



**Sierra Vista Phytotherapeutics**

1633 S Hwy 92

Suite #7

Sierra Vista, AZ 86335

In order for Sierra Vista Phytotherapeutics to serve its Patients, Patients must conform to Proposition 203, the Arizona Medical Marijuana Act (A.R.S. Title 36, Chapter 28.1) and all other Arizona laws applicable to the use and regulation of marijuana.

This Medical Marijuana Dispensary is designed to provide a safe, friendly environment for our patients. We offer our patients the highest quality medicine while maintaining strict confidentiality.

The following Patient Agreement and Sierra Vista Phytotherapeutics Policies and Procedures will be strongly enforced at all times to help us maintain these goals and standards.

1. I am a qualified patient under the Arizona Medical Marijuana Act, I have been diagnosed with a serious illness for which cannabis provides relief and I have received a recommendation or approval from a licensed Arizona physician to use medical cannabis. As such, I am legally able to use, possess, and cultivate cannabis for medical purposes pursuant to Arizona law. There are no health related reasons or conditions that preclude or restrict the use of medical marijuana.
2. I have valid Arizona State issued identification proving age and residency.
3. I have a valid Arizona State issued Medical marijuana License to receive medical marijuana or medical marijuana products.
4. I did not obtain my physician's recommendation by fraud or misrepresentation, and I am not seeking medication for any fraudulent or deceptive purpose.
5. I will provide Sierra Vista Phytotherapeutics with updated physician recommendation and contact information when applicable.

6. I authorize Sierra Vista Phytotherapeutics to contact my recommending physician to verify his or her recommendation or approval for the use of medical marijuana, and to use and disclose to the physician any medical information contained in said medical recommendation for these purposes of confirmation.
7. I understand that Sierra Vista Phytotherapeutics may require a series of HIPAA releases as part of this agreement that will allow Sierra Vista Phytotherapeutics, its staff and agents to speak with my physician and the Arizona medical marijuana registry to confirm my condition as well as any other information that is necessary to provide caregiver services.
8. I understand that the release of medical information will only be used in the event Sierra Vista Phytotherapeutics is required to provide documentation to or by any government agency, including the Arizona Department of Public Health, Arizona Department of Revenue, any law enforcement agency, in any court or in conjunction with patient's treatment.
9. I understand that Sierra Vista Phytotherapeutics may maintain records of my transactions to help demonstrate compliance with the Arizona state law. Such records will be kept in such a way as to maintain the privacy of each patient, and Sierra Vista Phytotherapeutics will take all legal and necessary steps to keep records confidential, and to use such records to defend itself and establish that Sierra Vista Phytotherapeutics conduct did not violate the law (even in those circumstances Sierra Vista Phytotherapeutics will seek to protect the identity of its patients to the extent permitted by law).
10. I understand that although the Arizona State Law allows the possession, cultivation and sale of cannabis in any form or for any purpose it is still a violation of the Federal Statutes. (Patient should consult with legal counsel prior to signing this agreement).
11. I will not hold Sierra Vista Phytotherapeutics responsible to the extent I am the subject of any federal law enforcement action for my own conduct.
12. I understand that Medical Marijuana is not intended for recreational use or abuse
13. I understand that Sierra Vista Phytotherapeutics will limit the amount of cannabis reasonably necessary and available for my personal medical needs in accordance with my physician's recommendation and subject to the limits established by Arizona law. I understand that I may not purchase or possess more than 2 ½ ounces of medical marijuana at any one time.
14. As a patient I agree that I will not sell, dispense, distribute, or provide any medical cannabis received from Sierra Vista Phytotherapeutics to another person. I will take appropriate steps to keep it away from children and other unauthorized persons.
15. I understand that any and all use of medical cannabis must be done in private and not in view of the public. Patient understand that anytime he/she is possessing, using, transporting and purchasing medicine from the MMD he/she must carry the State issued Medical Marijuana Card. I agree to keep the medical cannabis in a safe place at all times and away from other person(s). I agree to not use



16. medical cannabis in a way that could endanger the well-being of others which includes using the medicine around other people.
17. I understand that it is a violation of Federal, State and local law to operate, navigate or be in actual physical control any motor vehicle, be on a school bus, on the grounds of any preschool or primary or secondary school or in any correctional facility while under the influence of Medical Marijuana.
18. I understand that it is illegal to transport medical marijuana out of the state of Arizona.
19. I agree to protect the safety, privacy and confidentiality of myself, other patients and Sierra Vista Phytotherapeutics. I understand that I am not allowed to have any guns, knives, tools weapons, phones, cell phones, recording devices or cameras at any time in Sierra Vista Phytotherapeutics facility or during consultation between myself and Sierra Vista Phytotherapeutics staff. I agree to indemnify Sierra Vista Phytotherapeutics for any legal action created or caused by myself.
20. I agree to assist in, and be available for any legal action arising out of the care provided by Sierra Vista Phytotherapeutics.
21. I understand that I am not allowed to consume any cannabis or related products in any form on the premises of Sierra Vista Phytotherapeutics.
22. I understand that Sierra Vista Phytotherapeutics has the right to refuse service or medicine to any patient at any time for any reason.
23. Sierra Vista Phytotherapeutics will not be responsible for any misuse, ill or adverse effects experienced during your cannabis therapy to include edibles, cannabis, hash, hash oil, kief or any other products made with cannabis.
24. Sierra Vista Phytotherapeutics advises you to consult with a medical doctor with regard to any personal medical needs. Sierra Vista Phytotherapeutics is not obligated to attend to any of your medical or medicinal needs and you assume all risk and responsibility.
25. Sierra Vista Phytotherapeutics, its staff and agents are released from all liability for any mental or bodily injury or damage you might sustain as a result of any medicinal care you receive from the use of any cannabis product.
26. Patient has agreed to review Proposition 203 regarding patient rights. Patient has agreed to contact independent legal counsel if Patient does not understand any provision of the above-mentioned Proposition or this agreement.