

Use of Cannabis for Medical Purposes Patient Agreement and Waiver

Last Name	
First Name	
PHN#	Birthdate(yyyy-Mon-dd)

Name of Alberta Health Services Setting	Date (yyyy-Mon-dd)
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NOTE: This Agreement and Waiver is not applicable if the patient has agreed to switch to a pharmaceutical cannabinoid.

☐ I agree to the following terms and conditions for using cannabis at the above named Alberta Health Services (AHS) setting or AHS-contracted care facility. I will:

- Give AHS proof that I am legally allowed to possess cannabis for medical reasons and let AHS know if there are any changes to my condition or the status of being allowed to have cannabis
- Follow the conditions or limits set out in my proof of eligibility
- Keep the lesser amount of 30 times the daily quantity authorized or 150 grams of dried cannabis or its equivalency
- Not vape or smoke cannabis at an AHS care facility including the grounds
- Be responsible for getting my own cannabis from a legal source
- Store my cannabis securely (i.e., locked) and not share my cannabis with anyone
- Only use my cannabis in areas directed by the health care team
- Administer my cannabis or have a family member or friend administer the cannabis as agreed to by AHS (AHS staff may administer or assist with the administration of a patient's own cannabis if it is within their professional scope of practice as supported by their regulatory body and in compliance with AHS policy)
- Follow and respect my AHS health care team's requests about how and when I use cannabis as these requests relate to clinical or occupational health and safety reasons, and make best efforts to coordinate with my health care team the timing of my consumption so as to minimize interference with my care
- Refrain from operating a motor vehicle or heavy equipment/machinery after consuming cannabis
- Be aware that AHS staff, physicians, and others who work for AHS are not responsible for my cannabis. For clarity, I understand AHS is not responsible to replace or reimburse me for cannabis which is lost or stolen
- Be aware that AHS staff, physicians, and others who work for or are contracted by AHS are not responsible for my use of cannabis and that using cannabis is at my own risk
- Comply with Federal, Provincial and Municipal laws as well as AHS policies regarding possession and consumption of cannabis

☐ I agree that if I do not follow and respect the above terms and conditions I may not be allowed to keep using my cannabis while I am getting care from AHS. These terms and conditions may also be reviewed and I may have to stop using cannabis at AHS if my use of cannabis becomes a risk to myself, other patients/clients/residents, AHS staff, or visitors

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☐ Release and Waiver

I am possessing and consuming (using) cannabis at my own risk. I acknowledge that AHS and my physician cannot confirm the quality of the cannabis. I understand that consuming cannabis for medical purposes has not been approved by Health Canada and the risks are still unknown. I understand the possible outcomes of my consumption are unknown to my health care team.

If I have arranged for someone other than AHS who I authorize to administer the cannabis or assist me in administering the cannabis (the “third party”), I understand this is at my own risk and expense, and I acknowledge that the third party is separate and independent from AHS and is not providing a service for AHS in any way. I understand that AHS accepts no responsibility for the third party actions and AHS is not responsible to monitor or supervise the third party. AHS makes no representations or warranties regarding the third party qualifications or abilities. I understand it is my responsibility to ensure the third party is competent and acting in compliance with applicable laws. I understand AHS reserves the right to ask the third party to leave the facility and stop helping me (assist me or administer for me) with cannabis consumption if the third party interferes with the provision of health care services by AHS.

I waive and release AHS, AHS’ contracted physicians and those for whom AHS is responsible at law from any and all claims of any nature related to my consumption or possession of cannabis. Such claims I am waiving include but are not limited to claims relating to: effects on my health, personal injury, death, strength of cannabis, quality of cannabis, method of consumption, toxicity, theft, and storage issues; if I am administering the cannabis or have arranged for an third party to administer the cannabis or assist me in administering the cannabis, then claims I am waiving also include any claims relating to such administration or assistance. This release is binding on my heirs and the executors/administrators/representatives of my estate.

I have read this agreement and understand that by signing this I am giving up certain rights including the right to sue. I understand I can seek independent legal advice before signing this release.

Patient/Alternate Decision-Maker	Witness
Print (Last, First name)	Print (Last, First name)
Relationship to Patient (if applicable)	Title
Signature	Signature
Date (yyyy-Mon-dd)	Date (yyyy-Mon-dd)