihuana. This determination is based on the records and other information provided by patient and is dependent upon multiple clinical variables and factors. Patients submitting their medical records for review should be aware that not all patients will be determined to have a debilitating medical condition for which they may potentially receive therapeutic or palliative benefit from medical marihuana use as defined in the Act.

Patient Signature

Patient Name (Print)

Date

PATIENT ACKNOWLEDGEMENT AND DISCLOSURE

1. I/the patient have voluntarily submitted my medical records to Michigan Medical Marihuana Certification Center, PLC (MMMCC) for physician review to determine whether I have a debilitating medical condition as defined in the Michigan Medical Marihuana Act (the “Act”), including, a second physician review if, in the sole discretion of MMMCC, it is necessary to have such independent second physician review. Solely for the purposes of this Acknowledgement and Disclosure any reference to MMMCC shall include an independent second physician reviewer. In no event shall MMMCC be liable for the acts or omissions of any independent second physician reviewer.
2. I/the patient understand that it is my/the patient’s responsibility to compile medical records that I/the patient will submit to MMMCC for review. I/the patient declare that the medical records provided to MMMCC for review are my own/the patient’s and not those of any other individual; that they are true and accurate; and that they have not been altered to the best of my/the patient’s knowledge.
3. I/the patient further understand and acknowledge that it is my sole responsibility to complete the necessary requirements of the application to the Michigan Medical Marihuana Registry Program and to obtain a Medical Marihuana Registry Identification Card.
4. I/the patient understand that the certification of debilitating medical condition by MMMCC, if any, is based solely upon the medical records and other information provided by me/the patient, that any determination by MMMCC is limited by the sufficiency of such information and the physician’s consultation.
5. I/the patient understand that MMMCC and its physicians shall exercise independent medical decision making to determine whether I/the patient have a debilitating medical condition as defined in the Act and I/the patient acknowledge that MMMCC and its physicians may determine that I/the patient do not have a debilitating condition as defined in the Act.
6. I/the patient have received information from MMMCC about the limited scope of the physician-patient relationship for purposes of MMMCC’s determination. I/the patient understand that MMMCC physicians are not my/the patient’s treating physicians and that I/the patient should seek ongoing treatment and medical management of my/the patient’s disease or medical condition from my/the patient’s primary or other treating physician.
7. I/the patient understand that MMMCC or its physicians are not recommending or advocating for the use of medical marihuana, nor are MMMCC or its physicians prescribing the use of medical marijuana. I/the patient understand that the MMMCC certification, if any, should be used in conjunction with the clinical judgment of my/the patient’s primary or other treating physician and that my/the patient’s primary or other treating physician should make the final decision to recommend the use of medical marihuana as part of the treatment and management of my/the patient’s disease and/or medical condition.
8. I/the patient understand that a certification from MMMCC or its physicians does not provide me/the patient with immunity from criminal prosecution or penalties under the laws of the State of Michigan or the Federal government relating to the use and/or manufacture of controlled substances. I/the patient further understand that MMMCC certification does not guarantee acceptance by the Michigan Department of Community Health of my application for registration to the Michigan Medical Marihuana Registry.
9. I/the patient have had sufficient opportunity to ask questions and to have my/the patient’s questions answered by the MMMCC physician.
10. I/the patient understand that it is my responsibility to notify the MMMCC upon any change or improvement in my debilitating medical condition, diagnosis or disease, and I/the patient promise to immediately notify the MMMCC upon any change in my debilitating medical condition, diagnosis, or disease.

Patient Signature

Patient Name (Print)

Date

PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

The law requires Michigan Marijuana Medical Certification Centers to protect the privacy of your medical information. This notice explains how MMMCC can use or share the medical information that MMMCC has about you or your family. It also explains your rights.

Effective April 14, 2003, MMMCC must follow this Notice until it is replaced. MMMCC can change the terms of this Notice at any time. If MMMCC changes this Notice, MMMCC will send a new Notice to all persons enrolled at that time. MMMCC can make the new changes apply to all your medical information kept by MMMCC before and after the date of the new Notice. The Notice is posted on MMMCC website: <http://www.mmmcc.net>

MMMCC may use or share your medical information without your permission for the reasons below.

- **So you can get medical care.** For example, MMMCC may share your medical information with your doctor or pharmacy so that they can give you medical care and the right medicine.
- **To tell you about other health services.** For example, MMMCC may call or write to tell you about treatment options or other health-related services.
- **To comply with the law.** For example, the law requires MMMCC to allow the U.S. Department of Health and Human Services or other governing bodies to audit MMMCC records. MMMCC may share your medical information to comply with other laws.
- **For other reasons.** Examples include:
 - To comply with legal proceedings, such as a court or administrative order or subpoena;
 - To enforce other laws or protect someone's health and safety;
 - To support research as long as the information will be protected by the researchers;
 - To provide a second opinion regarding the review of your medical information;
 - So a coroner or medical examiner can identify a deceased person or cause of death or so a funeral director can arrange burial;
 - To support an organ procurement organization in limited circumstances;
 - To protect you against a serious threat to your health or safety or the health or safety of others;
 - To support a government agency overseeing health care programs;
 - For lawful national security purposes;
 - For public health purposes; and
 - For military purposes, if you are a member of the armed forces.

MMMCC will not use or share your medical information for any other reason unless you give MMMCC written permission. You may withdraw your permission in writing at any time. However, if MMMCC used or shared your information for a long-term project like a research study, MMMCC may continue to use or share your information for that purpose only. Your permission for MMMCC to use or share your information will end when MMMCC gets your written notice to withdraw your permission. You can find forms for these purposes on MMMCC website and at Michigan Department of Human Services local offices.

Your rights. You may ask MMMCC to do any of the following if you ask in writing. MMMCC will decide if it can do what you want it to do. MMMCC will write to tell you what it decides.

- You may ask MMMCC not to use or share your medical information. MMMCC does not always have to agree.
- You may ask MMMCC to contact you about your medical information privately in a different way or at a different place than MMMCC is currently doing. MMMCC does not always have to agree unless the change is necessary to protect you. When you write to ask for this change, you must tell MMMCC how to contact you in private.
- You may ask to see or get copies of your medical information. You may be charged a small fee for copies.
- You may ask MMMCC to correct your medical information. MMMCC does not always have to agree to make the change.
- You may ask for a list of ways MMMCC or its contractors shared your medical information for up to 6 years. MMMCC can tell you this for information that it shared.
- You may write to ask MMMCC to send you another copy of this Notice.

Complaints. If you believe MMMCC has not protected your right to privacy, you have the right to complain to MMMCC or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with MMMCC at the address below. MMMCC will not hold it against you if you file a complaint.

I fully understand and accept the terms of this consent:

Signature (Required)

Date