

Medical Marijuana Consent Form

A qualified physician/provider may not delegate the responsibility of obtaining written informed consent to another person. The qualified patient or the patient's parent or legal guardian if the patient is a minor must initial each section of this consent form to indicate that the physician/provider explained the information and, along with the qualified physician/provider, must sign and date the informed consent form.

a. The Federal Government's classification of marijuana as a Schedule I controlled substance.

The federal government has classified marijuana as a Schedule I controlled substance. Schedule I substances are defined, in part, as having (1) a high potential for abuse; (2) no currently accepted medical use in treatment in the United States; and (3) a lack of accepted safety for use under medical supervision. Federal law prohibits the manufacture, distribution and possession of marijuana even in states which have modified their state laws to treat marijuana as a medicine.

[X] I CONSENT

When in the possession of medical marijuana, the patient or the patient's caregiver must have his or her medical marijuana use registry identification card in his or her possession at all times.

[X] I CONSENT

b. The approval and oversight status of marijuana by the Food and Drug Administration.

Marijuana has not been approved by the Food and Drug Administration for marketing as a drug. Therefore, the "manufacture" of marijuana for medical use is not subject to any federal standards, quality control, or other federal oversight. Marijuana may contain unknown quantities of active ingredients, which may vary in potency, impurities, contaminants, and substances in addition to THC, which is the primary psychoactive chemical component of marijuana.

[X] I CONSENT

c. The potential for addiction.

Some studies suggest that the use of marijuana by individuals may lead to a tolerance to, dependence on, or addiction to marijuana. I understand that if I require increasingly higher doses to achieve the same benefit or if I think that I may be developing a dependency on marijuana, I should contact my treating physician/provider.

[X] I CONSENT

d. The potential effect that marijuana may have on a patient's coordination, motor skills, and cognition, including a warning against operating heavy machinery, operating a motor vehicle, or engaging in activities that require a person to be alert or respond quickly.

The use of marijuana can affect coordination, motor skills and cognition, i.e., the ability to think, judge and reason. Driving under the influence of cannabis can double the risk of vehicular accident, which escalates if alcohol is also influencing the driver. While using medical marijuana, I should not drive, operate heavy machinery or engage in any activities that require me to be alert and/or respond quickly and I should not participate in activities that may be dangerous to myself or others. I understand that if I drive while under the influence of marijuana, I can be arrested for "driving under the influence."

[X] I CONSENT

e. The potential side effects of medical marijuana use.

Potential side effects from the use of marijuana include, but are not limited to, the following: dizziness, anxiety, confusion, sedation, low blood pressure, impairment of short term memory, euphoria, difficulty in completing complex tasks, suppression of the body's immune system, may affect the production of sex hormones that lead to adverse effects, inability to concentrate, impaired motor skills, paranoia, psychotic symptoms, general apathy, depression and/or restlessness. Marijuana may exacerbate schizophrenia in persons predisposed to that disorder. In addition, the use of medical marijuana may cause me to talk or eat in excess, alter my perception of time and space and impair my judgment. Many medical authorities claim that use of medical marijuana, especially by persons younger than 25, can result in long-term problems with attention, memory, learning, drug abuse, and schizophrenia.

[X] I CONSENT

I understand that using marijuana while consuming alcohol is not recommended. Additional side effects may become present when using both alcohol and marijuana.

[X] I CONSENT

I agree to contact my treating physician/provider if I experience any of the side effects listed above, or if I become depressed or psychotic, have suicidal thoughts, or experience crying spells. I will also contact my treating physician/provider if I experience respiratory problems, changes in my normal sleeping patterns, extreme fatigue, increased irritability, or begin to withdraw from my family and/or friends.

[X] I CONSENT

f. The risks, benefits, and drug interactions of marijuana.

Signs of withdrawal can include: feelings of depression, sadness, irritability, insomnia, restlessness, agitation, loss of appetite, trouble concentrating, sleep disturbances and unusual tiredness.

