

PATIENT REGISTRATION FORM



CHECKLIST (BOTH ARE REQUIRED) -

- 1. LEGIBLE COPY OF VALID NMDOH MEDICAL CANNABIS MEMBERSHIP CARD AND PHOTO ID
- 2. COMPLETED, SIGNED AND APPROVED NEW PATIENT PACKET

CUSTOMER INFORMATION -

NAME _____
NMMCP CARD NUMBER _____
HOME ADDRESS _____
CITY _____ COUNTY _____ ZIP _____
CELL PHONE _____ HOME PHONE _____
EMAIL ADDRESS _____
DO YOU HAVE A PERSONAL PRODUCTION LICENSE? Y/N _____ ARE YOU INTERESTED IN A DELIVERY SERVICE OF MEDICINE Y/N _____

THIS SECTION FOR REGISTERED CARE GIVERS ONLY - CARE GIVERS CAN POSSESS, BUT NOT USE, MEDICAL CANNABIS ON BEHALF OF PATIENTS.

CAREGIVER INFORMATION -

CAREGIVER NAME _____
CAREGIVER NMMCP CARD NUMBER _____
CAREGIVER HOME ADDRESS _____ COUNTY _____ ZIP _____
CITY _____
CAREGIVER CELL PHONE _____ HOME PHONE _____

POLICIES:

- 1. YOUR CLIENT INFORMATION WILL BE KEPT CONFIDENTIAL UNLESS TO COMPLY WITH STATE LAW. THIS SPECIFICALLY INCLUDES THE SHARING OUR INFORMATION WITH OTHER LICENSED PRODUCERS AND THE NEW MEXICO DEPARTMENT OF HEALTH. CLIENT FILES WILL BE STORED ON DIGITAL SERVERS AS WELL AS ON PREMISE AND WILL NOT CONTAIN ANY CODING WHICH IDENTIFIES CLIENT'S CONDITION OR INFORMATION, WHICH IS NOT ALREADY A MATTER OF PUBLIC RECORD.
- 2. WE WILL SEND YOU REGULAR EMAIL COMMUNICATION INFORMING YOU OF CHANGES TO URBAN WELLNESS PRODUCER POLICY AS WELL AS NEW PRODUCTS AND SERVICES.
- 3. URBAN WELLNESS UTILIZES A NUMBER OF VENDORS IN THE NORMAL CONDUCT OF BUSINESS. THESE VENDORS MAY HAVE ACCESS TO PRIVATE HEALTH INFORMATION AND THEY ALL AGREE TO ABIDE BY HIPAA RULES AND REGULATIONS.
- 4. YOUR CONFIDENTIAL INFORMATION WILL NOT BE USED FOR THE PURPOSES OF MARKETING AND ADVERTISING OF NON-SUPPORTED THIRD PARTY PRODUCTS, GOODS OR SERVICES.
- 5. YOU WILL HAVE ACCESS TO YOUR CLIENT RECORDS IN ACCORDANCE WITH STATE REGULATIONS - WITHIN A REASONABLE TIMEFRAME.
- 6. WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANYONE FOR CONDUCT DEEMED AGGRESSIVE OR ABUSIVE
- 7. WE RESERVE THE RIGHT TO MODIFY THESE POLICIES TO SERVE THE NEEDS OF URBAN WELLNESS AND ITS CLIENTS.

HIPAA - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY

THE HIPAA PRIVACY RULE PROVIDES FEDERAL PROTECTIONS FOR PERSONAL HEALTH INFORMATION HELD BY COVERED ENTITIES AND GIVES PATIENTS AN ARRAY OF RIGHTS WITH RESECT TO THAT INFORMATION. AT THE SAME TIME, THE PRIVACY RULE IS BALANCED SO THAT IT PERMITS THE DISCLOSURE OF PERSONAL HEALTH INFORMATION NEEDED FOR PATIENT CARE AND OTHER IMPORTANT PURPOSES.

WE BELIEVE THAT ALL MEDICAL AND OTHER HEALTH INFORMATION IS PRIVATE AND SHOULD BE PROTECTED. THE PRIVACY RULE, A FEDERAL LAW, GIVES YOU RIGHTS OVER YOUR HEALTH INFORMATION AND SETS RULES AND LIMITS ON WHO CAN LOOK AT AND RECEIVE YOUR HEALTH INFORMATION. THE PRIVACY RULE APPLIES TO ALL FORMS OF INDIVIDUALS' PROTECTED HEALTH INFORMATION, WETHER ELECTRONIC, WRITTEN, OR ORAL. THE SECURITY RULE, A FEDERAL LAW THAT PROTECTS HEALTH INFORMATION IN ELECTRONIC FORM, REQUIRES ENTITIES COVERED BY HIPAA TO ENSURE THAT ELECTRONIC PROTECTED HEALTH INFORMATION IS SECURE.

PATIENT REGISTRATION FORM

WHAT INFORMATION IS PROTECTED:

- INFORMATION YOUR DOCTORS, NURSES AND OTHER HEALTH CARE PROVIDERS PUT IN YOUR MEDICAL RECORDS.
- CONVERSATIONS YOUR DOCTOR HAS ABOUT YOUR OR TREATMENT WITH NURSES AND OTHERS,
- BILLING INFORMATION ABOUT YOU.
- MOST OTHER HEALTH INFORMATION ABOUT YOU HELD BY THOSE WHO MUST FOLLOW THESE LAWS.

