

## ***DO NO HARM CLINIC Ltd.***

#9 – 3151 LAKESHORE DR. SUITE #421

KELOWNA, BC. V1W 3S9

**FAX: (888) 370-2033 Email: [donoharmclinic@gmail.com](mailto:donoharmclinic@gmail.com)**

### **TERMS AND CONDITIONS**

#### **I declare the following to be true:**

I am at least 18 years of age.  
I have the consent of my primary caregiver if I am under 18 years of age.  
I am aware marijuana is not an approved therapeutic agent in Canada..  
I wish to consider the use of marijuana as medicine despite potential side effects.  
I have a medical condition (diagnosis) that may benefit from marijuana.  
I do not consent to treatment by pharmaceutical medicines only.  
I am legally able to make all of my health decisions on my own.

I am aware that I am **not** entering in a doctor/patient relationship and that the Do No Harm Clinic is only providing an opinion based on my existing medical records.. The clinic is not diagnosing nor prescribing.

I agree not to make any claim or commence any proceedings against Dr. Kevin Kanerva / The Do No Harm Clinic Ltd./ my family physician / or any other involved physicians in relation to my use of marijuana (cannabis/ cannabinoids)

I do not support any claims made by my family, friends or other interested parties against said clinic and physicians. I release Dr. Kevin Kanerva / The Do No Harm Clinic Ltd. / my family physician/ any other involved physicians from any and all actions, claims, causes of actions, complaints (even by family and friends) and demands for damages, loss, or injury whatsoever arising directly or indirectly as a consequence to my use of marijuana as a (cannabis/ cannabinoids). This release from liability is to be binding on heirs, executors and assigns.

### **SIDE EFFECTS CONSENT**

#### **I declare the following to be true:**

I acknowledge there has only been limited research into the safety of marijuana and that the safety and efficiency of dried marijuana for medical purposes has not been established. No notice of compliance has been issued for marijuana in Canada. I understand and accept the following possible consequences of marijuana use including but not limited to: impaired judgment, anxiety, paranoia, sedation, decreased inhibitions, drug tolerance, possible dependence, possible withdrawal symptoms, the need for possible drug holidays, an increase in appetite leading possibly to weight gain, an impaired immune system, interaction with other drugs, the possible need to decrease the dose of some medications (with the supervision of my primary care physician), dysphoria ( an unpleasant emotional state), depleted energy, impaired short term memory, and lung damage ( smoked form).

I acknowledge that all of the potential health risks associated with marijuana may not yet have been identified and that marijuana may have an adverse effect on my health in the future.

I acknowledge the use of marijuana may have an effect on my motor skills. Consequently I will not operate a motor vehicle, handle machinery or perform other risky activities if impaired with marijuana.

I understand that the use of marijuana may be dangerous during pregnancy.

I agree to notify my primary care practitioner, if I have any significant side effects arising from my use of marijuana. I also agree to cooperate with any necessary follow up forms or visits that may be required.

I have read and fully understand this Side Effects Consent form. Any questions I may have had were answered by this document.

**Signature of Client** \_\_\_\_\_ page 1 of 3

## COMMUNICATION TECHNOLOGY CONSENT

### I declare the following to be true:

The Do No Harm Clinic Ltd. and related physicians offer clients the opportunity to communicate by email, web, video telemedicine and other technologies here after to be called "Communication Technology"

Transmitting electronic information poses several risks. The client should not agree to communicate with the clinic and physician via these "Communication Technologies" without understanding and accepting these risks. The risks include, but are not limited to the following:

Employers and online services may have a legal right to inspect and keep information that pass through their system.

- The privacy and security of these communications cannot be guaranteed.
- Communication Technology is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the communication once it has been sent.
- Communication Technology can introduce viruses into a computer system, and potentially damage or disrupt the computer.
- Communication Technology can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the clinic, the physician or the patient. Communication Technology senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Communication Technology is indelible. Even after the sender and recipient have deleted their copies of the Communication Technology, back-up copies may exist on a computer or in cyberspace.
- Use of Communication Technology to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Communication Technology can be used as evidence in court.
- The client waives any encryption requirement, with the full understanding that such waiver increases the risk of violation of the client's privacy

### Conditions of using Communication Technologies:

Because of the risks outlined here, the Do No Harm Clinic and related physicians cannot guarantee the security and confidentiality of Communication Technology, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the clinic or physicians. Thus, clients must consent to the use of Communication Technology for client information. Consent to the use of Communication Technology includes agreement with the following conditions:

- Communication Technology to or from the client concerning diagnosis or treatment may be printed in full or recorded in audio or audio video and made part of the clinic's medical record. Because they are part of the clinic's medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those records.
- The physician may forward Communication Technologies internally to the physician's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. The physician will not, however, forward Communication Technology to independent third parties without the client's prior written consent, except as authorized or required by law.
- **The clinic and confirming physicians cannot guarantee that any particular Communication Technology will be read and responded to within any particular period of time. Thus, the client should not use Communication Technology for medical emergencies or other time-sensitive matters.**
- If the client's Communication Technology requires or invites a response from the clinic and the client has not received a response within a reasonable time period it is the client's responsibility to follow up to determine whether the intended recipient received the Communication Technology and when the recipient will respond.
- The client should consider not using Communication Technology for sensitive medical information, such as sexually transmitted disease, AIDS/HIV, mental health, developmental disability, or substance abuse.
- The clinic and confirming physicians are not responsible for information loss due to technical failures.

Signature of Client \_\_\_\_\_ page 2 of 3

## Instructions for use of Communication Technology

To communicate the client shall:

- Limit or avoid using an employer's computer.
- Inform the clinic of any changes in client's email address etc.
- Review the Communication Technology to make sure it is clear and that all relevant information is provided before sending to the clinic.
- Take precautions to preserve the confidentiality of Communication Technology, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the clinic and confirm the clinic received such withdrawal of consent.
- **Should the client require immediate assistance, or if the client's condition appears serious or rapidly worsens, the client should not rely on Communication Technology.** Rather, the client should call their primary care doctor for consultation or an appointment, visit the physician's office or take other measures as appropriate such as seeking emergency medical care.

I acknowledge that I have read and fully understand all of these documents. Any questions, I may have had, were answered by these documents.

Date \_\_\_\_\_ ( day/mo/yr)

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Print name

**FAX TO 1-888-370-2033**