[X] I CONSENT

Symptoms of marijuana overdose include, but are not limited to, nausea, vomiting, hacking cough, disturbances in heart rhythms, numbness in the hands, feet, arms or legs, anxiety attacks and incapacitation. If I experience these symptoms, I agree to contact my treating physician/provider immediately or go to the nearest emergency room.

[X] I CONSENT

Numerous drugs are known to interact with marijuana and not all drug interactions are known. Some mixtures of medications can lead to serious and even fatal consequences. I agree to follow the directions of my treating physician/provider regarding the use of prescription and non-prescription medication. I will advise any other of my treating physician/provider(s) of my use of medical marijuana.

[X] I CONSENT

Marijuana may increase the risk of bleeding, low blood pressure, elevated blood sugar, liver enzymes, and other bodily systems when taken with herbs and supplements. I agree to contact my treating physician/provider immediately or go to the nearest emergency room if these symptoms occur.

[X] I CONSENT

I understand that medical marijuana may have serious risks and may cause low birthweight or other abnormalities in babies. I will advise my treating physician/provider if I become pregnant, try to get pregnant, or will be breastfeeding.

[X] I CONSENT

g. The current state of research on the efficacy of marijuana to treat the qualifying conditions set forth in this section.

Cancer

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancers, including glioma.

There is evidence to suggest that cannabinoids (and the endocannabinoid system more generally) may play a role in the cancer regulation processes. Due to a lack of recent, high quality reviews, a research gap exists concerning the effectiveness of cannabis or cannabinoids in treating cancer in general.

[X] I CONSENT

There is conclusive evidence that oral cannabinoids are effective antiemetics in the treatment of chemotherapy-induced nausea and vomiting.

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for cancer-associated anorexia-cachexia syndrome and anorexia nervosa.

[X] I CONSENT

Epilepsy

There is insufficient evidence to support or refute the conclusion that cannabinoids are an effective treatment for epilepsy.

Recent systematic reviews were unable to identify any randomized controlled trials evaluating the efficacy of cannabinoids for the treatment of epilepsy. Currently available clinical data therefore consist solely of uncontrolled case series, which do not provide high-quality evidence of efficacy. Randomized trials of the efficacy of cannabidiol for different forms of epilepsy have been completed and await publication.

[X] I CONSENT

Glaucoma

There is limited evidence that cannabinoids are an ineffective treatment for improving intraocular pressure associated with glaucoma.

Lower intraocular pressure is a key target for glaucoma treatments. Non randomized studies in healthy volunteers and glaucoma patients have shown short-term reductions in intraocular pressure with oral, topical eye drops, and intravenous cannabinoids, suggesting the potential for therapeutic benefit. A good-quality systemic review identified a single small trial that found no effect of two cannabinoids, given as an oromucosal spray, on intraocular pressure. The quality of evidence for the finding of no effect is limited. However, to be effective, treatments targeting lower intraocular pressure must provide continuous rather than transient reductions in intraocular pressure. To date, those studies showing positive effects have shown only short-term benefit on intraocular pressure (hours), suggesting a limited potential for cannabinoids in the treatment of glaucoma.

[X] I CONSENT

Positive status for human immunodeficiency virus

There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

[X] I CONSENT

Acquired immune deficiency syndrome

There is limited evidence that cannabis and oral cannabinoids are effective in increasing appetite and decreasing weight loss associated with HIV/AIDS.

There does not appear to be good-quality primary literature that reported on cannabis or cannabinoids as effective treatments for AIDS wasting syndrome.

[X] I CONSENT

Post-traumatic stress disorder

There is limited evidence (a single, small fair-quality trial) that nabilone is effective for improving symptoms of posttraumatic stress disorder.

A single, small crossover trial suggests potential benefit from the pharmaceutical cannabinoid nabilone. This limited evidence is most applicable to male veterans and contrasts with non-randomized studies showing limited evidence of a statistical association between cannabis use (plant derived forms) and increased severity of posttraumatic stress disorder symptoms among individuals with posttraumatic stress disorder. There are other trials that are in the process of being conducted and if successfully completed, they will add substantially to the knowledge base.

