



Cannabis for Medical Purposes:

Client Information and Acknowledgement Form

Health PEI is committed to providing a safe and healthy environment for all clients, employees and visitors. To help us promote safety, please read the information below and sign your name. This shows you understand and agree to the rules and responsibilities for medical cannabis use in Health PEI facilities.

Medical Cannabis Use

- I will tell my health care provider that I use cannabis for medical reasons when admitted to a Health PEI facility.
- I will provide my health care provider with document(s) that show I am authorized to use cannabis for medical reasons. This can be a:
 - Medical document that is signed by an authorized doctor or nurse practitioner.
 - A registration/certificate document from Health Canada.
 - A registration document from a federally approved licensed producer of cannabis for medical purposes.

Your health care provider will take a photocopy of the document(s) to attach to your health record.

- I understand that my doctor or nurse practitioner must approve the use of cannabis for medical reasons while I am in a Health PEI facility. The doctor or nurse practitioner can also write a medical order to stop the use of cannabis for medical reasons if he or she deems that the health risks or side effects outweigh the benefits.
- I agree to provide the Health PEI facility with cannabis bought from a [Health Canada licensed medical cannabis producer](#).
 - The cannabis must be labeled and in a form that can be administered by health care providers (i.e., oil or capsule); **smoking or vaping cannabis for medical reasons is not permitted in Health PEI facilities.**
- I understand that Health PEI does not assume liability if I leave the facility to obtain or smoke cannabis.

Storing Cannabis

- I agree to provide the nursing staff with my own cannabis to be securely stored while I stay in a Health PEI facility.

- I understand that two nurses will lock up my cannabis and record the amount received. Doses of cannabis (capsules or drops of oil) will be recorded in my health record.
- Any unused cannabis will be returned to me when I am discharged or transferred to another location. I understand that I can obtain a copy of my health record on request.

Risks of Cannabis Use

- I understand that medical cannabis is not a Health Canada (the regulatory body that oversees the use of drugs in Canada) approved medication. There is a general agreement that more research is needed to better understand and validate cannabis-based medicines. Therefore:
 - I acknowledge that my health care team may not be aware of the risks, side effects, or drug interactions associated with the use of cannabis for medical reasons;
 - I understand that there are risks associated with my use of cannabis for medical purposes, including but not necessarily limited to risks of side effects and potential adverse drug reactions associated with the use of cannabis for medical purposes, that my health care team may not be aware of; and
 - I acknowledge and accept such risks and wish to continue taking cannabis for medical reasons while I am in this facility.

I understand that if I do not follow the policies and rules around cannabis use, Health PEI has the right and responsibility to disallow my use of cannabis for any purpose while I am a client/resident of a Health PEI facility.

I acknowledge that I understand the terms herein contained and that I am signing this document freely and voluntarily.

Patient Signature

Date

Patient Name