

## **Two Tracks of Proposal One Concurrent Legal Protections Compared**

Michigan law allows use of marijuana to treat or alleviate many medical conditions and their symptoms. Patients, and their doctors, have two sets of options under the Michigan Medical marijuana Act. Which one is right for you or your loved one depends on your circumstances, and in many situations a person can enjoy both protections simultaneously. Any person qualified for formal certification is also qualified to assert the affirmative defense, although not all persons qualified for a statement supporting the affirmative defense are necessarily qualified for formal certification and registry ID card.

Under the Registry ID Card program a patient is immune from “arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by a business or occupational or professional licensing board or bureau” for medicinal use or possession of marijuana. Even the qualifying patient’s marijuana “shall not be seized or forfeited”.

Under a statutory “Affirmative Defense”, a person not in possession of a registry card, or not within the strict quantity limitations of the Registry ID Card program, a person will likely be arrested “...may assert the medical purpose for using marihuana in a motion to dismiss, and the charges shall be dismissed following an evidentiary hearing...” or at trial “may assert the medical purpose for using marihuana as a defense to any prosecution involving marihuana”. The defense also applies to any “disciplinary action by a business or occupational or professional licensing board or bureau; or forfeiture of any interest in or right to property.”

The Registry ID Card Program, which requires advance application and \$100/yr fee, establishes a prophylactic protection from legal consequences, but has a somewhat limited scope. Only certain conditions qualify, and the diagnosed condition must be disclosed and certified by the doctor. The affirmative defense, by contrast, requires no advance action or expense, no formalities, and its scope is quite broad indeed, as compared to the Registry ID Card program.

### **Qualification for the Registry ID Card Program**

Under the law, there is a list of defined “debilitating medical conditions” that applies to the DCH state issued Registry I.D. card program, and there is also a process for expanding the list through a public process. There is a set of criteria that permit a doctor to qualify a patient as having a “debilitating medical conditions”, even if the patient’s specific “chronic or debilitating disease or medical condition” is not on the list. A patient with a diagnosis which fits the definition may obtain a certificate, which the patient may use to apply for a Registry ID Card, but only if, in the doctor’s professional opinion, the patient would also likely receive “palliative or therapeutic benefit” from marijuana to treat or alleviate the patient’s debilitating medical condition or symptoms associated with it.

Therefore the mere presence of such a diagnosed qualifying condition does not entitle a patient to certification. To certify the patient, the doctor must specifically opine that the

patient will “likely” receive a benefit. But once the doctor certifies, no court can question the reasonableness of the certification. None of these criteria above seem to suggest the doctor need specifically balance potential negative side effects of marijuana use. Caveat: For a patient under 18 years old, 2 physicians must certify the patient and each physician must explain the potential risks and benefits of the medical use of marijuana to the qualifying patient and to his or her parent or legal guardian.

To be clear, in any case, the certifying doctor is not prescribing marijuana; doctors cannot do so. The doctor is not recommending marijuana; the law does not require them to do so. The doctor is only stating an “opinion” as to the likelihood of a medical benefit, and can do so under the law without fear of retribution or any legal or professional liability, except that the doctor is always subject to personal and professional responsibility for *“failing to properly evaluate a patient’s medical condition or otherwise violating the standard of care for evaluating medical conditions.”*

Specifically, the required certificate is a document signed by a physician, stating the patient’s debilitating medical condition and stating that, in the physician’s professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient’s debilitating medical condition or symptoms associated with the debilitating medical condition. There are 9 qualifying debilitating medical conditions specified by name in the statute, which automatically qualify if the doctor opines that the patient would likely receive palliative or therapeutic effect. They are: Cancer, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, amyotrophic lateral sclerosis, Crohn’s disease, agitation of Alzheimer’s disease, nail patella, or the treatment of these conditions.

There are other *“chronic or debilitating disease or medical conditions”* that meet the statutory definition of “debilitating medical condition”, and as such qualify for formal certification and the Registry ID Card program. These involve any such disease or condition that produces severe and chronic pain, severe nausea, seizures, severe and persistent spasms, cachexia or wasting syndrome. This is potentially includes a broad range of maladies, if in the doctors sole discretion there is a likely receive “palliative or therapeutic benefit” from marijuana to treat or alleviate the patient’s debilitating medical condition or symptoms associated with it.

