

Health Care Practitioner Patient Certification Acknowledgment

MINNESOTA MEDICAL CANNABIS PROGRAM

I am aware that my participation in the Minnesota Medical Cannabis Program is voluntary. I certify that I am primarily responsible for the care and treatment of the patients' qualifying medical condition(s) I will certify, and that I am a Minnesota licensed Doctor of Medicine, a Minnesota licensed physician assistant acting within the scope of authorized practice, or a Minnesota licensed advanced practice registered nurse. I also certify that my license to practice medicine is unrestricted. I agree to notify the Minnesota Department of Health (MDH) if my license becomes restricted or revoked or if I decide to discontinue care for patients in the Medical Cannabis Program.

I have issued the patient a certification of my diagnosis that the patient suffers from a qualifying medical condition(s).

I acknowledge that, in certifying this patient's qualifying medical condition(s) for the purposes of the Minnesota Medical Cannabis Program, I have the primary responsibility for the care and treatment of the qualifying medical condition of this patient and have:

- Reviewed the patient's medical history to confirm the diagnosis within my professional standards of practice.
- Conducted an in-person evaluation of this patient sufficient to confirm this diagnosis; or, if the examination was conducted via telemedicine to recertify the patient's qualifying medical condition, I attest that the assessment complied with Minnesota Statutes §69A.673.

If this patient is enrolled in the Minnesota Medical Cannabis Program, I will:

- Continue treatment of the patient's qualifying medical condition(s) that conforms to the standards of acceptable and prevailing medical practice, and report medical findings to MDH.
- Report health records of the patient to the MDH throughout the ongoing treatment of the patient in a manner determined by MDH.
- Conduct patient treatment, and participate in the patient health records reporting, under the guidance and supervision of MDH.
- Participate in the Patient Registry reporting system under the guidance and supervision of MDH.
- Notify MDH in the event of the death of this patient, by e-mailing health.cannabis@state.mn.us within 14 calendar days of learning of the death; and
- Determine, on a yearly basis, if the patient continues to suffer from a qualifying medical condition(s) and, if so, issue the patient a new certificate of that diagnosis; and

HEALTH CARE PRACTITIONER PATIENT CERTIFICATION ACKNOWLEDGMENT

- Comply with all requirements developed by MDH relating to the Minnesota Medical Cannabis Program.

Minnesota Department of Health
Office of Medical Cannabis
PO Box 64975
St. Paul, MN 55164-0975
651-201-5598
health.cannabis@state.mn.us
www.health.state.mn.us/medicalcannabis

2/7/2023

To obtain this information in a different format, call: 651-201-5598.