HOW IS THIS INFORMATION PROTECTED:

- COVERED ENTITIES MUST PUT IN PLACE SAFEGUARDS TO PROTECT YOUR HEALTH INFORMATION.
- COVERED ENTITIES MUST REASONABLY LIMIT USES AND DISCLOSURES TO THE MINIMUM NECESSARY TO ACCOMPLISH THEIR INTENDED PURPOSE. COVERED ENTITIES MUST HAVE CONTRACTS IN PLACE WITH THEIR CONTRACTORS AND OTHERS ENSURING THAT THEY USE AND DISCLOSE YOUR HEALTH INFORMATION PROPERLY AND SAFEGUARD IT APPROPRIATELY.
- COVERED ENTITIES MUST HAVE PROCEDURES IN PLACE TO LIMIT WHO CAN VIEW AND ACCESS YOUR HEALTH INFORMATION AS WELL AS IMPLEMENT TRAINING PROGRAMS FOR EMPLOYEES ABOUT HOW TO PROTECT YOUR HEALTH INFORMATION.

WHO CAN LOOK AT AND RECEIVE YOUR HEALTH INFORMATION:

THE PRIVACY RULE SETS RULES AND LIMITS ON WHO CAN LOOK AT AND RECEIVE YOUR HEALTH INFORMATION. TO MAKE SURE THAT YOUR HEALTH INFORMATION IS PROTECTED IN A WAY THAT DOES NOT INTERFERE WITH YOUR HEALTH CARE, YOUR INFORMATION CAN BE USED AND SHARED:

- FOR YOUR TREATMENT AND CARE COORDINATION
- WITH YOUR FAMILY, RELATIVE, FRIENDS, OR OTHERS YOU IDENTIFY WHO ARE INVOLVED WITH YOUR HEALTH CARE, UNLESS YOU OBJECT
- TO MAKE SURE DOCTORS GIVE GOOD CARE
- TO PROTECT THE PUBLIC'S HEALTH, SUCH AS BY REPORTING WHEN THE FLU IS IN YOUR AREA HEALTH INFORMATION CANNOT BE USED OR SHARED WITHOUT YOUR WRITTEN PERMISSION UNLESS THIS LAW ALLOWS IT. FOR EXAMPLE, WITHOUT YOUR AUTHORIZATION, YOUR PROVIDER GENERALLY CANNOT:
 - GIVE YOUR INFORMATION TO YOUR EMPLOYER
 - USE OR SHARE YOUR INFORMATION FOR MARKETING OR ADVERTISING PURPOSES
 - SHARE PRIVATE NOTES ABOUT YOUR HEALTH CARE

URBAN WELLNESS FOLLOWS ALL HIPAA GUIDELINES IN ORDER TO PROVIDE YOU WITH A SAFE, SECURE, PRIVATE, AND PROFESSIONAL SERVICE.

AUTHORIZATION TO RELEASE INFORMATION:

I AGREE AND AUTHORIZE URBAN WELLNESS TO CONTACT PRODUCERS AND THE NEW MEXICO DEPARTMENT OF HEALTH TO SHARE ANY INFORMATION REGARDING MY LICENSE TO USE AND POSSESS MEDICAL CANNABIS. THIS AUTHORIZATION ALLOWS ENTITIES TO SHARE INFORMATION, VERBAL AND WRITTEN, IN COMPLIANCE WITH THE LYNN AND ERIN COMPASSIONATE USE ACT. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION IN WRITING AND THAT REVOCATIONS OF THIS AUTHORIZATION WILL NEGATE MY ABILITY TO PURCHASE MEDICAL CANNABIS FROM URBAN WELLNESS.

ENROLLMENT AGREEMENT:

CHECK ALL ACCURATE STATEMENTS. UNCHECKED STATEMENTS MAY CONSTITUTE AN INCOMPLETE APPLICATION, WHICH WILL BE REJECTED.

- I AM A QUALIFIED NEW MEXICO MEDICAL CANNABIS PATIENT IN GOOD STANDING WITH THE DEPARTMENT OF HEALTH.
- I AGREE TO NOTIFY URBAN WELLNESS IMMEDIATELY IF MY LICENSE STATUS CHANGES.
- I HAVE READ AND UNDERSTAND THE LYNN CAN ERIN COMPASSIONATE USE ACT AND I UNDERSTAND THE RISKS OF USING CANNABIS
- I RELEASE AND INDEMNIFY URBAN WELLNESS FROM ANY DAMAGES ARISING FROM MY USE OR POSSESSION OF MEDICAL CANNABIS.
- I UNDERSTAND THAT I AM NOT PROTECTED FROM FEDERAL PROSECUTION.
- I AGREE NOT TO TRANSPORT MEDICAL CANNABIS ACROSS THE NEW MEXICO STATE BORDER.
- I AGREE NOT TO CONSUME MEDICAL CANNABIS ON PREMISE.
- I AGREE NOT TO BRING FIREARMS ON PREMISE.
- I HAVE READ AND AGREE WITH THE HIPAA POLICIES.
- I HAVE READ AND AGREE WITH THESE TERMS AS A CONDITION TO PURCHASE MEDICAL CANNABIS FROM URBAN WELLNESS.
- I HAVE INCLUDED CLEAR PHOTOCOPIES OF MY NM CANNABIS CARD(S) AND VALID NM PHOTO ID.

CLIENT SIGNATURE _____ DATE _____

DON'T FORGET! - INCLUDE LEGIBLE COPIES OF YOUR DRIVERS LICENSE AND NMDOH CANNABIS CARD(S)