Specifically, the statute captures within the definition of “debilitating medical condition” anything that fits this broadened category, which contemplates both *“chronic or debilitating diseases”* or *“medical conditions.”* According to the statute, “A chronic or debilitating disease or medical condition or its treatment that produces 1 or more of the following: cachexia or wasting syndrome; severe and chronic pain; severe nausea; seizures, including but not limited to those characteristic of epilepsy; or severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis.”

Reduced to its most basic elements, for the sake of certainty, the certifying physician must determine that the patient suffers from one of 4 things:

1. A chronic disease
2. A debilitating disease
3. A chronic medical condition
4. A debilitating medical condition

The second step is for the physician to determine that the “*chronic or debilitating disease or medical condition*”, **or its treatment**, produces in the patient one of the following:

1. produces cachexia
2. produces wasting syndrome
3. produces severe and chronic pain
4. produces severe nausea
5. that produces seizures, including but not limited to those characteristic of epilepsy
6. produces severe and persistent muscle spasms, including but not limited to those characteristic of multiple sclerosis

Notice that if the treatment produces the offending symptom, then a doctor may certify the patient as a “qualifying patient” but, again, only if the doctor makes the further determination that, in his or her professional opinion, that the patient would likely receive palliative benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition.

### **Criteria for Qualification to Assert the Affirmative Defense**

The law qualifies a person to assert the affirmative defense to any prosecution involving marijuana if, “A physician has stated that, in the physician's professional opinion, after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition. The person must also satisfy two other elements; that the amount possesses is not an unreasonably excessive amount (allowing for the necessity to maintain an uninterrupted supply), and a good faith test that the use or possession was actually for a medicinal purpose.

The standard for the statement of written or oral opinion which triggers the affirmative defense is "serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition; that is

- a serious medical condition
- a debilitating medical condition

- the symptoms of the patient's serious medical condition;
- the symptoms of the patient's debilitating medical condition;

Clearly, the standard for the affirmative defense is much more broad than the standard for the certificate. The formal certificate requires a debilitating medical condition, whereas the standard for the affirmative defense statement includes all those debilitating medical conditions that would justify a certificate (in case a person does not get an ID card) plus a more broad ranged concept: any "serious medical condition" or its "symptoms."

There are hundreds of "serious medical conditions" that presumably meet these broad criteria, based on the current state of the art. Whether a condition is a medical condition, and a serious one, is for the physician to determine. The court cannot question this determination as to the patient so long as the determination was only made "*after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship*", and subject to the responsibility to the profession for "*failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.*"

The following list names many of these serious medical conditions: Amotivational Syndrome, Achalasia, Acute Porphyria, Aggressive-Destructive Behavior, Aids, Alzheimer's Disease, Amputation, Ankylosing Spondylitis, Anxiety Attacks, Aseptic Necrosis, Asthma, Attention Deficit Hyperactivity Disorder (Adhd), Back Pain, Bipolar Disorder, Borderline Personality Disorder, Brain Surgery (Post), Burn Injury, Cancer, Charcot-Marie-Tooth Disease, Colitis, Common Cold, Congestive Heart Failure, Constipation, Crohn's Disease, Cystic Fibrosis, Degenerative Disc Disease, Dementia, Diabetes, Diabetic Gastroparesis, Dysmenorrhea, Endometriosis, Familial Spastic Paraplegia, Fibromyalgia, Frontal Lobe Epilepsy, Gastroesophageal Reflux Disease (Same As Diabetic Gastroparesis), Glaucoma, Gout, Grand Mal Seizures, Gynecomastia, Hashimoto's Encephalopathy, Hepatitis C (Hcv), Herpes, High Blood Pressure, Horton's Syndrome (Cluster Headache), Hyperemesis Gravidaru, Hypertension, Insomnia, Intractable Hiccoughs, Irritable Bowel Syndrome, Joint Pain, Labor Discomfort, Lewy Body Disease, Lyme Disease, Lung Cancer, Menière's Syndrome, Meningitis, Menorrhagia (Excessive Menstrual Bleeding), Migraine, Multiple Sclerosis, Muscle Spasm, Myasthenia Gravis, Myofascial Pain Syndrome, Narcolepsy, Nausea, (Erythema) Nodosum, Neurofibromatosis Nystagmus, Optic Nerve Atrophy, Orthostatic Hypotension, Osteoarthritis, Paget's Disease, Severe And Chronic Pain, Panic Disorder, Paraplegia, Peripheral Neuropathy, Phantom Pain, Polycystic Kidney Disease, Post-Polio Syndrome, Post-Traumatic Convulsive Disorder, Post-Traumatic Neuromuscular Symptoms, Post-Traumatic Spasms And Pain, Post-Traumatic Stress Disorder (Ptsd), Pregnancy, Premenstrual Syndrome (Pms), Primary Sclerosing Cholangiitis (Psc), Pseudotumor Cerebri, Psoriasis, Quadriplegia, Raynaud's Phenomenon, Restless Legs Syndrome, Rheumatoid Arthritis, Ruptured Disc Pain, Sexual Disability, Spastic Paraplegia, Spasticity, (Dyspepsia) Stomach Discomfort, Stuttering, Systemic Lupus Erythematosus (Sle), Temporal Lobe Epilepsy, Esophageal Spasms, Testicular Cancer, Tinnitus, Tourette's Syndrome, Transverse Myelitis,

Trigeminal Neuralgia, Ulcerative Colitis, Von Hippel-Landau Syndrome, Morbid Obesity, Wyburn-Mason Syndrome. Remember that a serious medical condition is something your doctor states is a serious medical condition. Doctors are the gatekeepers, just as they are gatekeepers for access to narcotic drugs like morphine and oxycontin for medicinal purposes.

The physician's "Memo of Assessment/Diagnosis and Opinion" (MADO) in support of the affirmative defense can be completed for many conditions that are not on the list but are supported by clinical experience as well as the medical/scientific literature, the 1990 ADA and 2008 amendment to the ADA, and the spirit of the act. Doctors are protected under the act, "...provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions."

### **Wear a belt and suspenders: Get Both.**

Since any person who is a qualifying patient, so as to qualify for a formal Certification and a Registry ID Card, will also qualify for a "Memo of Assessment/Diagnosis and Opinion" (MADO), so as to assert an affirmative defense, it is recommended that such person request their doctor to sign both forms. The "Memo of Assessment/Diagnosis and Opinion" (MADO) is specially designed to be self-authenticating in court, and therefore it is more convenience if and when you need it to assert the affirmative defense under circumstances where the prophylactic protections of the registry ID card did not apply (for instance, where the amount possessed exceeds the 2.5 oz/12 plant limitations under the Registry ID Program). If, on the other hand, a person does not qualify for formal certification, there is a good chance that a doctor would consider signing the "Memo of Assessment/Diagnosis and Opinion" (MADO), given the broader application the law provides when it opens the defense not only the persons with "debilitating medical conditions" to all persons who have "serious medical conditions", and who have had a doctor state an opinion that after having completed a full assessment of the patient's medical history and current medical condition made in the course of a bona fide physician-patient relationship, the patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition.

Forms and legal details available @ [www.QualifyingPatient.com](http://www.QualifyingPatient.com)

# QUALIFYING PATIENT CERTIFICATE

This certificate is in support of an application for Registry ID Card through the MDCH, and does not by itself have the legal effect of a Registry ID Card. This is not a prescription, or even a recommendation, but a written certification stating the patient's debilitating medical condition and stating that, in the physician's professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition.

Name of Qualifying Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address of Qualifying Patient: \_\_\_\_\_

**Certification: The Qualifying Patient is diagnosed to have the following Debilitating Medical Condition** (check any or all that apply):

1. A "Debilitating medical condition" specified in section 3(A)(1) of the Michigan Medical Marijuana Act

- CANCER       GLAUCOMA       HEPATITIS C       CROHN'S DISEASE       NAIL PATELLA  
 ACQUIRED IMMUNE DEFICIENCY SYNDROME       POSITIVE STATUS FOR HUMAN IMMUNODEFICIENCY VIRUS  
 AMYOTROPHIC LATERAL SCLEROSIS       AGITATION OF ALZHEIMER'S DISEASE  
 THE TREATMENT OF AN ABOVE CONDITION, or

2. A chronic or debilitating disease or medical condition or its treatment, indicated in section 3(A)(2) of the Michigan Medical Marijuana Act, that produces 1 or more of the following:

- CACHEXIA OR WASTING SYNDROME  
 SEVERE AND CHRONIC PAIN  
 SEVERE NAUSEA  
 SEIZURES, INCLUDING BUT NOT LIMITED TO THOSE CHARACTERISTIC OF EPILEPSY  
 SEVERE AND PERSISTENT MUSCLE SPASMS, INCLUDING BUT NOT LIMITED TO THOSE CHARACTERISTIC OF MULTIPLE SCLEROSIS, or