[X] I CONSENT

Amyotrophic lateral sclerosis

There is insufficient evidence that cannabinoids are an effective treatment for symptoms associated with amyotrophic lateral sclerosis.

Two small studies investigated the effect of dronabinol on symptoms associated with ALS. Although there were no differences from placebo in either trial, the sample sizes were small, the duration of the studies was short, and the dose of dronabinol may have been too small to ascertain any activity. The effect of cannabis was not investigated.

[X] I CONSENT

Crohn's disease

There is insufficient evidence to support or refute the conclusion that dronabinol is an effective treatment for the symptoms of irritable bowel syndrome.

Some studies suggest that marijuana in the form of cannabidiol may be beneficial in the treatment of inflammatory bowel diseases, including Crohn's disease.

[X] I CONSENT

Parkinson's disease

There is insufficient evidence that cannabinoids are an effective treatment for the motor system symptoms associated with Parkinson's disease or the levodopa induced dyskinesia.

Evidence suggests that the endocannabinoid system plays a meaningful role in certain neurodegenerative processes; thus, it may be useful to determine the efficacy of cannabinoids in treating the symptoms of neurodegenerative diseases. Small trials of oral cannabinoid preparations have demonstrated no benefit compared to a placebo in ameliorating the side effects of Parkinson's disease. A seven-patient trial of nabilone suggested that it improved the dyskinesia associated with levodopa therapy, but the sample size limits the interpretation of the data. An observational study demonstrated improved outcomes, but the lack of a control group and the small sample size are limitations.

[X] I CONSENT

Multiple sclerosis

There is substantial evidence that oral cannabinoids are an effective treatment for improving patient-reported multiple sclerosis spasticity symptoms, but limited evidence for an effect on clinician-measured spasticity.

Based on evidence from randomized controlled trials included in systematic reviews, an oral cannabis extract, nabiximols, and orally administered THC are probably effective for reducing patient-reported spasticity scores in patients with MS. The effect appears to be modest. These agents have not consistently demonstrated a benefit on clinician-measured spasticity indices.

[X] I CONSENT

Medical conditions of same kind or class as or comparable to the above qualifying medical conditions

- The qualifying physician/provider has provided the patient or the patient's parent or legal guardian a summary of the current research on the efficacy of marijuana to treat the patient's medical condition. • The summary is attached to this informed consent as Addendum. _

[X] I CONSENT

Terminal conditions diagnosed by a physician/provider other than the qualified physician/provider issuing the physician/provider certification

- The qualifying physician/provider has provided the patient or the patient's caregiver a summary of the current research on the efficacy of marijuana to treat the patient's terminal condition. • The summary is attached to this informed consent as Addendum

[X] I CONSENT

Chronic nonmalignant pain

There is substantial evidence that cannabis is an effective treatment for chronic pain in adults.

The majority of studies on pain evaluated nabiximols outside the United States. Only a handful of studies have evaluated the use of cannabis in the United States, and all of them evaluated cannabis in flower form provided by the National Institute on Drug Abuse. In contrast, many of the cannabis products that are sold in state-regulated markets bear little resemblance to the products that are available for research at the federal level in the United States. Pain patients also use topical forms. While the use of cannabis for the treatment of pain is supported by well controlled clinical trials, very little is known about the efficacy, dose, routes of administration, or side effects of commonly used and commercially available cannabis products in the United States.

[X] I CONSENT

h. That the patient's de-identified health information contained in the physician/provider certification and medical marijuana use registry may be used for research purposes.

The Department of Health submits a data set to The Medical Marijuana Research and Education Coalition for each patient registered in the medical marijuana use registry that includes the patient's qualifying medical condition and the daily dose amount and forms of marijuana certified for the patient.

[X] I CONSENT

I have had the opportunity to discuss these matters with the physician/provider and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that my treating physician/provider has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana. My treating physician/provider also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that my treating physician/provider informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits.

[X] I CONSENT

PART B: Certification for medical marijuana in a smokable form for a patient under 18 with a diagnosed terminal condition.

