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Medicinal Cannabis Treatment Consent Form

The goal is to provide the necessary information to allow patients to make an informed decision and consent to Medicinal Cannabis treatment. During consultations of medicinal cannabis treatment, the patient will be provided the following information:

1. Risks and possible complications of the treatment.
2. Explain the patient's responsibilities.
3. Explain treating doctors' duty of care in relation to prescribing medicinal cannabis treatment.
4. Consents, including gathering personal and medical information and contact for communications.
5. Acknowledge that this consent form covers all aspects of medicinal cannabis prescription, all related Practices, AnodyneCann Pty Ltd and all related entity, doctors, officers, employees, contractors, affiliates and agents.

Patient acknowledges that:

1. Medicinal Cannabis in general is considered an experimental or investigational drug, and in many cases, there is limited data from which to draw specific recommendations for treatment.
2. Medicinal cannabis drugs are in general not registered in Australia for use by the Therapeutic Goods Administration (TGA) and as such arrangements to access to MEDICINAL CANNABIS medicines are made through either Authorised Prescriber &/Special Access Scheme (SAS) &/ licenced compounding Pharmacy &/ Clinical trial pathway.
3. Medicinal cannabis's benefits and adverse events in children, pregnancy and breast-feeding are not well investigated hence AnodyneCann and its prescribing doctor are not liable for any damages or claims relating directly or indirectly from use of medicinal cannabis.
4. Medicinal cannabis could interact with other medications patient is using or is prescribed and can cause &/experience side effects from these medications.
5. They waive any rights to claim against the AnodyneCann & its treating doctors from any possible side-effects, adverse effects, and unknown risks involved in taking Medicinal cannabis.
6. Some known side-effects of medicinal cannabis medicines, mainly with Tetrahydrocannabinol (THC), can include but not limited to are: nausea, light-headedness, uncontrolled laughter or euphoria, dry mouth, increased appetite, vomiting, relaxation, sedation, drowsiness, abnormal blood pressure, physical weakness, confusion, disorientation, dizziness, vertigo, coordination imbalance, memory changes, cognitive impairment, bowel changes, anxiety, hallucinations, paranoid thoughts, psychosis, mental disturbance, abnormal heart rate, lethargy, seizures, and chronic bronchitis (if inhaled).
7. They are responsible to listen to the treating doctor and pharmacist and they have had a good opportunity to discuss and explore all medicinal cannabis treatment for their condition.
8. Attend regular reviews with their treating doctor as instructed or as required.
9. To diligently follow the doctor's advice on dosage and frequency of prescribed medicinal cannabis.
10. Maintain a healthy lifestyle that will help condition or symptoms.
11. Avoiding alcohol, intoxicants, or recreational drugs that will interact with their medicinal cannabis treatment.
12. Follow their cannabis doctor's advice on any necessary testing or additional investigations.
13. Ongoing consultation with their referring practitioner, treating doctor or specialist.
14. Informing their treating doctor of all concurrent medications or supplements.
15. To inform their treating doctor if their prescribed medicinal cannabis does not work for their treated condition or symptoms.
16. They have declared any medical conditions which are potentially dangerous or contra-indicated with medicinal cannabis treatment including:

- Hypersensitivity to cannabinoids or any type of excipients.
 - Substance addiction or the intentional use of drugs for non-medical purposes.
 - On a drug-dependent register.
 - Known or suspected personal history of schizophrenia or psychotic illness.
 - Known or suspected family history of schizophrenia or psychotic illness.
 - Known or suspected personal history of severe personality disorder.
 - Known or suspected severe or unstable cardio-pulmonary disease.
17. They will report any adverse event, side-effect and reactions they experience from using their medicinal cannabis to their treating doctor, referring Practitioner.
18. They are aware and will comply with any laws relating to the operation of any: vehicle; boat; aircraft; machinery; or other regarding the use of THC or medicinal cannabis.
19. Agree that it is their responsibility and will release AnodyneCann and this Practice from any liability in relation to the operation or use of any vehicles or machinery.

Consent to Gathering of Personal and Medical Information

20. AnodyneCann collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, we wish to provide you with sufficient information on how your personal information may be used or disclosed and record your consent or restrictions to this consent.
21. Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed. The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence).
22. By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by AnodyneCann for the following purposes:
- Administrative purposes in the operation of our general practice.
 - Billing purposes, including compliance with Medicare requirements.
 - Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS.
 - Disclosure to others involved in your health care, including treating doctors and specialists outside AnodyneCann. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
 - Accreditation and quality assurance activities to improve individual and community health care and Practice Management.
 - For legal related disclosure as required by a court of law.
 - To comply with any legislative or regulatory requirements, e.g. notifiable diseases.
 - For use when seeking treatment by other doctors at AnodyneCann.
23. At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important, and we will take all steps necessary to ensure they remain confidential. Please sign below if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.

As the patient I declare that:

1. I agree that all the necessary information has and/or will be provided to me to make an informed decision.
2. I acknowledge all the above listed patients' terms and conditions
3. I will carefully follow the advice of my prescribing medicinal cannabis treating doctor on the prescribed dosage and frequency.
4. I understand the potential risks, possible side effects and complications of medicinal cannabis treatment.
5. I agree that prescribed medicinal cannabis may not work for my medical condition or symptoms.
6. I confirm that I have been and/or will be provided all the appropriate information concerning my treatment, and I am satisfied to fully consent to prescribed medicinal cannabis treatment, and I have had and/or will have the opportunity to make further requests for information and prior to starting my prescribed medicinal cannabis treatment I will not have any further requests for information on medicinal cannabis treatment.

7. I consent to my personal information being shared with health professionals, government or AnodyneCann affiliates for the purposes of application, compliance, government authorities and health.
8. I have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.
9. I give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number. I understand only my relevant personal information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying AnodyneCann in writing: info@anodynecann.com.au. I consent to AnodyneCann collecting my information from other medical providers.
10. It is my responsibility alone to ensure I comply with all laws, employment contracts, safety guidelines regarding medicinal cannabis treatment and THC/other cannabinoid levels within my body.
11. I agree that AnodyneCann accepts no liability or claims for the prescribing, dispensing, compounding or administration of medicinal cannabis products.
12. All costs of accessing, purchasing, using of medicinal cannabis are my personal responsibility.
13. I agree not to share, sell, lend, trade medicinal cannabis or in any way give my medicinal cannabis to any other person. I know and understand this is an illegal act. I also agree that my medicinal cannabis treating doctor and/or pharmacist may work with the police and/or government authorities to investigate any alleged misuse of my medicinal cannabis.
14. I have been advised and understand that it is an offences as per relevant State or Territory legislation, for a person to drive, attempt to put in motion, or be in charge of, a motor vehicle, tram, train or vessel, while the person has delta-9-tetrahydrocannabinol present in the person's blood or saliva.
15. I agree to all AnodyneCann Terms and Conditions listed on <https://anodynecann.com.au/terms-and-conditions/>
16. This consent form must be signed by the patient.

DATE:

PATIENT FULL NAME:

PATIENT DOB:

SIGNATURE: