



MED LEAF, LLC

MAUREEN A. ZELINKA, MD
4995 S US Hwy 1, Fort Pierce, FL 34982
Phone: (844) 633-5323



ADULT PERSONAL INFORMATION FORM

PATIENT INFORMATION:

FIRST NAME: _____ M. I.: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SS# _____ DOB: _____ GENDER: MALE FEMALE

PHONE#: _____ ALTERNATE#: _____

PRIMARY PHYSICIAN'S NAME: _____ PHONE#: _____

MARITAL STATUS: M S W D

DRIVER'S LICENSE#: _____

EMERGENCY CONTACT _____

ADDRESS: _____
(IF DIFFERENT FROM ABOVE)

PHONE#: _____

WHOM MAY WE THANK FOR YOUR REFERRAL?

NAME: _____ SOURCE: _____

FOR OFFICE USE ONLY	
FORMS REVIEWED BY: CHECK-IN RECEPTIONIST _____	DATE _____



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Phone: (844) 633-5323



RELEASE FORM

I, _____ (PRINT PATIENT NAME)

D.O.B. _____ SS# _____

Authorize _____ (PRINT DOCTOR'S NAME) (DOCTORS PHONE# OR FAX)

to release and discuss any and all medical records and medical information that you have for me in your possession regarding my medical condition and my medical treatment, including but not limited to, my medical history, my medical treatment, your findings regarding my medical condition, record of consultations I have had, records of medication prescribed for me, x- rays taken of me, my radiology reports, and hospital, and medical records to:

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for the sole purpose of medical records review and certification of my medical condition. I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information. This authorization is intended to be an unlimited, full, and complete Authorization for the release of any and all protected medical information as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Medical Records Access Act, as amended, and under the rules and regulations thereof, and covers all protected information from primary and secondary providers, health plans, health care clearinghouses, emergency services, financial and administrative transactions, and business associates. A covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization when the prohibition on conditioning of authorizations in 45 CFR 164.508(b) (4) applies. It is understood that the person to whom this Authorization is given has my permission to use and disseminate this information in his or her sole discretion.

- 1. Expiration. This authorization expires 18 months after patient signed this release.
2. Right to Revoke. I have the right to revoke this authorization by signing and dating a written statement revoking this authorization, and it shall become effective on delivery to you. If this authorization is revoked, any person or entity acting in good faith in reliance upon it and lacking actual knowledge of its revocation shall be held harmless.
3. Redisclosure. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected by this rule.
4. Administrative Provisions. I revoke any prior authorizations I have made to disclose health information that are inconsistent with this authorization. This document shall be governed by Florida law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub L No 104-191, and the Medical Records Access Act, MCL 333.26261 et seq. However, I intend it to be honored in any jurisdiction where it is presented and for other jurisdictions to refer to Florida law and HIPAA to interpret and determine the validity and enforceability of this document. Photocopies or facsimile reproductions of this signed authorization shall be treated as original counterparts. I am providing this authorization voluntarily and have not been required to give it to obtain treatment. I am at least 18 years old and of sound mind.
5. Any Billing for Medical Records is solely the patient's responsibility

_____, DATE _____
(PATIENT OR LEGAL REPRESENTATIVE'S SIGNATURE)



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ADULT NEW PATIENT INTAKE HISTORY

Patient Name: _____ DOB: _____

Patient Health History

Date of Last Exam: _____ Results: _____

Any Serious short or long-term illness: No Yes If yes, what and when? _____

Any Operations or Hospitalizations? No Yes

If yes, what and when? _____

Does Any Family Member(s) Smoke: No Yes If yes, who, what & where? _____

Any Medication / Allergies? : No Yes If yes, what med and what was the reaction? _____

ANY HISTORY OR DIFFICULTY WITH ANY OF THE FOLLOWING: (CIRCLE YES OR NO)

