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## Patient Agreement

Ayr NJ, strives to create a safe, secure, and compassionate environment to offer relief to its valued patients in the course of providing medical cannabis, cannabis-infused or derived products, and related products and services. For the protection of its patients and to fulfill its mission and pharmacological research objectives, Ayr NJ and its employees must adhere to stringent statutes, regulations, policies, and best practices. Accordingly, it is imperative that the following rules be followed at all times. Thank you for your cooperation and understand.

**Please review and acknowledge the following:**

- I. I am a resident of the state of New Jersey.
- II. I agree to allow Ayr NJ to make a copy of my New Jersey driver's license or State-issued ID.
- III. I agree to allow Ayr NJ to make a copy of my Medical Marijuana Program ID card and physician recommendation for medical cannabis.
- IV. I acknowledge the U.S. Food and Drug Administration (FDA) has NOT approved cannabis as a safe and effective drug for any indication. I can learn more about the FDA and cannabis at . I also acknowledge that cannabis is a prohibited Schedule I controlled substance under federal law. Although the manufacture and distribution of medical cannabis by a State-licensed facility and its possession and use by registered, qualifying patients may be permitted by state law. I acknowledge its status under federal law and agree to assume all risks associated therewith. I fully indemnify and release Ayr NJ and all of its officers; directors, Advisory Board members; employees; contractors; vendors; affiliated, parent, or subsidiary organizations; and assigns from all liability that ever could have or may arise from my purchase or use of medical cannabis, cannabis-infused or derived products, or related products and services from Ayr NJ.
- V. I understand medical cannabis may have side effects, including but not limited to increased heart rate, dizziness, lightheadedness, shallow breathing, loss of balance, slowed reaction time, increased appetite, effects on mood, etc. I assume all risk associated with procuring or using medical cannabis, cannabis-infused or derived products, or related products and services from Ayr NJ.
- VI. I agree not to act in any manner potentially harmful or injurious to others while under the influence of medical cannabis or cannabis-infused or derived products, including without limitation driving a motor vehicle and operating machinery.
- VII. I will never bring any weapon or anything that can be used or construed as a weapon onto Ayr NJ premises.

- VIII. Because of the sensitive nature of the horticultural, manufacturing, and dispensing operations at Ayr NJ's facility and pursuant to its security policy, I agree not to use a cell phone, camera, or any type of recording device while on Ayr NJ's premises.
- IX. I agree to never redistribute any product purchased at Ayr NJ, without exception.
- X. I understand Ayr NJ may decline to provide medical cannabis to any patient who exhibits loud, abusive, or discourteous behavior towards other patients or employees.
- XI. I agree to follow and adhere to all provisions of the New Jersey Compassionate Use Medical Marijuana Act and the Department of Health Regulations, and I agree to provide Ayr NJ with my full cooperation in its efforts to comply with same.
- XII. Refunds will not be made on any transactions occurring at the facility.
- XIII. In the event Ayr NJ declines to serve me at any time for any reason, I shall have the right to appeal to the General Manager of Ayr NJ. The appeal shall set forth the specific circumstances of why Ayr NJ has determined to decline or stop services and any mitigating circumstances which the patient wishes to bring forth to Ayr NJ for it to reconsider its decisions.

By signing below, I agree to and acknowledge the above terms.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **NJMMP ID#:** \_\_\_\_\_



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## **Advisory and General Release of Liability**

Ayr NJ takes great pride in providing the highest quality State Certified organic medical marijuana. Be advised that the medical marijuana that you have purchased or are about to purchase has been randomly batch tested and the contents of the sealed container you are about to purchase has been certified as chemical free and organic. By signing this document, you release Ayr NJ from any and all liability for any and all reasons should you in any way adulterate the product we dispense to you. The consumption of this medical marijuana in the State of New Jersey should only be done in close consultation with your physician and medical professional.

Medical marijuana is like any other medicine and should be treated the same as if you walked into your local pharmacy and bought a prescription drug. It is not meant to be adulterated in any way.

By signing below, I agree to and acknowledge the above terms.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**NJMMP ID#:** \_\_\_\_\_



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# **Patient Email and Text Message Consent Form**

Ayr NJ would like to communicate with you by email and text message (also known as SMS) to provide general business information such as weather related closings, special holiday hours, sales and promotions. This form provides information about the risks of these forms of communication, guidelines for email/text communication, and how we use email/text communication. It also will be used to document your consent for communication with you by email and text message.

1. **How we will use email and text messaging:** We use these methods to communicate only about non-urgent issues such as closings and promotional marketing. If you choose to respond by email or text messages, AYR NJ is not responsible for the security of those responses, and may forward them to another AYR NJ staff member as necessary for appropriate handling.
2. **Risk of using email and text messages:** The use of email and text messages has a number of risks that you should consider. These risks include, but are not limited to, the following:
  - a. Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
  - b. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
  - c. Employers and on-line services have a right to inspect emails and texts sent through their company systems.
  - d. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
  - e. Emails and texts can be used as evidence in court.
  - f. Emails and text messages may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications
3. **Conditions for the use of email and text messages:** AYR NJ cannot guarantee but will use reasonable means to maintain security and confidentiality of email/text information sent and received. You must acknowledge and consent to the following conditions:
  - a. **IN A MEDICAL EMERGENCY, DO NOT USE EMAIL, CALL 911.** Do not email or text for urgent problems.
  - b. Email and text messages may be filed electronically into your patient file.
  - c. AYR NJ employees will not forward your identifiable email/texts to outside parties without your written consent, except as authorized by law.
  - d. You should use your best judgement when considering the use of email or text messages for communication of sensitive medical information. AYR NJ employees are not responsible for the content of messages sent by patients.
  - e. AYR NJ is not liable for breaches of confidentiality caused by you or any third party.
4. **Withdrawal of consent:** I understand that I may revoke this consent at any time by advising AYR NJ in writing. Patients may also follow appropriate protocols in emails and texts to “unsubscribe” from receiving notification.
5. **Patient acknowledgement and agreement:** I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as

a form of communication between AYR NJ and me, and consent to the conditions and instructions outlined, as well as any other instructions that AYR NJ may impose to communicate with me by email or text message.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **NJMMP ID#:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_ **Preferred Phone #:** \_\_\_\_\_

