



COMPASSIONATE
CANNABIS CLINIC

Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Compassionate Cannabis Fort Myers New Intake

Name: _____ Date of Birth: _____

Were you referred by a doctor or friend? Yes or No

Name? _____

Why are you seeking treatment? _____

Have you ever been treated for substance dependence or misuse? Yes or No
If yes please explain and provide dates: _____

Do you have a cannabis card in another state? Yes or No

Are there any current legal issues that we should be aware of, e.g. Parole, Probation, etc.?
Yes or No

If yes, please provide the date(s) and explanation: _____

If applicable, are you pregnant? Yes or No

Medical History: _____

Surgical History: _____

Smoking status? Yes or No

Do you drink alcohol? Yes or No
If yes, how often? _____ day/week/month



COMPASSIONATE
CANNABIS CLINIC

Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Compassionate Cannabis Fort Myers New Intake

Name: _____

Date of Birth: _____

Please list ALL MEDICATION AND SUPPLEMENTS. Please also add the Dosage and Directions

Allergies: _____



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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.

A. 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 of 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.

B. 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.

C. 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. Auld.

D. The potential effect 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.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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."

E. 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 body's 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 schizophrenia in people 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 my 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.

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 risk of cancer and lung disease.

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 Heather V Auld 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



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

contact Dr. Auld 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.

F. 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. Auld 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. Auld regarding the use of prescription and nonprescription medication. I will advise any other of my treating physician(s) of my use of medical marijuana.

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. Auld 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 birthweight or other abnormalities in babies. I will advise Dr. Auld if I become pregnant, try to get pregnant, or will be breastfeeding.

G. 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.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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 antiemetics 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.

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. Nonrandomized 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 and or mucosal 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.

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.



Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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

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 cannabidiol for different forms of epilepsy have been completed and await publication.

Post-traumatic stress disorder – There is limited evidence (a single, 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 posttraumatic 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.

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.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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 A.

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 A



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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.

H. 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. Auld has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana. Dr. Auld 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. Auld informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

PART B: Ordering smokable 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 smokable 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 smokable form, please review and initial the remainder of Part B before completing Part C.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

Respiratory Health- Exposures 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 multiple respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health, and some investigators agree that cannabis smoking may be even more harmful than that of tobacco smoking. Data collected from 15 volunteers suggest 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 health effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescence 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 moderate evidence of statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory and attention.

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

There is limited evidence of 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.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Florida's Boards of Medicine and Board of Osteopathic Medicine
Medical Use of Marijuana Consent Form

Name: _____

Date of Birth: _____

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 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.

PART C: MUST BE COMPLETED FOR ALL MEDICAL MARIJUANA PATIENTS

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

Heather V Auld, MD 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. Auld informed me of any alternatives to the recommended treatment, including the explained information in this consent form about the medical use of marijuana.

Heather V Auld, MD has explained the information in this consent form about the medical use of marijuana.

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

(Name)_____.

64B8ER17-1 (64B8-9.018, F.A.C.)
64B15ER17-1 (64B15-14.013, F.A.C.)
DH-MQA-5026
08/17

Patient Signature: _____

Date: _____



Medical Marijuana Patient Agreement

Name: _____

Date of Birth: _____

I understand the requirements of the State of Florida's Medical Marijuana program

- I understand I must give 48-hours notice for cancellation of appointments. If I do not give proper notice for cancellation of an appointment, I may have to prepay for future appointments and will have my active orders cancelled until I am seen again by the doctor.
- I 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/certification.
- I understand if I give dishonest or untruthful information, I will be discharged from the practice and may have my recommendation revoked.
- I understand I cannot use medical marijuana.
 - In any public place, except for low-THC cannabis.
 - In my place of employment, except when permitted by my employer.
 - On the grounds of a preschool, primary school, or secondary school.
 - In a school bus, a vehicle, an aircraft, or a motorboat, except for low-THC cannabis
- I understand and acknowledge that I am required to pay for services prior to them being rendered.
- I understand no refunds will be issued for services rendered

Release Of Liability

I hereby acknowledge Compassionate Cannabis Clinic, SWFL integrative medicine, 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 anyone acting on my behalf, hold Compassionate Cannabis Clinic, SWFL INTEGRATIVE MEDICINE, and 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 Medical Marijuana use.