Yes No - AIDS/HIV	Yes No - Chicken Pox	Yes No - Hearing Problems	Yes No - Pneumonia
Yes No - Anemia	Yes No - Constipation	Yes No - Heart Problems	Yes No - Rheumatic Fever
Yes No - Asthma	Yes No - Convulsion	Yes No - Hepatitis	Yes No - Sinus Problem
Yes No - Bed Wetting	Yes No - Diabetes	Yes No - Kidney Disease	Yes No - Speech Problems
Yes No - Birth Defects	Yes No - Diarrhea	Yes No - Lead Poisoning	Yes No - Thyroid Disease
Yes No - Bladder Problems	Yes No - Drug/Alcohol Abuse	Yes No - Liver Disease	Yes No - Tuberculosis
Yes No - Excessive Bleeding	Yes No - Ear Infection	Yes No - Measles	Yes No - Urinary Disease
Yes No - Cancer	Yes No - Epilepsy	Yes No - Mononucleosis	Yes No - Vision Problems
Yes No - Cerebral Palsy	Yes No - Fainting	Yes No - Mumps	Other _____

Name of Person Completing Form: _____

Relationship to Patient: _____ Date: _____



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RELEASE OF LIABILITY

I hereby acknowledge **Med Leaf, LLC** and its employees are not addressing specific aspects of my medical care nor are any of them my primary care provider. Furthermore, I for, myself, my heirs, assigns, or its principals, agents, and employees free of and harmless from any responsibility for any harm resulting to me and/or other individuals because of my THC use.

I certify that I fully understand the potential risks and side effects related to the use of THC as described above.

In using THC, I fully accept responsibility and assume the risks and side effects associated with its use.

I agree that **Med Leaf, LLC** and employees shall not be held responsible for any harm resulting to me and/or other individual(s) because of my use of THC.

I certify that I have read this document and declare under penalties of perjury that the information contained herein is true, correct, and complete.

Patient Name: _____

Patient Signature: _____ Date: _____



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THC ACKNOWLEDGEMENT OF DISCLOSURE AND INFORMED CONSENT

Please read each item below and initial in the space provided to indicate that you understand and agree with the information regarding the risks and side effects of using THC. Do not sign this agreement and do not use THC if you have questions about or do not understand the information you have received. Please tell us if you do not understand any of the information provided.

Patient's Name: _____

Patient's Signature: _____

Address: _____

City: _____ State: FL. Zip Code: _____

Physician Obtaining Consent: Dr. Maureen A. Zelinka

Physician's Signature: _____ Date: _____

MEDICAL MARIJUANA CONSENT FORM

A qualified physician may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian if the patient is a minor must initial each section of this consent form to indicate that the physician explained the information and, along with the qualified physician, must sign and date the informed consent form.

THE FEDERAL GOVERNMENT'S CLASSIFICATION OF MARIJUANA AS A SCHEDULE I CONTROLLED SUBSTANCE.

The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined in part as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana even in states, such as Florida, which have modified their state laws to treat marijuana as a medicine.

When in the possession or under the influence of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

THE APPROVAL AND OVERSIGHT STATUS OF MARIJUANA BY THE FOOD AND DRUG ADMINISTRATION.

Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

THE POTENTIAL FOR ADDICTION.

Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact Dr. Maureen A. Zelinka

THE POTENTIAL IMPACT THAT MARIJUANA MAY HAVE ON A PATIENT'S COORDINATION, MOTOR SKILLS, AND COGNITION, INCLUDING A WARNING AGAINST OPERATING HEAVY MACHINERY, OPERATING A MOTOR VEHICLE, OR ENGAGING IN ACTIVITIES THAT REQUIRE A PERSON TO BE ALERT OR RESPOND QUICKLY.

64B15IER17-1 (64E&9.018, F.AC) 64B15ER17-1 (64B15-14.013, F.AC) DH-'MOA-5026 08/17

The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of crashing, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence."

THE POTENTIAL SIDE EFFECTS OF MEDICAL MARIJUANA USE.

Potential side effects from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair cv judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

I agree to contact Dr. Zelinka if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact Dr. Zelinka if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

THE RISKS, BENEFITS, AND DRUG INTERACTIONS OF MARIJUANA.

Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness. Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact Dr. Zelinka immediately or go to the nearest emergency room.

Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I agree to follow the directions of Dr. Zelinka regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

6488ER17-I (6488-9.018. MAC) 64815EP17-1 (64815-14.013, F.AG) DH-M 5026 08/17

Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact Dr. Zelinka immediately or go to the nearest emergency room if these symptoms occur.

I understand that medical marijuana may have serious risks and may cause low birth weight or other abnormalities in babies. I will advise Dr. Zelinka if I become pregnant, try to get pregnant, or will be breastfeeding.

THE CURRENT STATE OF RESEARCH ON THE EFFICACY OF MARIJUANA TO TREAT THE QUALIFYING CONDITIONS SET FORTH IN THIS SECTION.

CANCER. There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma. There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.

There is conclusive evidence that oral cannabinoids are effective antiemetic in the treatment of chemotherapy-induced nausea and vomiting.

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

EPILEPSY. There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.

Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabinoids for different forms of epilepsy have been completed and await publication.

GLAUCOMA. There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.

Lower intraocular pressure is a key target for glaucoma treatments. Non randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oral mucosa) spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continual rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

64BS£RI7-I (649&9.018, F.AG) 64BI5ER17-1 (64BI614.013, F.AC) DH-MOA-5026 08/17

POSITIVE STATUS FOR HUMAN IMMUNODEFICIENCY VIRUS/ There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

ACQUIRED IMMUNE DEFICIENCY SYNDROME. There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

POST-TRAUMATIC STRESS DISORDER. There is limited evidence (a simple, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder. A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use(plant derived forms) and increased severity of p6sttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

AMYOTROPHIC LATERAL SCLEROSIS. There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.

Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

64B8ERI7-I (64E-9.018, F.AG) 64BI5ER17-I (64BI 5-14.013, F.AC) DH-MOA-5026 08/17

CROHN' S DISEASE. There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome. Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease .

PARKINSON'S DISEASE. There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa induced dyskinesia.

Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease . A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

MULTIPLE SCLEROSIS. There is substantial evidence that oral cannabinoids are an effective treatment for Improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.

Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

MEDICAL CONDITIONS OF SAME KIND OR CLASS AS OR COMPARABLE TO THE ABOVE QUALIFYING MEDICAL CONDITIONS. The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's medical condition.

The summary is attached to this informed consent as Addendum

64B3ERI7-1 (64E£L9.018, F.AG) 64B15E 17-1 (64B15-14.013, FAQ) DH-MOA-5026 08/17

TERMINAL CONDITIONS DIAGNOSED BY A PHYSICIAN OTHER THAN THE QUALIFIED PHYSICIAN ISSUING THE PHYSICIAN CERTIFICATION. The qualifying physician has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition.

The summary is attached to this informed consent as Addendum

CHRONIC NONMALIGNANT PAIN. There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.

The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms.

While the use of cannabis for the treatment of pain is supported by well controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

THAT THE PATIENT'S DE-IDENTIFIED HEALTH INFORMATION CONTAINED IN THE PHYSICIAN CERTIFICATION AND MEDICAL MARIJUANA USE REGISTRY MAY BE USED FOR RESEARCH PURPOSES.

The Department of Health submits a data set to the Medical Marijuana Research and Education Coalition for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that Dr. Zelinka has informed me of the nature of a recommended treatment, including but not limited to; any recommendation regarding medical marijuana.

Dr. Zelinka also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Zelinka informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

64B8ER17-1 (64B&9.018, F.AC) 64B15EPI7-1 (64BI614.013, F.AC) DH-MOA-5026 08/17

There is substantial evidence of a statistical association between long-term cannabis smoking and worsening respiratory symptoms and more frequent chronic bronchitis episodes. Smoking marijuana is associated with large airway inflammation, increased airway resistance, and lung hyperinflation. Smoking cannabis, much like smoking tobacco, can introduce levels of volatile chemicals and tar in the lungs that may raise concerns about the risks of cancer and lung disease.

ORDERING SMOKEABLE MARIJUANA FOR A TERMINAL PATIENT UNDER 18.

Initial here if you are not a terminal patient under 18 who will be receiving medical marijuana in a smokeable form. After initialing here, complete Part C.

