



PATIENT EDUCATION ACKNOWLEDGEMENT

I, (print name) _____, acknowledge that I was offered High Mountain Health's Patient Education Handbook.

I understand that the Patient Education Handbook contains information regarding:

- a. Overview of availability and effects of medical marijuana strains
- b. Guidelines on the related risks and benefits of medical marijuana
- c. Possible side-effects of and contraindications of marijuana use (including possible impairment with use and operation of motor vehicles or heavy machinery; caring for children; or job performance)
- d. Potential drug-to-drug interactions including alcohol, prescription drugs, non-prescription drugs, and supplements
- e. Signs and symptoms of substance abuse including tolerance, dependency, and withdrawal
- f. Methods, forms and routes of administration of medical marijuana
- g. Techniques for the use of medical marijuana and marijuana paraphernalia
- h. Alternate medical options
- i. Information regarding Cannabinoids
- j. Resources for additional study

I understand no ingestion medical marijuana is allowed on the dispensary premises and that it is prohibited to smoke medical marijuana in public places or on public transportation in the state of Arizona.

Check one:

- I have accepted High Mountain Health's Patient Education Handbook.
- I have declined High Mountain Health's Patient Education Handbook.

Signature of Patient or Designated Caregiver

Date