



Shift New Mexico Patient Agreement

Although extensive, it is extremely important that we strongly enforce rules and regulations at all times and ask that you agree to uphold and abide by the following policies. If you refuse to complete this agreement in its entirety, SHIFT NEW MEXICO of New Mexico reserves the right to refuse service. Only patients or caregivers with the original and up-to-date New Mexico Medical Marijuana Registry Card are permitted on the premises. Others may be asked to leave.

This patient agreement does NOT replace the caregiver or dispensary that you have designated through the New Mexico Department of Health and Medical Marijuana Program. This agreement only allows SHIFT NEW MEXICO to act as “substitute” primary caregiver when you or your designated primary provider is unable to provide you with medical marijuana services now, or from time to time. This form is kept on file at SHIFT NEW MEXICO and will not be submitted to any state agency.

Please read and initial each section:

_____ I have read and understand Senate Bill 523 The Lynn and Erin Compassionate Use Act of the New Mexico Medical Marijuana Program. (Copies may be provided if you wish to read this law.)

_____ I agree to act in accordance with all aspects of Senate Bill 523 and the Lynn and Erin Compassionate Use Act of the New Mexico Medical Marijuana Program and all other laws and regulations that have been passed.

_____ I agree and understand that if my New Mexico Medical Marijuana Registry Card expires, is denied, or is revoked, SHIFT NEW MEXICO may cancel this agreement and will cease services until renewed documents can be presented.

_____ I agree and understand that personal cameras and recording devices will not be permitted in SHIFT NEW MEXICO’s facility.

_____ I agree NOT to bring any weapons or anything that can be used as a weapon into SHIFT NEW MEXICO. If I have concerns for my safety, I will ask a member of the SHIFT NEW MEXICO staff for assistance in exiting the building and getting into my vehicle.

_____ I agree and understand that any purchase I make from SHIFT NEW MEXICO is for my personal use and will not be redistributed or resold to anyone; medical marijuana patient or non-patient.

_____ I understand that cannabis concentrate products may cause several side effects including, but not limited to: dry mouth, lightheadedness, slowed reactions, and loss of balance. I agree not to consume the purchased medicine onsite or in a manner that could endanger the wellbeing of others.

_____ I agree NOT to operate any motor vehicles or other mechanical devices while medicated. I understand that doing so is a violation of state law and is not protected by Senate Bill 523 and the Lynn and Erin Compassionate Use Act of the New Mexico Medical Marijuana Program. I agree to identify and hold harmless SHIFT NEW



MEXICO to the maximum extent allowed by law for any damages caused by the patient operation motor vehicle or heavy equipment while impaired by medical marijuana.

_____ I understand that I will be asked to sign a waiver as part of this patient agreement that will allow SHIFT NEW MEXICO and their representatives to speak with my physician and the New Mexico Medical Marijuana Registry to confirm my condition as well as any other information that is necessary to provide caregiver services.

_____ I understand all personal information collected by SHIFT NEW MEXICO is confidential and private. All personal information will not be released to any third party without my express-written consent. I understand that SHIFT NEW MEXICO may be forced by court order to release certain information and that SHIFT NEW MEXICO will comply with all lawful court orders in this regard.

_____ I declare that I am not employed by, under-contract to, or in agreement with any federal (Declaration of Non-Law Enforcement Status).

It is policy of SHIFT NEW MEXICO to update our rules and regulations on a regular basis to reflect changes in the law or to better the operation of the business. To help us provide a high level of products and services, we require patients to maintain a complete and valid New Mexico Medical Marijuana Registry Card or Application and Physician's Certification. It is the patient's responsibility to keep all documents up to date. Ignorance of the law is no excuse! It is the patient's responsibility to become educated on the current laws and regulations that apply to their safe access to medical marijuana. Patient status may be revoked at any time by management for any violation or action, not covered in the sections of this agreement, that SHIFT NEW MEXICO staff and/or management considers unwelcome, unsafe, or unethical. SHIFT NEW MEXICO and its representatives reserve the right to refuse entry and/or service to any person, at any time, and at the discretion of the SHIFT NEW MEXICO staff and management.



**Signature Page to SHIFT NEW MEXICO
Patient Agreement**

By signing below, I agree to the following:

I have read and understand this Patient Agreement. I understand that failure to abide by these policies may result in my membership being terminated, which would prohibit me from utilizing services offered by SHIFT NEW MEXICO.

Sign

_____/_____/_____
Date

Print Name

_____/_____/_____
Date

Email Address

Phone Number



HIPAA Release and Authorization

From time to time, it may be necessary for SHIFT NEW MEXICO of New Mexico (SHIFT NEW MEXICO) and their representatives to confirm my condition as well as any other information that is necessary to provide caregiver services or to provide information to an enforcement agency to defend itself. This authorization will allow SHIFT NEW MEXICO and their representatives to speak with my physician and the New Mexico Medical Marijuana Registry to confirm my condition as well as any enforcement agency or officer in defense of itself.

I give permission to:

1. Any physicians or treatment professionals to disclose and discuss my medical conditions and records with SHIFT NEW MEXICO and their representatives.
2. The New Mexico Department of Health Medical Marijuana Registry Program to disclose the following protected health information to SHIFT NEW MEXICO and their representatives
3. SHIFT NEW MEXICO and their representatives to disclose the following protected health information to any law enforcement officer, County law enforcement, New Mexico Department of Health, the County District Attorney, Court prosecutor, or opposing counsel.

Information to be disclosed:

1. Any information contained in my medical marijuana registry file.
This protected health information is not a healthcare provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

You may refuse this authorization.

You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the clinical trial is completed. Finally, you may revoke this authorization in writing at any time by sending written notification to the SHIFT NEW MEXICO Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Patient’s Signature or Personal Representative

_____/_____/_____
Date

Printed Name