3.  Other medical condition or its treatment approved by the DCH pursuant section 3(a)(3) of the Michigan Medical Marijuana Act, (specify): \_\_\_\_\_

Comments/Specifications (optional): \_\_\_\_\_

**Certification:** Know all men by these presents that the undersigned, a physician as defined by the Michigan Medical Marijuana Act, hereby states and certifies that the qualifying patient whose name appears above this certification has been diagnosed by the physician as having a debilitating medical condition as indicate on this certification. It is further certified that, in the certifying physician's professional opinion, the patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's debilitating medical condition or symptoms associated with the debilitating medical condition.

Physician Signature: \_\_\_\_\_

Date of Certification: \_\_\_\_\_

Expires: \_\_\_\_\_

Printed Name of Certifying Physician: \_\_\_\_\_

State of Michigan Physician License #: \_\_\_\_\_

Check license at (517) 241-9427 or [www.dleg.state.mi.us/free/](http://www.dleg.state.mi.us/free/)

Physician Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Physician Information:** Only a Physician currently licensed in the state of Michigan may make this certification.

**Physicians Protected Under Act.** See MCL 333.26424(f): A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, or any other business or occupational or professional licensing board or bureau, solely for providing written certifications, in the course of a bona fide physician-patient relationship and after the physician has completed a full assessment of the qualifying patient's medical history, or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marijuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition, provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.

Forms and legal details available @ [www.QualifyingPatient.com](http://www.QualifyingPatient.com)

# MEMORANDUM OF ASSESSMENT, DIAGNOSIS, AND OPINION

This memorandum is not a certificate in support of an application for Registry ID Card though the MDCH, is not intended to be used as such, and does not have the legal effect of a Registry ID Card. This is not a prescription or even a recommendation, but a medical statement, part of your medical record, that may support the Medical Purpose affirmative defense under the Michigan Medical Marijuana Act if you are prosecuted. Do not send this statement with application for Registry ID Card. If arrested, have your attorney contact the office for a certified copy of this statement, and an affidavit as to its authenticity.

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Patient,

You have requested medical treatment and advice from me, as your physician. I have therefore made a medical examination of you today, and have made a complete assessment of your medical history and your current medical condition. I cannot legally prescribe non-pharmaceutical marijuana for your medical use, and the law does not contemplate that I should make a recommendation in this regard, and but I have formed a professional opinion as to whether you are likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate your serious or debilitating medical condition or its symptoms and this letter is a verification to the statement I have made to you in this respect. During the examination we each made statements that were made for purposes of your medical treatment and diagnosis, in connection with treatment, and you described your medical history, symptoms, pain, sensations, and general character, cause, or external source thereof, all of which were necessary to your diagnosis and treatment. During the examination I made observations and a medical examination, in my professional capacity as your physician, and from that examination and from information transmitted by you, based on your personal knowledge of your health conditions, I have made a complete assessment of your current medical condition. I have your medical history in my file and I have made a complete assessment of it. It is my regular practice, in the course of my professional services to you and others, to make and keep a record, like this memorandum, regarding regularly conducted medical examinations, to state my assessments, findings, opinions, statements, and, if requested, my diagnosis of your medical condition, made in the course of the examination, and to prepare a specific form, like this one, where medically significant statements are made which may require later specific verification under circumstances where you may wish to establish that I have made this statement to you, and still keep the details of your medical condition private, as it is Protected Health Information. This record made and kept in the course of a regularly conducted medical examination, conducted as part of my regular professional practice, will be kept in your confidential medical file and only you have a right to authorize access to this record on request. Below are the specifics of my professional opinion and findings as stated to you :

- I am a physician, duly licensed in the State of Michigan.
- I completed a full assessment of your medical history.
- I completed a full assessment of your current medical condition.
- This assessment was made in the course of a bona fide physician-patient relationship.
- I have formed a professional opinion.
- As your physician, I stated on this date that in my professional opinion, after having completed a full assessment of your medical history and current medical condition, made in the course of a bona fide physician-patient relationship, YOU ARE LIKELY to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the your serious or debilitating medical condition or symptoms of the your serious or debilitating medical condition.

Diagnosis. Since the law does not specifically require disclosure of your medical condition (your specific diagnosis is your legally protected private health information, according to HIPAA), it is not listed here unless you requested it to be listed.