I certify that I fully understand the potential risks and side effects related to the use of Medical Marijuana.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Medical Marijuana Patient Agreement

Name: _____ Date of Birth: _____

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

I agree that Compassionate Cannabis Clinic, SWFL Integrative Medicine, and employees shall not be held responsible for any harm resulting to me and/or any other individual(s) because of my use of Medical Marijuana.

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 Signature: _____ Date: _____



COMPASSIONATE
CANNABIS CLINIC

Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Clinical Policies

Name: _____

Date of Birth: _____

The state of Florida requires we certify patients every 30 weeks (7 months)

Patient Encounter Policy

These certification encounters (visits) require an in person, face to face examination with the physician present within the same room.

These visits are classified as Certification Visits and the first visit cost is \$199 and the Re-Certification visits are \$165. Certification encounters must occur once every 30 weeks per state law (381.986, Florida Statutes).

New patients may be required by the physician to be seen for a follow-up encounter within 90 days of their initial certification visit. Additionally, the physician may require encounters (visits) in increments greater than the state required minimum. For both, these encounters are classified as Office Visits and the cost is \$100.

If you cancel or change your appointments, the Qualifying Physician will cancel existing orders and/or certifications and may discharge you from his/her care.

We reserve the right to deactivate or discharge patients at any time for any reason.

Cancellation/No Show Payment Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise when another patient fails to cancel, and we were unable to schedule you for a visit due to a full schedule. If you do not cancel your scheduled appointment with at least 48 hours advance notice, any active orders within the Medical Marijuana Use Registry will be cancelled and will not be re-entered until you are seen by the physician.

Scheduled Appointments

We understand that delays can happen, however, we must try to keep the other patients and doctors on time. We request you come 30 minutes early to your appointment to account for traffic and to complete the required paperwork. If you are 15 minutes past your scheduled time, your provider may not be able to complete a full visit or we will do our best to accommodate you and fit you into the schedule later in the day. If you can not complete your visit you will be charged for the full visit and you will be required to book a new visit.



**COMPASSIONATE
CANNABIS CLINIC**

Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Clinical Policies

Name: _____

Date of Birth: _____

Account Balances

We will require that patients pay their account balances to zero (0) prior to receiving further services by our practice. We also require payment be rendered prior to services.

Minor Patients

Florida law requires a second physician review the health record of any patient under the age of 18 and provide a signed attestation agreeing with the Qualifying Physician's determination the benefits of medical marijuana outweigh the risk to the patient prior to certifications or orders being entered into the Medical Marijuana Use Registry. We will provide parents/guardians with a sample form they can take to their pediatrician or primary care physician to complete. If that is not an option, we can have a pediatric physician review the child's records and provide the required attestation. The fee for this service is \$75 and is due on the date of encounter.

Abuse of Staff / Vulgarly

Should any patient become rude, vulgar, or abusive to any clinical staff - whether in person or over the phone - we reserve the right to discharge you from our care. Should you be discharged for abuse of staff, your orders and certification will be cancelled within the Medical Marijuana Use Registry.

Refund Policy

No refunds will be issued for any services previously rendered.
These policies are subject to change without notice.

I, _____ hereby acknowledge receipt of a copy of the Clinical Policy including, but not limited to, Patient Encounter Policy, Cancellation/No Show Policy, Refund Policy, Scheduled Appointment Policy, Account Balances Policy, Minor Patient Policy, and Abuse of Staff / Vulgarly Policy for SWFL INTEGRATIVE MEDICINE, and Compassionate Cannabis Clinic.

Patient Signature: _____

Date: _____



COMPASSIONATE
CANNABIS CLINIC

Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Non-Disclosure Agreement

Name: _____

Date of Birth: _____

This Non-disclosure Agreement (this "Agreement") is made effective as of (Today date)_____/_____/_____ by and between SWFL Integrative Medicine (the "Owner"), in a multi-faceted capacity, to Recipient during the course of the scope of their employment with Owner. This information includes, but isn't limited to: medical records, medical billing information, private patient information, internal corporate policy and procedure, marketing information, and information pertaining to day to day clinical operation.

