

Scott A. Fleischer, M.D., P.C., & Associates
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MEDICAL MARIJUANA PROGRAM IN PENNSYLVANIA DISCLAIMER

Patient Name: _____ **DOB:** _____

I wish to participate in Medical Marijuana Program in Pennsylvania at Scott A. Fleischer, M.D., P.C. I understand and acknowledge that Medical Marijuana Program in Pennsylvania is NOT covered by either federal or private payors and my personal healthcare insurance does NOT cover Medical Marijuana Program in Pennsylvania. Thus, I agree not to make a claim for Medical Marijuana Program in Pennsylvania with my personal healthcare insurance carrier and further agree and acknowledge that I must pay by cash or major credit card for all related healthcare costs related to the Medical Marijuana Program in Pennsylvania at Scott A. Fleischer, M.D., P.C.

By signing below, I accept and acknowledge that I am opting out of using my healthcare insurance for the Medical Marijuana Program in Pennsylvania and accept paying cash or major credit card for these services.

I understand that I am agreeing to be treated by Dr. Fleischer for certification of Medical Marijuana only. I am currently being treated medically by Dr. _____ for my diagnosis of _____.

Acknowledged and accepted by:

Patient Signature

Date

DISCLOSURE AND INFORMED CONSENT

1. I understand that medical marijuana is a medicine used in treating the suffering caused by serious and debilitating medical conditions. Serious and debilitating medical conditions include: Amyotrophic Lateral Sclerosis; Anxiety; Autism; Cancer; Crohn's Disease; Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity; Dyskinetic and spastic movement disorders; Epilepsy; Glaucoma; HIV (Human Immunodeficiency Virus) / AIDS (Acquired Immune Deficiency Syndrome); Huntington's Disease; Inflammatory Bowel Disease; Intractable Seizures; Multiple Sclerosis; Neurodegenerative diseases; Neuropathies; Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions; Parkinson's Disease; Post-traumatic Stress Disorder; Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain in which conventional therapeutic intervention and opiate therapy is contraindicated or ineffective; Sickle Cell Anemia; Terminal illness; and / or Tourette's Syndrome
2. I understand that medical marijuana use for treatment of these conditions has not been approved by the Federal Drug Association ("FDA").
3. I have been advised and understand that the use of cannabis (medical marijuana) may affect my coordination and cognition in ways that could impair my ability to drive, operate heavy machinery, or engage in potentially hazardous activities.
4. Although smoking marijuana has not been linked to lung cancer, smoking marijuana can cause respiratory harm, such as bronchitis. Many researchers agree that marijuana smoke contains known carcinogens

(chemicals that can cause cancer), and that smoking marijuana may increase the risk of respiratory diseases and cancers of the lungs, mouth, and tongue. I have been advised that cannabis (medical marijuana) smoke contains chemicals known as tars that may be harmful to my health. Vaporizers may substantially reduce many of the potentially harmful smoke toxins that normally present in marijuana smoke.

5. Medical marijuana is available in many different forms and you are encouraged to speak with your provider about what he/she feels would be best for your diagnosis. Patients enrolled in our Medical Marijuana Program here at Scott A. Fleischer, M.D., P.C. are encouraged to use edible or ingested forms of medical marijuana as inhalation of medication is associated with lung pathology including lung cancer. Patients who are on home oxygen are also encouraged to use edible forms of medication to avoid the risk of burn injuries if medication is smoked.

6. I understand that the side effects may occur while I am taking medical marijuana. These side effects have been explained to me. Side effects of medical marijuana can include, but are not limited to: Headache, Inattention, Decreased blood flow to the brain, Aggressiveness, Decreased verbal skills, Increased food consumption and weight gain, Hallucinations, Inability to concentrate, Suicidal ideation, Altered libido / Impotence, Euphoria, Addictive behaviors, Altered body temperature, Sedation, Nystagmus (repetitive, uncontrolled movements of the eyes), Fatigue, Anxiety or panic, Decreased coordination, Reduced muscle strength, Paranoia, Hunger, Rapid heart rate, Confusion, Increased talkativeness, Reduced testicular size, Amotivational syndrome (lack of a desire to complete tasks), and / or Depersonalization

7. Marijuana varies in potency. The effects of marijuana can also vary with the delivery system. Estimating the proper marijuana dosage is very important. Symptoms of marijuana overdose include, but are not limited to nausea, vomiting, disturbances to heart rhythms and numbness of the limbs and/or hacking cough.

