



Your Licensed Medical Cannabis Producer and Dispensary in San Juan County
 534 E. Broadway | PO Box 6821 | Farmington, NM 87401 | 505-258-4952
www.newmexicoalternativecare.com | nmaltcare@gmail.com

Enrollment Form

New Application | Update Existing

REGISTERED PATIENT INFORMATION

Name _____ DOB _____
 NMDOH Patient ID No. _____ Exp Date _____
 Address _____ Apt No. _____
 City _____ County _____ Zip _____
 Email: _____ Phone _____
 Phone Carrier: _____ (Example- At&t, Verizon, T-Mobile)

Is the patient a minor? Yes No
 Do you have a personal production license? Yes No
 Preferred Method of contact: Email Phone US Mail (check all that apply)
 I would like to receive text messages for sales and promotions Yes No

REGISTERED CAREGIVER INFORMATION

Name _____ DOB _____
 NMDOH Patient ID No. _____ Exp Date _____
 Address _____ Apt No. _____
 City _____ County _____ Zip _____
 Email: _____ Phone _____

***IF PATIENT IS A MINOR:**

NMAC's goal is to effectively assist every patient with choosing an ingestion medium and method specific to their preferences, medical condition, and age in a way that is beneficial and safe for the patients specific needs. In order to achieve this, it is our policy that minor patients are not to ingest smokable cannabis products without written approval from their Qualifying Physician and a signed waiver from their caregiver/guardian stating that they understand the possible health risks associated with ingesting cannabis via inhalation. NMAC has the right to refuse service if the MCP Patient's caregiver is not compliant with this policy.

I have read and understand the above policy. Caregiver Signature: _____

New Mexico Alternative Care Medical Cannabis Program

Authorization to Release Information

I agree and authorize **New Mexico Alternative Care** (further referred to as **NMAC**) to contact the New Mexico Department of Health as well as other New Mexico licensed medical cannabis producers to verify information regarding my use and possession of medical cannabis. This authorization allows entities to share information, both verbal and written, in compliance with the Lynn and Erin Compassionate Use Act. I understand that I may revoke this authorization in writing at any time, and that by doing so, I forfeit my privilege to purchase medical cannabis from **NMAC**.

Health Insurance Portability and Accountability Act (HIPPA)

The HIPPA Privacy Rule provides federal protections for personal health information held by covered entities and give patients an array of rights with respect to that information. The Privacy Rule ensures that any Protected Health Information (PHI) is available only for your treatment and is maintained in a secure area with access granted only to **NMAC** employees directly involved in your care.

Patient Signature _____ Date _____

We will need a copy of your current NMDOH Medical Cannabis Card and your New Mexico State Issued Photo ID or Driver's License.

NMAC use only: Date Verified _____, 20____ by _____



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I _____ (print name), fully understand and agree to the following terms and conditions regarding **New Mexico Alternative Care (NMAC)**

1. I am a qualified New Mexico medical cannabis patient in good standing with the New Mexico Department of Health
2. I have read and understand the Lynn and Erin Compassionate Use Act and agree to abide by the rules and regulations outlined within it.
3. I understand that while medical cannabis is allowed for registered patients under New Mexico State law, it is not allowed under any Federal regulation or law.
4. All information I have provided to NMAC is true and correct.
5. I will notify NMAC immediately of any changes in the information provided in the NMAC enrollment form, including any status with the New Mexico Department of Health.
6. I understand that any medical cannabis purchased from NMAC is for the exclusive use of the registered patient and may not be sold or given to any other person, nor may it be transported outside the State of New Mexico.
7. I agree to indemnify and hold harmless NMAC, its officers, directors, and employees from any damages resulting from my use and / or possession of medical cannabis
8. I understand that any breach of this enrollment agreement by me may result the termination of my enrollment with NMAC
9. I understand that NMAC has the right to refuse service to me at any time, for any reason, including if NMAC believes that I may be in violation of the rules and regulations of the Lynn and Erin Compassionate Use Act.

Patient Signature _____ Date _____



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MEDICAL CANNABIS PROGRAM (MCP) LIMITATION AND RIGHT TO POSSESS AND USE CANNABIS PER NM-DOH

Enrollment in the program allows participants to legally possess up to 230 units of usable cannabis at any one time.

Participants may use medical cannabis in their private residences. Patients may not use medical cannabis in public areas (such as parks, bus stops or recreation centers, etc.).

Participants may not use or possess medical cannabis on federal property such as federal courthouses, airports, national parks, national reservations (such as casinos or residences on reservations), or federal checkpoints (such as border patrol checkpoints)

The NM-DOH MCP enrollment is only valid in New Mexico. Protections under the Lynn and Erin Compassionate Use Act are no longer afforded once a participant or caregiver crosses a New Mexico state border.

The medical and personal information patients provide to the DOH during the application process shall remain confidential in compliance with state and federal law including the Health Insurance Portability and Accountability Act (HIPPA). Patient information cannot be released to any party outside of the MCP without the patient's written consent.

Enrollment in the MCP does not protect patients from any action taken by the federal government relative to the patient's use and possession of cannabis. Furthermore, enrollment in the MCP does not protect patients from state action if the patient violates the rules of the program or violates any other laws.

The MCP does not offer protection with regard to employment or housing.

The MCP does not offer legal advice; patients must consult a legal expert, although some general questions may be answered by visiting the program's website at: <https://nmhealth.org/about/mcp/svcs/>

Approved caregivers may assist patients with obtaining the patient's medical cannabis from legal sources. This requires the caregiver to complete an application with the MCP.

The patient card does not authorize the patient to grow medical cannabis. The patient must complete a Personal Production License (PPL) to grow.

Any violation of the rules and regulations of this program may result in revocation of the patient's license.

I have read and understand the rules and regulations of this program.

Patient Signature _____ Date _____