Initial here if you are not a patient under 18 with a diagnosed terminal condition who will be receiving medical marijuana in a smokable form. After initialing here, complete part D. If the patient is under 18, has a diagnosed terminal condition, and will be receiving medical marijuana in a smokable form, please review and initial the remainder of Part B before completing Part D.

[X] I CONSENT

Respiratory Health

Exposures to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease. Given the known relationships between tobacco smoking and multiple respiratory conditions, one could hypothesize that long-term cannabis smoking leads to similar deleterious effects of respiratory health, and some investigators agree that cannabis smoking may be even more harmful than that of tobacco smoking. Data collected from 15 volunteers suggest that smoking one cannabis joint can lead to four times the exposure to carbon monoxide and three to five times more tar deposition than smoking a single cigarette.

[X] I CONSENT

Cognitive and Psychosocial Development

Researchers are still studying the long-term health effects of marijuana. Most people agree that marijuana use hurts adolescents more than adults. It is during the period of adolescence and young adulthood that the neural substrates that underlie the development of cognition are most active. Adolescence marks one of the most impressive stretches of neural and behavioral change with substantial protracted development in terms of both brain structure and function. As a result, cannabis and other substance use during this period may incur relatively greater interference in neural, social, and academic functioning compared to late developmental periods.

- There is moderate evidence of a statistical association between acute cannabis use and impairment in the cognitive domains of learning, memory, and attention.
- There is limited evidence of a statistical association between sustained abstinence from cannabis use and impairments in the cognitive domains of learning, memory, and attention.
- There is limited evidence of a statistical association between cannabis use and impaired academic achievement and education outcomes.
- There is limited evidence of a statistical association between cannabis use and increased rates of unemployment and/or low income.
- There is limited evidence of a statistical association between cannabis use and impaired social functioning or engagement in developmentally appropriate social roles.

[X] I CONSENT

Addiction

Marijuana, like some other brain-altering substances, can be addictive. Nearly one in 10 marijuana users will become addicted. Starting to use marijuana at a younger age can lead to a greater risk of developing a substance use disorder later in life. Adolescents who begin using marijuana before age 18 are four to seven times more likely than adults to develop a marijuana use disorder

I CONSENT

PART C: For certification of smoking marijuana as an appropriate route of administration for a qualified patient, other than a patient diagnosed with a terminal condition

Acknowledgement of contaminant risks.

Smokable marijuana has infectious risks that are not present in processed products. Certain molds and mildews can contaminate marijuana plants during growing, processing, storage in dispensaries and in patient homes. These contaminants can pose health risks, particularly to those who are immunosuppressed due to their disease state and treatments. While the State of Florida requires third party testing you should still inspect your product.

I CONSENT

Respiratory Health.

Exposures to tobacco smoke and household air pollution consistently ranks among the top risk factors not only for respiratory disease burden but also for the global burden of disease. Given the known relationships between tobacco smoking and multiple respiratory conditions, one could hypothesize that long-term marijuana smoking leads to similar deleterious effects of respiratory health, and some investigators agree that marijuana smoking may be even more harmful than that of tobacco smoking.

I CONSENT

Information regarding health risks of 2nd and 3rd hand smoke to other household members.

You should never smoke medical marijuana around other family members, especially children and any household guests. You should smoke outside to allow adequate ventilation and to mitigate the dangers of secondhand and thirdhand smoke to others. Marijuana should never be smoked inside vehicles or other small spaces that children will occupy even if the children are not present at the time the product is consumed.

I CONSENT

Dangers of smoking marijuana in households where oxygen is in use.

If you use oxygen or have others in your household who use oxygen you should not smoke marijuana or any other combustible material in the vicinity of where the oxygen is in use due to the risk of fire and explosion.

I CONSENT

Self-dosing, if permitted.

I have been given instructions or discussed guidance on self-dosing with my qualified physician if permitted to do so.

I CONSENT

PART D: Must be completed for all medical marijuana patients.