8. For some patients, chronic marijuana over use can lead to laryngitis, bronchitis and general apathy.

9. Using marijuana may decrease reproduction function in men as well as women. Women who are trying to conceive, or who are pregnant or breast-feeding should not use marijuana. Marijuana may increase risk of leukemia in children whose mothers smoked marijuana during pregnancy. Marijuana may also increase risk of an aggressive form of testicular cancer in men.

10. I understand that some patients can become dependent on marijuana. This means they experience withdrawal symptoms when they stop using marijuana. Signs of withdrawal symptoms, while generally mild, can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbances, unusual tiredness, troubled concentration and/or loss of appetite.

11. Although marijuana does not produce a specific psychosis, the possibility exists that it may exacerbate schizophrenia in persons predisposed to that disorder.

12. I understand that using marijuana while under influence of alcohol is not recommended.

13. I agree to tell Dr. Fleischer if I have ever had symptoms of depression, been psychotic, attempted suicide, or had any other mental problem. I also agree to tell Dr. Fleischer if I have ever been prescribed or taken medicine for any of these problems.

14. I understand that Dr. Fleischer does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.

15. I affirm that I have a serious medical condition that adversely affects my quality of life. I have found or am interested in finding whether cannabis (medical marijuana) provides substantial relief and improvement in my condition.

16. If I start taking medical marijuana, I agree to discontinue use and tell Dr. Fleischer if I experience any adverse symptoms (side effects).

17. I understand that the cannabis plant is not regulated by the United States Food and Drug Administration and may contain unknown quantities of active ingredients, impurities and or contaminants. I am requesting an approval or recommendation for the use of this plant as medication. I assume full responsibility for any and all risks of this action.

18. I am advised that the use of cannabis may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or engage in potentially hazardous activities. I assume full responsibility for any harm resulting to me and I or other individuals as a result of my use of cannabis.

19. Some users develop a tolerance to marijuana. This means higher doses are required to achieve the same pain relief. If I think I may be developing a tolerance to marijuana, I will notify Dr. Fleischer.

20. I understand that Dr. Fleischer is neither providing nor dispensing cannabis, nor does he encourage any illegal activity in my obtaining medical marijuana.

21. I understand that, in order to conduct an appropriate evaluation, Dr. Fleischer must do a physical exam and take my prior medical history and family history.

22. At this time, cannabis is an alternative or complementary treatment. I understand to receive a recommendation for cannabis use, I should have tried, or be willing to consider trying, at least one other recommended treatment from a medical provider. I have obtained or attempted to obtain medical records pertaining to my condition or currently have medical records pertaining to my condition and agree to be referred for further evaluation as Dr. Fleischer deems necessary.

Patient Signature

Date

RELEASE OF ALL CLAIMS AND LIABILITY

1. I understand that should I be given a recommendation for medical use of cannabis; I understand that I must be regularly followed- up by a doctor and appear for a re-evaluation at a date specified by Dr. Fleischer.

2. I request a consultation by Dr. Fleischer for the sole purposes of determining the appropriateness of medical cannabis treatment. I, the undersigned, understand that there are no representations about the medical efficacy of cannabis.

3. I understand that Dr. Fleischer is addressing specific aspects of my medical care, and, unless otherwise stated are in no way establishing themselves as my primary care provider. Dr. Fleischer is only rendering an opinion regarding the therapeutic indication of the use of medical marijuana.

4. My heirs, assignee(s), or anyone acting on my behalf, hold Dr. Fleischer /nurse practitioner/ and his/her principles, agents and employees, free of and harmless from any responsibility and liability resulting from the use of cannabis. In case any claim or dispute arises, I agree to arbitrate such claims/disputes and I agree that Pennsylvania law will govern such claims/disputes.

5. Further, if any of these clauses is deemed invalid, the other clauses will remain in full force and effect.

Patient Signature

Date