

Patient Guide for the Office of Medical Marijuana Use



Compassionate Use Registry

User's Guide for Patients

Table of Contents

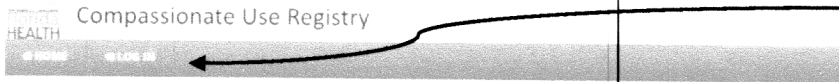
Logging in.....	2
Changing Your Password	3
Your Profile	4
Your Orders	6
Your Card Application.....	8

This User's Guide is meant to be used while you have the system open, so you can follow along.



Compassionate Use Registry

Logging in



To Log In, click the menu item titled "log in"

Welcome to the Registry UAT Environment!

- Remember to protect your account privacy
- Check your work
- Please keep it real, stick to the DRUG and Compassionate Use

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Login Register

OCUAdmin

.....

Remember Me

LOGIN

[Forgot Password?](#)

Supply your username, (this will always be your email address) and your password,

and click Log In.

If you find you've forgotten your password, the Forgot Password link will change your existing password into a system-created one, and send an email to the email address on your account containing the new credentials.

Florida HEALTH Compassionate Use Registry

Changing Your Password

- Your password has expired. It must be changed.

Reset Password
Current Password
New Password
Confirm Password
<input type="button" value="Change Password"/>

Any temporary password will expire after you use it once, and you'll have to change it to continue.

In order to change your password after you've logged in, you must supply your existing password.

Below this field, you must supply your new desired password, twice.

Because this system contains Protected Health Information, you must supply a 'strong' password that is no shorter than 10 characters, and contain a combination of lower and uppercase letters, one number, and at least one special character, such as an exclamation point.

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Your Profile

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Home | Your Profile | Your Card | Change Password | Log Out

My Profile | My Card | My Application | My History

Message: Your Card application is incomplete. Navigate to Your Card to finish it up.

Profile Information:

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	A
Primary Phone:	1234567890
Email Address:	derek.prowse@flheprg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001040
Patient Weight:	150 lbs
Gender:	Male
Address1:	1234 ANYWHERE STREET
Address2:	
City:	
County:	ALACHUA
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

[Manage Card](#)

[Manage Profile Details](#)

There are two main areas for Patient users – your Profile and your Application.

At the top, your Profile will contain that your current information is. Physicians and Dispensers will see this information as well.

At the top will be information on the status of your Card Application – since you can't obtain products without a completed Card, we show this to you to here to help you stay aware.

Your ID Photo, if you've provided one, is also present.

It's important to make sure that your information is correct.

If you need to have your name, DOB, weight, or gender changed contact your physician – only he or she can change this.


You may change your phone number and email address any time you like. **Remember: your email address is your login name, if something happens and you need your email address changed but can't do it on your own, your physician can change it for you.**

If you wish to change your Address, **you must do so by applying for a new Card.** We'll show you how to do that later in this document.

Click Manage Your Details to update your information.

Florida HEALTH Compassionate Use Registry

[Click Here to Log Out](#) [Account Name: R0000000](#)



Id Card #: F000000000400

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	
Primary Phone:	1234567890 (00)
Email Address:	derek.provide@investigat
Date Of Birth:	01/01/1911
Patient Number:	P00012340
Patient Weight:	123 lbs
Gender:	Male
Address1:	1234 ANYWHERE STRE
Address2:	
City:	
County:	Alachua
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

[Go Back to Profile](#) [Save Your Changes](#)

If you need the other items changed, click the link of your name (date of birth, your Phys. Consent is this) to make them change.

After clicking Manage Your Details, you'll be taken to a page where you can change what you would like to update.

Click Save your Changes to save what you updated, or Go Back to Your Profile if you changed your mind.

As a Patient, you are associated to your physician in the Registry – this is how they are able to view you in the system as a patient, and place Orders. Only one Physician can be this way for you.

