



TREATMENT AGREEMENT / RELEASE OF LIABILITY

Because we take our responsibilities to authorize and supervise the medical use of cannabis/CBD/ kratom/ and other botanicals very seriously, **we ask you to read, understand, and sign this form.**

As noted, "INA " designates "Independent Nurse Advocate," and the term "cannabis" will be used to represent "medical marijuana or medicinal cannabis."

1. I understand I must be in cannabis & kratom friendly state and a state resident to obtain an approval or recommendation for the use of cannabis for medical purposes. I will obey my local and state legislation rules and regulations related to medical cannabis, CBD, and Kratom.
2. I affirm that I have a serious medical condition that adversely affects my quality of life. I have found or am interested in discovering whether the use of cannabis, Kratom, and other botanical might provide substantial relief and improvement in my condition.
3. I understand that cannabis, CBD, Kratom, and other botanical plants are not regulated by the United States Food and Drug Administration and therefore, may contain unknown quantities of active ingredients, impurities, and contaminants. In requesting approval or recommendation for the use of these plants, I assume full responsibility for any risks associated with this action.
4. I agree to consume no more cannabis, Kratom, CBD, and other recommended botanicals than the doses authorized for me by my Independent Nurse Advocate (INA). I will not request a refill before the agreed-upon refill date unless it's approved by my INA.
5. I agree not to distribute my cannabis, Kratom, and other botanicals to any other person, for personal use or sale. I am aware that redistribution of any cannabis and Kratom is an illegal activity.
6. I agree with the safe storage of my cannabis, Kratom, CBD, and all botanicals.
7. I am aware that taking cannabis, Kratom, and other botanicals with other substances, and prescriptions, especially sedating substances, may cause harm and possibly even death. I will not use illegal drugs (e.g., cocaine, heroin) or controlled substances (e.g., narcotics, stimulants, anxiety pills) that are not prescribed for me.
8. I will inform my independent nurse advocate of all new controlled substances that were prescribed by another doctor unless my INA is aware of this.
9. I will agree to testing (eg, urine drug screening) when and if requested by my INA.

10. I agree to a visit by my INA for a medical assessment at least every 6 months.
11. I understand that the DEA has labeled cannabis as a Schedule 1 drug with no medicinal qualities.
12. I understand that my INA may not be knowledgeable about ALL of the risks associated with cannabis use, Kratom, CBD, and other recommended botanicals and plants.
13. I agree to communicate to my INA about ANY experiences of altered mental status or possible medical side effects of the use of cannabis, Kratom, CBD, and other recommended botanicals or plants.
14. I agree to take full responsibility for all of the physical, mental, social, and employment risks associated with the use of cannabis, Kratom, CBD, and other recommended botanicals and plants.
15. I am aware that cannabis use is not advisable during pregnancy and breastfeeding. I agree to inform my INA if I am pregnant.
16. I am aware that smoking and vaporizing any substance can cause harm, mental as well as medical complications to my breathing and respiratory system. I am advised that the cannabis smoke contains chemicals known as tars that may be harmful to my health. Research indicates that vaporizing cannabis may eliminate exposure to tar but has been documented to have other health-associated issues. I am advised to consider other methods of administration if respiratory problems are present or develop. Should respiratory problems be experienced in association with its use, smoking should be discontinued and reported to your INA and your primary health care provider as soon as possible.
17. I am aware that my INA may discontinue the recommended use of cannabis, Kratom, CBD, and other botanicals for my condition if he or she assesses and determines that the medical or mental health risk or side effects are too high.
18. I agree to see specialists, physicians, or therapists about my condition at the request of my INA.
19. I agree to avoid driving a vehicle or operating heavy equipment for at least 4 hours after the use of cannabis, Kratom, and other recommended botanicals or for longer than 4 hours if I feel any persistent negative effects on my ability to drive or walk. I am advised that the use of cannabis, Kratom, CBD, and other botanicals may affect my coordination and cognition in ways that could impair my ability to drive, operate machinery, or walk. As a result, do not engage in any potentially hazardous activities. I assume full responsibility for any harm resulting to me, my employment, and/or other individuals as a result of my use of cannabis, Kratom, CBD, and other recommended botanicals.
20. As per my Local and State legislation, I agree to purchase my cannabis, Kratom, and botanicals only from licensed producers. I will initially utilize my INA for safer access for my cannabis and Kratom if INA deems it suitable and legal. I am aware that using cannabis and Kratom from other sources might be illegal. I am advised that familiarity with the potency and effects of any particular cannabis or kratom product should precede my engagement in any hazardous activities, including activities of daily living. If

the INA is not providing cannabis and or Kratom, they are also not encouraging any illegal activity in my obtaining cannabis or Kratom.

21. I am aware that legal authorities may investigate any possible criminal activity related to my cannabis /kratom use and criminal charges might be made. During an investigation, judicial authorities have the right to access my medical information with a warrant.
22. Following the terms of this contract is one of the conditions I need to access cannabis for treatment. I understand that if I violate any of this agreement's terms, my INA may stop authorizing my use of cannabis, CBD, Kratom, and other botanicals.
23. My INA has the right to discuss my health care issues with health care professionals or family members if it is felt that my safety out-weighs my right to confidentiality.
24. **Please Read:** I understand that my INA is addressing specific aspects of my medical care, and they are in no way establishing themselves as my primary care provider. Should a physician's approval be made for my medicinal use of cannabis, I understand that there is a renewal date specified by the physician. I know that it is my responsibility to see the physician to assess and obtain the initial medical cannabis recommendation letter. As well as obtaining continuance of cannabis recommendation letter use beyond the term of the initial approval. Furthermore, the undersigned, my heirs, assigns, or anyone acting on my behalf, hold the Independent Nurse Advocate, Nurses For Safe Access Inc, the directors, owners, and staff of Nurses For Safe Access and his/her principals, agents free of ALL Harm and held harmless from any liability, including but not limited to emotional, mental, physical, and financial damage and harm resulting from the use of cannabis, Kratom, CBD, and other recommended botanicals offered by Nurses for Safe access and the INA . I further understand that by signing below, I understand this form and authorizing the treatment and full release of harm and liability associated of all parts of this record, This agreement is made upon the express condition that the Independent Nurse Advocate / Nurses for Safe Access Inc, its agents and employees shall be free from all liabilities and claims for damages and/or suits for or by reason of any injury, or death to any person or property of the signee its agents or employees, or third parties, from any cause or causes whatsoever while in, or after treatment, or any part thereof during the term of this agreement or any activity carried on by the parties in connection herewith, and the patient hereby covenants and agrees to indemnify, defend, save and hold harmless the independent nurse provider, Nurses For Safe Access, and its owners, agents and employees from all liabilities, charges, expenses and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same.

Date: _____

Patient Signature: _____

Witness for Patient Signature: _____

Nurses For Safe Access Independent Nurse Advocate

(INA) Signature: _____