The Owner has requested, and the Recipient agrees that the Recipient will protect the confidential material and information which may be disclosed between the Owner and the Recipient. Therefore, the parties agree as follows:

I. CONFIDENTIAL INFORMATION- The term "Confidential Information" means any information or material which is proprietary to the Owner, whether or not owned or developed by the Owner, which is not generally known other than by the Owner, and which the Recipient may obtain through any direct or indirect contact with the Owner. Regardless of whether specifically identified as confidential or proprietary, Confidential Information shall include any information provided by the Owner concerning the business, technology and information of the Owner and any third party with which the Owner deals, including, without limitation, business records and plans, trade secrets, technical data, product ideas, contracts, financial information, pricing structure, discounts, computer programs and listings, source code and/or object code, copyrights and intellectual property, inventions, sales leads, strategic alliances, partners, and customer and client lists. The nature of the information and the manner of disclosure are such that a reasonable person would understand it to be confidential.

A. "Confidential Information" does not include:

Matters of public knowledge that result from disclosure by the Owner; Information rightfully received by the Recipient from a third party without a duty of confidentiality; Information independently developed by the Recipient; Information disclosed by operation of law; Information disclosed by the Recipient with the prior written consent of the Owner; And any other information that both parties agree in writing is not confidential.

II. PROTECTION OF CONFIDENTIAL INFORMATION.

The Recipient understands and acknowledges that the Confidential Information has been developed or obtained by the Owner by the investment of significant time, effort and expense, and that the Confidential Information is a valuable, special and unique asset of the Owner



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Non-Disclosure Agreement

Name: _____

Date of Birth: _____

which provides the Owner with a significant competitive advantage and needs to be protected from improper disclosure. In consideration for the receipt by the Recipient of the Confidential Information, the Recipient agrees as follows:

A. No Disclosure- The Recipient will hold the Confidential Information in confidence and will not disclose the Confidential Information to any other person or entity engaged or looking to engage in similar business practices (cannabis medicine in Florida) without the prior written consent of the Owner.

B. No Copying/Modifying- The Recipient will not copy or modify any Confidential Information without the prior consent of the Owner.

C. Unauthorized Use- The Recipient shall promptly advise the Owner if the Recipient becomes aware of any possible unauthorized disclosure or use of the Confidential Information.

D. Application to Employees- The Recipient shall not disclose any Confidential Information to any employees of the Recipient, except those employees who are required to have the Confidential Information in order to perform their job duties in connection with the limited purposes of this Agreement. Each permitted employee to whom Confidential Information is disclosed shall sign a non-disclosure agreement substantially the same as this Agreement at the request of the Owner.

III. UNAUTHORIZED DISCLOSURE OF INFORMATION - INJUNCTION. -If it appears that the Recipient has disclosed (or has threatened to disclose) Confidential Information in violation of this Agreement, the Owner shall be entitled to an injunction to restrain the Recipient from disclosing the Confidential Information in whole or in part. The Owner shall not be prohibited by this provision from pursuing other remedies, including a claim for losses and damages.

IV. RETURN OF CONFIDENTIAL INFORMATION- Upon the written request of the Owner, the Recipient shall return to the Owner all written materials containing the Confidential Information. The Recipient shall also deliver to the Owner written statements signed by the Recipient certifying that all materials have been returned within five (5) days of receipt of the request.

V. RELATIONSHIP OF PARTIES- Neither party has an obligation under this Agreement to purchase any service or item from the other party, or commercially offer any products using or



COMPASSIONATE
CANNABIS CLINIC

Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Non-Disclosure Agreement

Name: _____

Date of Birth: _____

incorporating the Confidential Information. This Agreement does not create any agency, partnership, or joint venture.

VI. NO WARRANTY- The Recipient acknowledges and agrees that the Confidential Information is provided on an "AS IS" basis. THE OWNER MAKES NO WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE CONFIDENTIAL INFORMATION AND HEREBY EXPRESSLY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL THE OWNER BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THE PERFORMANCE OR USE OF ANY PORTION OF THE CONFIDENTIAL INFORMATION. The Owner does not represent or warrant that any product or business plans disclosed to the Recipient will be marketed or carried out as disclosed, or at all. Any actions taken by the Recipient in response to the disclosure of the Confidential Information shall be solely at the risk of the Recipient.