If the patient is under 18, has a terminal condition, and will be receiving medical marijuana in a smokeable form, please review and initial the remainder of Part B before completing Part C.

RESPIRATORY HEALTH

Exposure to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease. Given the known relationships between tobacco smoking and respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health, and some investigators argue that cannabis smoking may be even

more harmful than tobacco smoking. Data collected from 15 volunteers suggests that smoking one cannabis joint can lead to four times the exposure to carbon monoxide and three to five times more tar deposition than smoking a single cigarette.

COGNITIVE AND PSYCHOSOCIAL DEVELOPMENT

Researchers are still studying the long-term effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescent and young adulthood that the neural substrates that underlie the development of cognition are most active. Adolescence marks one of the most impressive stretches of neural and behavioral change with substantial a protracted development in terms of both brain structure and function. As a result, cannabis and other substance use during this period may incur relatively greater interference in neural, social, and academic functioning compared to late developmental periods.

There is a moderate evidence of a statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory, and attention.

There is limited evidence of a statistical association between sustained abstinence from cannabis use and impairments in the cognitive domains of learning, memory, and attention.

There is limited evidence of a statistical association between cannabis use and impaired academic achievement and education outcomes.

There is limited evidence of a statistical association between cannabis use and increased rates of unemployment and/or low income.

There is limited evidence of a statistical association between cannabis use and impaired social functioning or engagement in developmentally appropriate social roles.

Less blood flow to parts of the brain.

ADDICTION

Marijuana, like some other brain-altering substances, can be addictive. Nearly one in 10 marijuana users will become addicted. Starting to use marijuana at a younger age can lead to a greater risk of developing a substance use disorder later in life. Adolescents who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder.

FOLLOWING TO BE COMPLETED BY ALL MEDICAL MARIJUANA PATIENTS

I have had the opportunity to discuss these matters with the physician and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that Dr. Zelinka has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

Dr. Zelinka also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that Dr. Zelinka informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. Dr. Zelinka has explained the information in this consent form about the medical use of marijuana.

Patient (print name) _____

Patient signature or signature of the parent or legal guardian if the patient is a minor:

_____ Date _____

I have explained the information in this consent form about the medical use of marijuana to

(Print patient name).

Qualified Physician signature: _____ Date: _____

Witness: _____ Date: _____



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WARNINGS:

I am being evaluated for a physician's order for THC. The physician will make this order, based, in part, on the medical information I have provided. I hereby acknowledge that I have not misrepresented my medical condition to obtain this recommendation and it is my intent to use THC only as needed for the treatment of my medical condition, not for recreational or non-medical purposes. I understand that it is my responsibility to be informed, regarding state and federal laws regarding the possession, use, sale/purchase and/or distribution of THC. I have been informed of and understand the following:

PLEASE HAVE PATIENT READ AND INITIAL ALL OF THE FOLLOWING BOXES:

- I understand that possession or use of THC is unlawful under Federal law and outside of the state of Florida. I also understand that possession or use of THC is unlawful within the state of Florida if not recommended for medical purposes by a licensed medical doctor with the legal ability to do so.
- Certain forms THC may have intoxicating effects and has not been analyzed or approved by the United States Food and Drug Administration and was produced without FDA oversight for health, safety, or efficacy. THC may contain unknown quantities of active ingredients, impurities, or contaminants.
- The efficacy and potency of THC may vary widely depending on the strain and ingestion method.
- If THC is eaten or swallowed: This product has been infused with cannabis or active compounds of cannabis. When eaten, or swallowed, the intoxicating effects of this drug may be delayed by two or three hours or more.
- There is limited information on the side effects of using THC, and there may be associated health risks.
- Symptoms of THC overdose include but are not limited to nausea, vomiting and disturbances to heart rhythm.
- For some patients, chronic THC usage can lead to laryngitis, bronchitis, and general apathy.

I understand side effects of THC can include but are not limited to:
 Memory loss, Irregular heartbeat, Slower reaction time/inability to concentrate, Poor physical condition, Cough/bronchitis/shortness of breath, Dizziness, Impaired vision,
 Drowsiness/fatigue/abnormal sleep, Depression, Laryngitis, Low blood pressure, Impairment of motor skills, Anxiety/Nervousness, Dry mouth, Suppression of immune system, Hunger/Loss of appetite, Dependency, Confusion, Feelings of euphoria, Headache/nausea/vomiting, Numbness, Agitation, Paranoia/psychotic symptoms, Sedation.