If you longer wish to work with your current Doctor, you may click "Leave Your Current Physician". *You cannot undo this, so be sure this is what you want.*

Florida HEALTH Compassionate Use Registry

Your Orders

Show 10 entries

Search

Order Status	Start Date	Placed By	Route 1	Mg Per Dose	Doses Per Day	Route 2	Mg Per Dose	Doses Per Day	Days	End Date
Expired	01-10-2017	View Prescription	Sublingual	10	10	Sublingual	50	2	6	01-10-2017
<div>Notes for Sublingual</div> <div>For ongoing symptoms</div>										
<div>Notes for Sublingual</div> <div>for breakthrough pain</div>										
<div>Order is for</div> <div>Low-THC Cannabis</div>										
<div>Purchase Device</div> <div>This patient may NOT purchase a private delivery device</div>										
Dispensed On	At	Via	Amount Dispensed	Status	Route					
01-10-2017 12:40 PM	Valid Dispensary	one dispenser	10mg	Given to Patient	Sublingual					
Amount Remaining: 1004										
Amount Remaining for Sublingual: 100										

At your Profile, below your information you'll find your Orders.

When a physician places an order, they must specify if the order is for Low-THC Cannabis (contains very little THC), or Medical Cannabis (contains THC). In the Registry, Low-THC Orders are a grey color. Medical Cannabis Order will be green.

They'll also record the Form – such as oral, vaporizers, and so on. They can save up to two forms in each of your Orders.

For each form, they'll record an amount per dose and number of doses per day they want you to take.

Each order has a few different types of Statuses:

Scheduled: This order 'turns on' in the future – you cannot get products for it until the Start Date listed.

Open: This order is 'live' and your Dispensing Org can dispense for it.

Complete: you've obtained all the products allowed for the order, and it's done now.

Expired: the End Date of the order happened, and you can no longer use it to obtain products.

Cancelled: your physician 'turned off' the order.



Compassionate Use Registry

Show 10 entries

Order Status	Start Date	Placed By	Route 1	Mg Per Dose	Doses Per Day	Route 2	Mg Per Dose	Doses Per Day	Days	End Date
Expired	01-10-2017	[Name]	Sublingual	13	13	Oral	100	10	6	01-10-2017
Expired	12-26-2016	[Name]	Oral	10	5				3	12-29-2016

If you need information about the Physician that placed this order, click their name, and you'll be taken to a page that displays their address and other helpful information.

Dispensed On	At	Via	Amount Dispensed	Status	Route
01-10-2017 12:46 PM	Valid Dispensary	one dispenser	10 mg	Given to Patient	Sublingual
Amount Remaining: 1004					
Amount Remaining for Sublingual: 600					

If you click on any Order, it will expand to show you the history of all the times you obtained Products from a Dispensing Organization. You'll be told when, where, who recorded it, and how much. If a dispensation is out for delivery, you'll see which staffer currently has the products.

You'll also see how much products you had left after each dispensation

Your Card Application

When you are first given a Registry Account, you'll need to apply for a Card in order to obtain products for any Orders your physician has placed. The Card will expire 1 year after the date of your first order, so this message will help you know when to renew it, too.

Compassionate Use Registry

your Card supports your incomplete registration to your Card to finish it up

The following patient information is associated with this information:

Last Name	Ripoll
First Name	JOE
Middle Initial	T
Primary Phone	(214) 475-7390
Email Address	carole.ripoll@fhs.org.com
Date Of Birth	03/11
Patient Number	P00001045
Patient Weight	214 lb
Gender	Male
Address1	123 State Street, Suite 100
Address2	
City	Los Angeles, CA
County	Los Angeles
Zip code	90012
Legal Representative 1	
Legal Representative 2	

Manage Your Card

Manage Your Details

- To take care of this, you can click Your Card in the Menu,

Or click **Manage Your Card** at
your Profile.

Remember: If you're changing your address on your card application, it won't show up over on your Profile page until your card is Approved by the Office Of Compassionate Use.

Florida HEALTH Compassionate Use Registry

Personal Information

Last Name
First Name
Middle Name
Prefix & Suffix
Home Address
Date of Birth
Patient Number
Patient Weight
Gender
Address 1
Address 2
City
State
Zip Code
Last Appointment Date
Next Appointment Date

Medical Information

Payment Information

Signature

Your Card Application/Renewal looks like there's a lot to do, but it's really just four things:

You need to upload a passport photo.

You might also want to verify the spelling of your name, your birthday, and your address; this information will get printed on your card, so it has to be right.

You need to upload documentation that meets the requirements for Proof of Residence in Florida.

There's a fee for processing the card. You'll need to send that to the Office of Compassionate Use. They'll complete this part of the application when they receive payment.