VII. LIMITED LICENSE TO USE. - The Recipient shall not acquire any intellectual property rights under this Agreement except the limited right to use as set forth above. The Recipient acknowledges that, as between the Owner and the Recipient, the Confidential Information and all related copyrights and other intellectual property rights, are (and at all times will be) the property of the Owner, even if suggestions, comments, and/or ideas made by the Recipient are incorporated into the Confidential Information or related materials during the period of this Agreement.

VIII. INDEMNITY- Each party agrees to defend, indemnify, and hold harmless the other party and its officers, directors, agents, affiliates, distributors, representatives, and employees from any and all third party claims, demands, liabilities, costs and expenses, including reasonable attorney's fees, costs and expenses resulting from the indemnifying party's material breach of any duty, representation, or warranty under this Agreement.

IX. ATTORNEY'S FEES- In any legal action between the parties concerning this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees and costs.

X. TERM- The obligations of this Agreement shall survive 5 years from the Effective Date or until the Owner sends the Recipient written notice releasing the Recipient from this Agreement. After that, the Recipient must continue to protect the Confidential Information that was received during the term of this Agreement from unauthorized use or disclosure indefinitely.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Non-Disclosure Agreement

Name: _____

Date of Birth: _____

XI. GENERAL PROVISIONS- This Agreement sets forth the entire understanding of the parties regarding confidentiality. Any amendments must be in writing and signed by both parties. This Agreement shall be construed under the laws of the State of Florida. This Agreement shall not be assignable by either party. Neither party may delegate its duties under this Agreement without the prior written consent of the other party. The confidentiality provisions of this Agreement shall remain in full force and effect at all times in accordance with the term of this Agreement. If any provision of this Agreement is held to be invalid, illegal or unenforceable, the remaining portions of this Agreement shall remain in full force and effect and construed so as to best effectuate the original intent and purpose of this Agreement.

XII. SIGNATORIES- This Agreement shall be executed by Lynn Snyder, Chief Executive Officer, on behalf of SWFL Integrative Medicine and delivered in the manner prescribed by law as of the date first written above.

Patient Signature: _____

Date: _____



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

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.

Our pledge regarding protected health information

SWFL Integrative Medicine creates a record of the care and services you receive from SWFL Integrative Medicine. We need this information to provide you with quality care, administer your health care benefits, and comply with certain legal requirements. This notice applies to all the records containing protected health information generated by SWFL Integrative Medicine. We understand that medical information about you and your health is personal, and we are committed to protecting it.

SWFL Integrative Medicine will take every reasonable action to protect your health care information including the protection of your verbal, written, and electronic protected health information (e-phi) using all means necessary while ensuring that the information is readily available to the providers that deliver your health care. SWFL Integrative Medicine implements appropriate administrative, technical, and physical safeguards to protect your health information across the organization from unintended or unauthorized use, disclosure, modification, or loss.

Introduction/overview

This notice of privacy practices describes how SWFL Integrative Medicine may use and disclose your protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

This notice describes the privacy practices of SWFL Integrative Medicine including:

- All divisions and departments of SWFL Integrative Medicine.
- All employees, staff and other SWFL Integrative Medicine personnel.
- All SWFL Integrative Medicine volunteers and auxiliary staff.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

Uses and disclosures of protected health information for treatment, payment, or health care operations

Treatment: we will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with third parties. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment- we may use or disclose your protected health information, as needed, to bill or make payment for your health care services. This may include certain activities that we take before we approve or pay for your health care services such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may ask for a copy of your medical record from a hospital where you received services to ensure that their bill was appropriate.

Health care operations: we may use or disclose, as needed, your protected health information in order to support SWFL Integrative Medicine business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, training, licensing, and educational activities, and conducting or arranging for other business activities. For example, we may use your protected health information during medical utilization reviews. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by name in the waiting room when your physician is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment. We will share your protected health information with third party "business associates" that perform various activities (e.g., case management, out-of-area claims re-pricing). Whenever an arrangement between SWFL Integrative Medicine and a business associate involves the use or



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives. We may also use and disclose your information for educational activities. For example, your name and address may be used to send you a newsletter.