The scientific basis for the medical use of THC is not complete. There is little known regarding how THC may, or may not react with other pharmaceutical or herbal medications.

Some patients can become dependent on THC. This means they experience withdrawal symptoms when they stop using it. Signs of withdrawal symptoms can include feelings of depression, sadness or irritability, restlessness or mild agitation, insomnia, sleep disturbance, unusual tiredness, trouble concentrating, and loss of appetite.

Some users develop a tolerance to THC. This means higher and higher doses are required to achieve the same symptom relief.

The possibility exists that THC may exacerbate schizophrenia in persons predisposed to that disorder.

Women should not consume THC while planning to become pregnant, during pregnancy, or while breast feeding, except on the advice of the certifying health practitioner, and in the case of breast feeding mothers, on the advice of the infant's pediatrician.

Using THC while under the influence of alcohol is not recommended.

The use of THC may affect coordination, cognition, and judgment. While under the influence of THC, do not to drive, operate machinery, or engage in potentially hazardous activities.

Please note that THC will degrade over time. Always keep out of reach of children and pets.

Patient (print name) _____

Date _____

 Patient signature or signature of the parent or legal guardian if the patient is a minor



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THC PATIENT AGREEMENT

PLEASE HAVE PATIENT READ AND INITIAL ALL OF THE FOLLOWING BOXES:

I have never had symptoms of schizophrenia or have been diagnosed as having schizophrenia by a physician or mental health professional.	
I understand that my medical professional does not suggest nor condone that I cease treatment of medications that stabilize my mental or physical condition.	
I am not pregnant, intending on becoming pregnant, or breastfeeding.	
When under the influence and/or in possession of THC in public, your state issued THC ID Card or temporary state issued verification should be on your person at all times.	
I understand if I give dishonest or untruthful information, I will be discharged.	
I understand I must give 24 hours notice for cancellation of appointments. I further understand that 2 or more no calls/no shows within a calendar year will result in my discharge from the practice as well as possible revocation of patient recommendation.	
<p>I understand there are certain requirements to remain in compliance with Florida law regarding THC. Some of these requirements include (but are not limited to):</p> <ul style="list-style-type: none"> - Regularly scheduled follow-ups at intervals determined by state law (every 3 mo.) <p>I understand that the Department of Health may revoke a Compassionate Use Registry identification card for any of the following:</p> <ul style="list-style-type: none"> (a) The patient or legal representative makes material misrepresentations in his or her application. (b) The patient uses his or her card to obtain cannabis for another individual (c) The legal representative purchases, obtains, possesses, or uses cannabis not sold by an approved (d) dispensing organization, or (e) The patient is no longer a qualified patient. 	
I understand and acknowledge that my patient information must be provided to the Office of Compassionate Use and that my treatment plan (and follow-up treatment plans) must be provided to the University of Florida's College of Pharmacy by state law.	

PATIENT REASONS FOR THE NEED OF THC.

In your own words, please describe why you feel that THC will benefit you

Patient (print name) _____

Patient signature or signature of the parent or
legal guardian if the patient is a minor:

Date _____



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HIPPA PRIVACY STATEMENT

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully and sign on the last page.

YOUR RIGHTS. When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you in writing within 60 days.

Request confidential communications

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

Get a list of those with whom we've shared information

You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, O.C 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. We will not retaliate against you for filing a complaint.

YOUR CHOICES. For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes;
- Sale of your information
- Most sharing of psychotherapy notes

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

- Treat you. We can use your health information and share it with other professionals who are treating you. Example: A doctor treating you for an injury asks another doctor about your overall health condition.
- Run our organization. We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

RESPOND TO LAWSUITS AND LEGAL ACTIONS

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing.
- If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

CHANGES TO THE TERMS OF THIS NOTICE

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

The Effective Date of the Notice

Patient Signature _____ Date _____