I have had the opportunity to discuss these matters with the physician/provider and to ask questions regarding anything I may not understand or that I believe needed to be clarified. I acknowledge that my physician/provider has informed me of the nature of a recommended treatment, including but not limited to, any recommendation regarding medical marijuana.

I CONSENT

My treating physician/provider also informed me of the risks, complications, and expected benefits of any recommended treatment, including its likelihood of success and failure. I acknowledge that my treating physician/provider informed me of any alternatives to the recommended treatment, including the alternative of no treatment, and the risks and benefits. My treating physician/provider has explained the information in this consent form about the medical use of marijuana.

Patient Privacy

Your Information. Your Rights. Our Responsibilities.

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 3/1/2022

The terms of this Notice of Privacy Practices (“Notice”) apply to Jushi, Inc., and its employees (collectively “Jushi,” “we,” “us”). Jushi will use and disclose (share) certain health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law and for the purposes described below.

We are required by the Federal Health Insurance Portability and Accountability Act (“HIPAA”) to maintain the privacy of our patients’ protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information (“PHI”). We are required by law to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new Notice effective for all PHI collected by Jushi. We are also required to inform you that there may be a provision of State law that relates to the privacy of your health information that may be stricter (or more protective of you) than a standard or requirement under HIPAA, and we will comply with the stricter (or more protective) standard. A copy of any revised Notice or information pertaining to a specific State law may be obtained by mailing a request to the HIPAA Privacy Officer, Jushi, Inc, 301 Yamato Road, Suite 3250, Boca Raton, Florida 33431.

SUMMARY OF YOUR RIGHTS

You have the right to:

- Get a copy of your paper or electronic medical record (e.g. medical marijuana purchase history)
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we’ve shared your information
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

SUMMARY OF YOUR CHOICES

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition or status as a medical marijuana patient
- Provide disaster relief
- Share your information as detailed below

SUMMARY OF YOUR USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Get paid for your medical cannabis
- Run our organization
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or, if you agree, a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. In most cases, we are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. We will inform you of the amount of the fee in

advance and you can decide not to receive the additional accounting.

Get a copy of this Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly. This Notice of Privacy Practices for Protected Health Information is also available at www.beyond-hello.com.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Get notification if there is a breach of your health information

- You have the right to be notified if there is a Breach of your unsecured PHI as those terms are defined under HIPAA.
- We will notify you in writing as quickly as possible and no later than 60 days following our discovery of a Breach

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you, as allowed by law.

Example: A doctor treating you asks us for information related to your care.

Get paid for your medical cannabis

We can use your health information to get paid for your medical cannabis or to check that the correct amount was charged for your medical cannabis.

Example: We may share payment information with your designated caregiver.

Run our organization

We can use and share your health information to run our business, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services and improve the quality of care. We also share health information with your treating providers for these purposes.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medicine
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Comply with the law

We will share information about you if state or federal laws require it, including with the State Department of Public Health, State Department of Business Regulations, and U.S. Department of Health and Human Services if it wants to see that we're complying with applicable law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena if certain conditions are met to provide you with notice or to obtain an order protecting the information.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your PHI.
 - We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
 - We must follow the duties and privacy practices described in this Notice and give you a copy of it.
 - We will not use or share your information other than as described herein unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We never market or sell personal information without your written permission.
- We will not share any psychotherapy notes without your written permission, except in extremely limited situations such as by court order.

You may revoke prior authorizations you have given us, provided the request is in writing; however, previously released information is not covered by this request.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

For Further Information

To exercise your rights, for questions, or further assistance regarding this Notice, you may contact the HIPAA Privacy Officer by email privacy@jushico.com, by telephone at (561.281.2628), or by writing to the HIPAA Privacy Officer at HIPAA Privacy Officer, Jushi, Inc., 301 Yamato Road, Suite 3250, Boca Raton, Florida 33431.

I hereby acknowledge receipt of the Jushi Notice of Privacy Practices and I permit Jushi, Inc. to send me the Jushi Notice of Privacy Practices by e-mail.

[X] I CONSENT

Patient Name

Initials

Date

Physician Use Only

Witnessed By *

Physician Name *

Physician's Signature *