Comments/Specifications (optional): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date of Statement: \_\_\_\_\_

Printed Name of Certifying Physician: \_\_\_\_\_

State of Michigan Physician License #: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Forms and legal details available @ [www.QualifyingPatient.com](http://www.QualifyingPatient.com)

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**Physician Information:** Only a Physician may make this statement. "Physician" means an individual licensed as a physician under Part 170 of the public health code, 1978 PA 368, MCL 333.17001 to 333.17084, or an osteopathic physician under Part 175 of the public health code, 1978 PA 368, MCL 333.17501 to 333.17556. You can check my license status at (517) 241-9427 or online at [www.dleg.state.mi.us/free/](http://www.dleg.state.mi.us/free/)

**Elements of the Affirmative Defense:**

**1. The Physician's Statement** [Section 8(a)1]:

- A physician (Licensed MD or Osteopath)
- has stated that
- in the physician's professional opinion
- after having completed a full assessment of
- the patient's medical history and
- patient's current medical condition
- which assessment was made in the course of a bona fide physician-patient relationship
- that the patient is likely to receive therapeutic or palliative benefit
- from the medical use of marihuana
- to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition

**2. The Reasonably Necessary Quantity** [Section 8(a)2]:

- The patient and the patient's primary caregiver, if any, were collectively
- in possession of a quantity of marihuana that was
- not more than was reasonably necessary
- to ensure the uninterrupted availability of marihuana
- for the purpose of treating or alleviating the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition

**3. The Medical Purpose** [Section 8(a)3]:

- The patient and the patient's primary caregiver, if any,
- were engaged in the
- acquisition, possession, cultivation, manufacture, use, delivery, transfer, or transportation of marihuana or paraphernalia relating to the use of marihuana
- to treat or alleviate the patient's to treat or alleviate the patient's serious or debilitating medical condition or symptoms of the patient's serious or debilitating medical condition.

**Disqualifications:** Section 8(a) provides that the defendant cannot assert the affirmative defense if possessing or engaging in the use of marijuana was in violation of Section 7(b) of the Act. Section 7(b) lists certain disqualifying criteria that apply to the Section 8 affirmative defense and to the Act's other more prophylactic immunities for registry participants.

The defense may *not* be asserted for any of the following:

- Smoking marijuana "in any public place";
- Smoking marijuana on any form of public transportation;
- Any use by a person who has no serious or debilitating medical condition;
- Any conduct where being *under the influence* would constitute negligence or professional malpractice *per se*;
- Operating, navigating, or being in actual physical control of any motor vehicle, aircraft, or motorboat *while under the influence of marihuana*.
- Any use or possession in a school bus;
- Any use or possession on the grounds of any preschool, primary, or secondary school;
- Any use or possession in any correctional facility;

**Patient Acknowledgement:**

I have read and understood the essential elements of the Medical Purpose Affirmative Defense, and understand that this defense, while a defense in court which may be the basis for dismissal of any prosecution involving marijuana, the affirmative defense, and this statement, will not prevent law enforcement agents from arresting me or charging me with any offense in the same way the Registry ID Program purports to do. I understand that the provisions of the affirmative defense are subject to judicial scrutiny, and have yet to be clearly defined by courts. I understand that I must consult with an attorney regarding the legal protections afforded to me under the affirmative defense. I further understand that this memorandum is not a certificate in support of an application for Registry ID Card though the MDCH, is not intended to be used as such, and does not have the legal effect of a Registry ID Card. I understand that this is not a prescription or recommendation to use marijuana, but a statement in support of just one element of the Medical Purpose affirmative defense under the Michigan Medical Marijuana Act. I understand that my physician will not assist me in actually using or obtaining marijuana, and I acknowledge that my physician has not provided me with any information as to how, where, and from whom I might obtain marijuana.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

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**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION TO PHYSICIAN**

TO MY DOCTOR:

I, \_\_\_\_\_ DOB \_\_\_\_\_ residing at

\_\_\_\_\_  
with Social Security number (optional) \_\_\_\_\_, authorize you to release and discuss any and all medical records and medical information that you have for me in your possession regarding my medical condition and my medical treatment, including but not limited to, my medical history, my medical treatment, your findings regarding my medical condition, records of consultations that I have had, records of medication prescribed for me, x-rays taken of me, my radiology reports, and hospital, and medical records to:

Name/address/fax of physician to receive records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for the purpose of obtaining medical treatment and advice.

