**TREATMENT AGREEMENT**

The known and unknown risks and benefits of medicinal marijuana have been discussed, including but not limited to drowsiness, increased anxiety or paranoia, and potentially deleterious respiratory effects if smoked. I understand that it is not safe to drive or operate heavy machinery while under the influence of cannabis. I also understand that it is recommended that cannabis should not be used during pregnancy. I furthermore understand that although medicinal marijuana is permitted in my state of residence, it is considered a Schedule I narcotic and is illegal at the federal level. I therefore understand that I am subject to prosecution should I attempt to transport this product across state lines. I also agree not share or divert the product to others, and I will store the product in a safe place so as not to be accidentally ingested by minors or any other person for whom the product is not intended. Furthermore, whether or not to permit the use of medicinal marijuana by its employees is at the discretion of individual employers, and holding a 329 medical card does not necessarily indemnify or protect me from termination. In consideration of the aforementioned factors, I choose of my own accord to proceed with treatment.

I, the patient, have tried other approved and/or recommended treatment modalities for my condition which have proven ineffective or insufficient. My response to treatment with medicinal marijuana will be reevaluated by my certifying provider on an annual basis, or sooner as needed.

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*Patient Signature Date*