**Preferred Contact (Select one):**



## New Patient Symptom Assessment

Symptom	Scale	Daily Average
○Anxiety	<b>0</b> - No Symptoms <b>1</b> – Mild <b>2</b> – Moderate <b>3</b> – Severe	
○Decreased appetite	<b>0</b> - No Symptoms <b>1</b> – Mild <b>2</b> – Moderate <b>3</b> – Severe	
○Depression	<b>0</b> - No Symptoms <b>1</b> – Mild <b>2</b> – Moderate <b>3</b> – Severe	
○Fatigue	<b>0</b> - No Symptoms <b>1</b> – Mild <b>2</b> – Moderate <b>3</b> – Severe	
○Insomnia	<b>0</b> – Never <b>1</b> – Once per month <b>2</b> – 1-3 times/month <b>3</b> – 1-3 times/week <b>4</b> – Daily <b>5</b> - Constantly	
○Muscle spasms	<b>0</b> - No Symptoms <b>1</b> – Mild <b>2</b> – Moderate <b>3</b> – Severe	
○Nausea	<b>0</b> – None <b>1</b> – Occasional nausea <b>2</b> – Frequent nausea <b>3</b> – Occasional nausea/vomiting <b>4</b> – Frequent nausea/occasional vomiting <b>5</b> – Frequent nausea/frequent vomiting	



## New Patient Symptom Assessment cont'd.

○ <b>Numbness</b>	<b>0</b> - No Symptoms <b>1</b> - Mild <b>2</b> - Moderate <b>3</b> - Severe	
○ <b>Pain</b>	<b>0</b> - None <b>1</b> - Little bit <b>2</b> - Little more <b>3</b> - Even more <b>4</b> - A whole lot <b>5</b> - Worst	
○ <b>Seizures</b>	<b>0</b> - Never <b>1</b> - Once per month <b>2</b> - 1-3 times/month <b>3</b> - 1-3 times/week <b>4</b> - Daily <b>5</b> - Constantly	
○ <b>Tingling</b>	<b>0</b> - No Symptoms <b>1</b> - Mild <b>2</b> - Moderate <b>3</b> - Severe	
○ <b>Weight loss</b>	<b>0</b> - Significant weight gain <b>1</b> - Some weight gain <b>2</b> - No change <b>3</b> - Some weight loss <b>4</b> - Significant weight loss	
○ <b>Other symptoms:</b>		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

NJMMP ID#: \_\_\_\_\_

Qualifying Condition(s): \_\_\_\_\_



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## **Document Uploads**

Supporting documents may be uploaded here. For examples of accepted proof of Government Assistance and/or Veteran Status, please visit:

[https://njmmp.nj.gov/njmmp/images/Government\\_Assistance\\_Samples.pdf](https://njmmp.nj.gov/njmmp/images/Government_Assistance_Samples.pdf)

<b>Medical Marijuana ID Card (required)</b>	
<b>NJ Driver's License/ Government Issued ID (required)</b>	
Proof of Government Assistance (if applicable)	
Proof of Veteran Status (if applicable)	
Proof of UFCW Union Membership (if applicable)	
Proof of address change (Required if the address on your Medical Marijuana card does not match the address listed on your Government Issued ID)	



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## Patient and Caregiver Guidelines

- Patients and caregivers should always carry proper identification, including MMP cards, ***at all times.***
- Medicinal marijuana always should be maintained in its original labeled packaging.
- Patients should keep medicinal marijuana at their residence and only transport it when absolutely necessary. Understand that the smell of burning or raw marijuana outside a home will attract law enforcement attention.
- If transporting or possessing medicinal marijuana outside their residence patients and caregivers should keep the amount in their possession to a minimum and, as stated above, always should be maintained in its original packaging.
- Patients and caregivers are not allowed to share, or in any other way re-distribute medicinal marijuana to any other person. Medicinal marijuana is intended solely for the consumption of the patient.
- Patients may possess paraphernalia, but only for the purpose of consuming medicinal marijuana.
- Patients and caregivers may not grow or cultivate marijuana, or be in possession of a marijuana plant.
- Patients and caregivers may not possess marijuana obtained from a source other than a New Jersey ATC.
- Patients may not operate a motorized vehicle (of any sort), aircraft, railroad train, stationary heavy equipment or a vessel while under the influence of medicinal marijuana.
- Patients are encouraged to use medicinal marijuana only in their residence.
- Patients may not smoke medicinal marijuana in a school bus, on public transportation, or in a private vehicle while in motion. Additionally, patients may not smoke medicinal marijuana on any school grounds or at any correctional facility, public park, beach, recreation center, or other place where smoking is prohibited.
- Patients and caregivers may not take medicinal marijuana across state lines.
- Patients or a primary caregiver in possession of unwanted marijuana shall dispose of the marijuana by returning it to an alternative treatment center. The person returning the marijuana for disposal should present a valid registry identification card, a New Jersey driver's license or other State-issued photo identification to the ATC or the police.
- All patients and caregivers should be cooperative and truthful at all times with law enforcement; to the extent they encounter them while in possession of medicinal marijuana or paraphernalia.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_