This authorization is intended to be an unlimited, full, and complete Authorization for the release of any and all protected medical information as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Medical Records Access Act, as amended, and under the rules and regulations thereof, and covers all protected information from primary and secondary providers, health plans, health care clearinghouses, emergency services, financial and administrative transactions, and business associates. A covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization when the prohibition on conditioning of authorizations in 45 CFR 164.508(b)(4) applies.

It is understood that the person to whom this Authorization is given has my permission to use and disseminate this information in his or her sole discretion.

- 1. **Expiration.** This authorization expires 18 months after patient signed this release.
- 2. **Right to Revoke.** I have the right to revoke this authorization by signing and dating a written statement revoking this authorization, and it shall become effective on delivery to you. If this authorization is revoked, any person or entity acting in good faith in reliance upon it and lacking actual knowledge of its revocation shall be held harmless.
- 3. **Redisclosure.** Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected by this rule.
- 4. **Administrative Provisions.** I revoke any prior authorizations I have made to disclose health information that are inconsistent with this authorization. This document shall be governed by Michigan law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub L No 104-191, and the Medical Records Access Act, MCL 333.26261 et seq. However, I intend it to be honored in any jurisdiction where it is presented and for other jurisdictions to refer to Michigan law and HIPAA to interpret and determine the validity and enforceability of this document. Photocopies or facsimile reproductions of this signed authorization shall be treated as original counterparts. I am providing this authorization voluntarily and have not been required to give it to obtain treatment. I am at least 18 years old and of sound mind.

Dated: \_\_\_\_\_

/s/ \_\_\_\_\_

**Printed Patient name:**

Forms and legal details available @ [www.QualifyingPatient.com](http://www.QualifyingPatient.com)

**LIMITED HIPAA AUTHORIZATION FOR CERTIFYING PHYSICIAN  
TO CONFIRM VALIDITY OF CERTIFICATION TO THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

TO MY DOCTOR: \_\_\_\_\_

I, \_\_\_\_\_ residing at  
\_\_\_\_\_

with Social Security number \_\_\_\_\_, understand that the Michigan Department of Community Health may be contacting the certifying physician directly to confirm the validity of the written certification under the Michigan Medical Marijuana Registry ID Card Program. I authorize you, for the purpose of such confirmation, to confirm my certification, and my medical records and medical information that you have for me in your possession regarding my medical condition and my medical treatment, including but not limited to, my medical history, my medical treatment, your findings regarding my medical condition, records of consultations that I have had, records of medication prescribed for me, x-rays taken of me, my radiology reports, and hospital, medical, and billing records to **Michigan Department of Community Health** 611 W. Ottawa Street, Lansing, Michigan 48933 upon request.

This authorization is intended to be a limited Authorization for the release of any and all protected medical information as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Medical Records Access Act, as amended, and under the rules and regulations thereof, as is necessary to confirm the validity of my certification, and covers all protected information from primary and secondary providers, health plans, health care clearinghouses, emergency services, financial and administrative transactions, and business associates. A covered entity may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization when the prohibition on conditioning of authorizations in 45 CFR 164.508(b)(4) applies.

It is understood that the person to whom this Authorization is given has my permission to use and disseminate this information in his or her sole discretion.

1. **Expiration.** This authorization expires 18 months after the date this authorization was signed by patient.
2. **Right to Revoke.** I have the right to revoke this authorization by signing and dating a written statement revoking this authorization, and it shall become effective on delivery to you. If this authorization is revoked, any person or entity acting in good faith in reliance upon it and lacking actual knowledge of its revocation shall be held harmless.
3. **Redisclosure.** Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and is no longer protected by this rule.
4. **Administrative Provisions.** I revoke any prior authorizations I have made to disclose health information that are inconsistent with this authorization. This document shall be governed by Michigan law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub L No 104-191, and the Medical Records Access Act, MCL 333.26261 et seq. However, I intend it to be honored in any jurisdiction where it is presented and for other jurisdictions to refer to Michigan law and HIPAA to interpret and determine the validity and enforceability of this document. Photocopies or facsimile reproductions of this signed authorization shall be treated as original counterparts. I am providing this authorization voluntarily and have not been required to give it to obtain treatment. I am at least 18 years old and of sound mind.

Dated: \_\_\_\_\_

/s/ \_\_\_\_\_

**Printed Patient name:**

Forms and legal details available @ [www.QualifyingPatient.com](http://www.QualifyingPatient.com)