Uses and disclosures of protected health information based upon your written authorization- other uses and disclosures of your protected health information will be made only with your consent, written authorization or opportunity to object unless required by law as described below. Without your authorization, we are expressly prohibited to use or disclose your protected health information for marketing purposes. We may not sell your protected health information without your authorization. We will not use or disclose any of your protected health information that contains genetic information that will be used for underwriting purposes. You may revoke this authorization, at any time, in writing, except to the extent that SWFL Integrative Medicine has taken an action in reliance on the use or disclosure indicated in the authorization.

Other required and permitted uses and disclosures that may be made without your authorization or opportunity to object- other required and permitted uses and disclosures that may be made without your authorization or opportunity to object.

Required by law- we may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public health activities- we may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

- We may disclose protected health information to a school, about an individual who is a student or prospective student of the school, if
- The protected health information disclosed is limited to proof of immunization; the school is required by state or other law to have such proof of immunization prior to admitting the individual; and
- SWFL Integrative Medicine obtains and documents the agreement to the disclosure from either; a parent, guardian, or other person acting in loco parentis of the individual if the individual is an unemancipated minor;
- The individual, if the individual is an adult or emancipated minor.

Communicable diseases-we may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health oversight- we may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or neglect- we may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and drug administration- we may disclose your protected health information to a person or company required by the food and drug administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required

Legal proceedings- we may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law enforcement- we may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on SWFL Integrative Medicine premises, and (6) medical emergency (not on SWFL Integrative Medicine premises) and it is likely that a crime has occurred.

Coroners, funeral directors, and organ donation- we may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research-we may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal activity- consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military activity and national security- when the appropriate conditions apply, we may use or disclose protected health information of individuals who are armed forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the department of veterans affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the president or others legally authorized.

Workers' compensation- your protected health information may be disclosed by us as authorized by and to the extent necessary to comply with workers' compensation laws and other similar legally established programs

Inmates- we may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you

Other permitted and required uses and disclosures that may be made with your authorization or opportunity to object- You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we, using our professional judgment and experience, may determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant will be disclosed. We may use and disclose your protected health information in the following instances:

Others involved in your health care-unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death

If it is in your best interest: unless you object, we may use our professional judgment and experience with common practice to make reasonable inferences of your best interest in allowing a person to act on your behalf to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of protected health information.



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

Disaster relief: unless you object, we may use or disclose your protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts.

Deceased individuals: if an individual is deceased, SWFL Integrative Medicine may disclose to a family member, or other persons identified who were involved in the individual's care or payment for health care prior to the individual's death, the protected health information of the individual that is relevant to such persons involvement, unless doing so is inconsistent with any prior expressed preferences of the individual that is known to SWFL Integrative Medicine.

Your rights

Following are your rights with respect to your protected health information. You may exercise any of these rights by contacting our member services department as described at the end of this notice.

You have the right to inspect and/or copy your protected health information. This means you may inspect and/or obtain a paper or electronic copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. Applicable copying fees apply for costs associated with labor and supplies for reproducing paper copies and creating electronic copies of your protected health information.

A "designated record set" contains medical and billing records and any other records SWFL Integrative Medicine uses for making treatment and benefit administration decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment, or health care operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

be involved in your care or for notification purposes as described in this notice of privacy practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

SWFL Integrative Medicine is not required to agree to a restriction that you may request prohibiting SWFL Integrative Medicine from using your protected health information for the purposes of treatment, payment, or health care operations. If SWFL Integrative Medicine believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If SWFL Integrative Medicine does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician.

You have the right to restrict release of information for certain services. You have the right to request SWFL Integrative Medicine to not disclose phi to a health plan for a health care item or service where you paid in full out of pocket.

You have the right to request and receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request.

You may have the right to have SWFL Integrative Medicine amend your protected health information. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment, health care operations, or authorized disclosures as described in this no



Heather V Auld MD
1570 Colonial Blvd Suite A
Fort Myers, FL 33907
P: 239-208-6676
F: 239-310-2037

Notice of privacy practices
Effective November 8, 2017

Name: _____

Date of Birth: _____

Inquiries about this notice, exercise of privacy rights, and complaints

If you have a question about this notice, or you wish to exercise your rights described in this notice, or you believe your privacy rights have been violated, you may contact us at:
SWFL Integrative Medicine

Patient Signature: _____

Date: _____