Lastly, you need to electronically sign for your application. Once all of these requirements are met, the Office of Compassionate Use will review your application.

If they find an issue, they'll mark your Application online, and you'll get a notification of what to change/fix.

If they approve it, they'll be sending your card to you and

Florida HEALTH Compassionate Use Registry

you can start obtaining cannabis Products.

COMPASSIONATE USE REGISTRY PROFILE

Profile Information

Photo

Choose File

Remove Existing Photo

Photo Requirements

! Photo Requirements

Update My Information

Cancel the Renewal

Last Name: KENNEDY

First Name: J

Middle Initial: S

Primary Phone: 321.414.7000

Email Address: jkennedy@floridacannabis.com

Date of Birth: 01/01/1971

Patient Number: 12345678

Patient Weight: 170lbs

Gender: Male

Address1: 1234 Main Street NE

Address2:

City:

County: Alachua

Zip Code:

Legal Representative 1:

Legal Representative 2:

If you need to change your photo, click "Remove Existing Photo".

Be sure that your photo meets the requirements for ID cards!

Proof of Legal Representation

A legal representative means the dual-med patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.32(1)(4), Florida Statutes, health care surrogate acting pursuant to the dual-med patient's written consent or a court's authorization as required under section 744.32(1)(5), Florida Statutes, or an individual who is authorized by a power of attorney to make health care decisions on behalf of the dual-med patient.

To apply to be a Legal Representative in the Compassionate Use Registry, you must upload proof of legal representation that may be a court order, birth certificate, or other appropriate legal instrument.

Choose File

For your Proof of Representation, you may upload as many files as needed by the OCU. Each file cannot be larger than 4mb.

COMPASSIONATE USE REGISTRY PROFILE

Registration Information

Type in your first name: [input] Crop

Type in your last name: [input] Rotate

Submit My Card Application

Warning: Changing your application will restart the application process, possibly including the need for another processing fee. You should only update your application when it's about to expire, or when the Office of Compassionate Use marked some part of your application as incomplete.

Once you have a photo and proof of residence uploaded, you may sign to submit your application.

Warning: changing your application will restart the application process, possibly including the need for another processing fee. You should only update your application when it's about to expire, or when the Office of Compassionate Use marked some part of your application as incomplete.



Compassionate Use Registry

Under Review

Congratulations on submitting for your Card. The Office of Compassionate Use will review your application. Check back here to see the results of their review.

Cards cannot be issued or renewed until the Office of Compassionate Use receives a \$75 non-refundable processing fee by check or money order made out to The Department of Health. Ensure that the check or money order includes your Registry Patient Number Pxxxxxxx.

Remember: All DC Cards expire 1 year after the date of the first dispensing order or Low THC Cannabis or Medical Cannabis. You must renew your card **45 days** before the next Renewal application CANVOT be used to purchase Low THC Cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU.

Notice on the collection, use, or release of Social Security Numbers

Florida law requires that public agencies provide individuals the written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects or intends to collect a social security number. The collection of social security numbers by the Florida Department of Health is authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to subsection 119.071(5)(a), Florida Statutes. For the Compassionate Use Registry identification Card Legal Representative Application, social security numbers are collected and used for identification purposes to ensure that the number sent field applied to the legal representative and our patient are unique and match the identifier of the legal representative and our patient as authorized by sections 119.071(5)(a) and 119.071(5)(b), Florida Statutes. Social security numbers collected for this purpose will remain confidential.



The application is complete and is under review at the Office of Compassionate Use. You cannot obtain Cannabis products until this is completed.

When your application is submitted, you'll see this blue icon. Be sure to read over the information here, as it contains some helpful details.

Be aware: at this stage, your application is Under Review, and has not yet been accepted by the OCU.

Approved

Congratulations your Card Application was approved!

Remember: All DC Cards expire 1 year after OCU Approval. You must renew your card **45 days** before it expires.

If your previous card has expired, a renewal application CANVOT be used to purchase Low THC Cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU.

Notice on the collection, use, or release of Social Security numbers



Your Application is completed and approved by the OCU on 03/2/2017. All DC Cards have been issued to the address on your Application.

When the application has been accepted, and your card prepared, you'll see an update at your Profile letting you know.

When you see this, you're able to obtain products from a Dispensation.

Don't forget – you'll need to renew your card yearly. It's advisable to start renewing 45 days before your current card expires!