

# Minnesota Medical Cannabis Program

## Patient E-Mail and Acknowledgement Form

Patient Name:	Patient Date of Birth (xx/xx/xxxx):
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Enter the email address you want to use for the Minnesota Medical Cannabis Patient Registry:

Your email address: \_\_\_\_\_

This is the email address to which the Minnesota Department of Health will send you information to complete your on-line application for enrollment in the Medical Cannabis Patient Registry.

The Medical Cannabis Patient Registry is a state program run through the Minnesota Department of Health (MDH). When a government entity collects private information from a person, the entity must give the person a Tennessee notice. The purpose of this notice is to enable you to make an informed decision about whether to give information about yourself to the government entity.

### Classification of Data Provided

The information contained in the medical cannabis patient registry is considered private data on individuals, which means that data are not public but accessible to the individual subject of that data.<sup>1</sup>

Your email address will serve as the user name during account registration. If you choose to create an online patient registry account, your user name, password and answers provided to security questions as part of the registration process are also considered private data.

### Purpose and Intended Use

The information requested by the medical cannabis patient registry will be used to communicate with you, establish your eligibility and identity, and for MDH to evaluate information on patient demographics, effective treatment options, clinical outcomes, and quality-of-life outcomes for the

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<sup>1</sup> Under Minnesota Statutes §152.28, subdivision 2, data collected on patients by a health care practitioner and reported to the patient registry are health records under section 144.291, and are private data on individuals under section 13.02, but maybe used or reported in an aggregated, nonidentifiable form as part of a scientific, peer-reviewed publication of research conducted under section 152.25 or in the creation of summary data, as defined in section 13.02, subdivision 19. Under Minnesota Statute §152.31, government data in patient files maintained by the commissioner and the health care practitioner, and data submitted to or by a medical cannabis manufacturer, are private data on individuals, as defined in section 13.02, subdivision 12, or nonpublic data, as defined in section 13.02, subdivision 9, but may be used for purposes of complying with chapter 13 and complying with a request from the legislative auditor or the state auditor in the performance of official duties.

Not public data maintained by the commissioner may not be used for any purpose not provided for in Minnesota Statutes, sections 152.22 to 152.37, and may not be combined or linked in any manner with any other list, dataset, or database.

purpose of reporting on the benefits, risks and outcomes regarding patients with a qualifying medical condition engaged in the therapeutic use of medical cannabis.

### Requirements to Provide

You are not legally required to provide any of the requested information.

### Consequences of Supplying or Refusing to Supply Information

Providing the information requested by the patient registry may result in you being determined eligible to participate in the medical cannabis patient registry program. Enrollment in the patient registry is required in order for medical cannabis to be distributed to you. However if you choose to not provide all the required information, we will be unable to create your medical cannabis patient registry account and you will not be able to enroll in the medical cannabis program. Minnesota Statute section 152.27, subdivision 3 requires that applications for enrollment in the medical cannabis patient registry be completed on a form prescribed by the Commissioner of Minnesota Department of Health and certain minimum information may be required. Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application and of your ability to participate in the medical cannabis program.

### Other Persons or Entities Authorized to Receive Your Information

The health care practitioner who certifies your qualifying medical condition for the purposes of the patient registry is required by law to report to MDH your health records related to the qualifying medical condition. The health care practitioner may release these records to MDH without your written consent.

Pharmacists at registered Cannabis Patient Centers in Minnesota may access information in the patient registry in order to determine the appropriate composition and dosage of medical cannabis.

Law enforcement officials may only access the information I provide to the medical cannabis patient registry if they first get a search warrant.

### Acknowledgement

I have read and understand this notice and the intended use of the information I and my health care practitioner provide to the patient registry.

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Signed

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Date