



Welcome to Cannaceutics, Inc.

Your #1 source for New Mexico's finest natural medicine

Thank you for choosing Cannaceutics, Inc., a New Mexico licensed provider, for your organically grown medical cannabis. We offer a wide variety of cannabis products, all of which have been produced with the highest quality ingredients available. In order to offer superior medication, we do not use toxic chemicals, pesticides, synthetic fertilizers, or synthetic growth hormones. We are dedicated to providing top-notch customer service and medication to help alleviate symptoms caused by debilitating medical conditions.

In order to purchase medicine from Cannaceutics, Inc., you must first become a member.

Materials required for Cannaceutics, Inc. membership:

- A clear photocopy of your New Mexico Medical Cannabis Patient ID Card.
- A clear photocopy of your New Mexico Drivers License or state issued ID card.
- Completed and approved Cannaceutics, Inc. application form and membership agreement.

Mail, email, or fax all required materials to:

Cannaceutics, Inc.
PO Box 95705
Albuquerque, New Mexico 87199

Fax: (505) 274-7760

Email: Support@Cannaceutics.org
www.Cannaceutics.org

Upon approval, you will receive an email with information required to access our members only section of the website and procedures for placing your orders. Please do not hesitate to call or email if you have any questions or concerns.



Cannaceutics, Inc. Application Registration for Patient Membership

Patient's First/Last Name	
Date of Birth	
Address	
City, State, Zip	
County (i.e. Bernalillo, Valencia, etc.)	
Preferred Phone #	
Email Address	
Qualified Patients NM Patient ID Number	
Expiration Date	
Food Allergies/Needs	<input type="radio"/> Sugar-Free <input type="radio"/> Gluten-Free <input type="radio"/> Vegan <input type="radio"/> Other _____
	Fill in your Primary Caregiver information below. This is NOT your doctor, your Primary Caregiver is the individual you designated with the NM Department of Health as the individual responsible for managing your well-being under the Lynn and Erin Compassionate Use Act. (If you do not have a Primary Caregiver, please leave blank)
Primary Caregiver's First and Last Name	
Address, City, Zip	
Caregiver ID Code	
Expiration Date	
Phone Number	
Email Address	
Any other comments or concerns we should be aware of.	
STATUS	<input type="radio"/> NEW APPLICATION <input type="radio"/> UPDATE TO AN EXISTING APPLICATION

Health Insurance Portability and Accountability (HIPAA)

The HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

We believe that all medical and other health information is private and should be protected. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

What Information Is Protected

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Billing information about you.
- Most other health information about you held by those who must follow these laws.

How Is This Information Protected

Covered entities must put in place safeguards to protect your health information.

Covered entities must reasonably limit uses and disclosures to the minimum necessary to accomplish their intended purpose.

Covered entities must have contracts in place with their contractors and others ensuring that they use and disclose your health information properly and safeguard it appropriately.

Covered entities must have procedures in place to limit who can view and access your health information as well as implement training programs for employees about how to protect your health information.

Who Can Look at and Receive Your Health Information

The Privacy Rule sets rules and limits on who can look at and receive your health information

To make sure that your health information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination
- With your family, relatives, friends, or others you identify who are involved with your health care, unless you object
- To make sure doctors give good care
- To protect the public's health, such as by reporting when the flu is in your area

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer
- Use or share your information for marketing or advertising purposes
- Share private notes about your health care

Cannaceutics, Inc. follows all HIPAA guidelines in order to provide you with a safe, secure, private, and professional service.

Qualified Patient Membership Agreement

This Agreement dated _____ (Date), between **Cannaceutics, Inc.** and _____ (Patient Name), fully understand and agree to the following terms and conditions:

- You are a New Mexico Medical Cannabis Patient in “good standing.”
- New Mexico Department of Health nor Cannaceutics, Inc. can protect you from federal criminal prosecution in regards to the New Mexico Medical Cannabis Program.
- You have read and understood the Lynn and Erin Compassionate Use Act and agree to abide by all limitations set forth therein.
- All information regarding the New Mexico Medical Cannabis Program and all information regarding Cannaceutics, Inc. MUST be kept confidential.
- Cannaceutics, Inc. must be notified of any changes in phone numbers, home address, and email immediately. This applies to both the patient and primary caregiver.
- Your confidential information will not be used for the purpose of marketing or advertising.
- Cannaceutics, Inc. may change or modify any of these provisions to better serve the needs of our patients.
- You understand that Cannaceutics, Inc. reserves the right to refuse service at any time, for any reason.
- You understand that your information regarding, but not limited to, purchases and status will be shared with the New Mexico Department of Health.
- You understand that by signing below you fully release and indemnify Cannaceutics, Inc. and all of its employees from criminal prosecution for any damages arising from the use of or the possession of medical marijuana.
- You understand the risk and side effects of using medical cannabis and agree to use it in a safe and responsible manner.
- I understand that as part of my healthcare, this organization originates and may maintain health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment.
- I understand that the organization reserves the right to change their notice and practices and prior to implementation will mail a copy of any revised notice to the address I've provided. I understand that I have the right to object to the use of my health information for directory purposes. I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, or payment, and that the organization is not required to agree to the restrictions requested.

By signing below you fully understand and agree to all Cannaceutics' membership terms and conditions

Print Name	
Signature	
Date	



Ailments and Symptoms for Recommendations
(This form is not required.)

Patient Name: _____

Patient ID Code: _____

If you would like recommendations to treat your ailment(s) during office visits, please provide a list of the ailment(s) or symptom(s) you are looking to treat below.

****For continued patient privacy, we will not discuss your ailments with you at the counter. Tailored recommendations will be given with the below information. If you elect not to provide this information, we will provide a list of symptoms or ailments the strain has been associated with relieving. General counseling will always be available during your visits.

Ailments/Symptoms to be treated:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Any additional information:

Patient Signature: _____ Date: _____