

# Patient Data Release Form

1. In order to better serve patients, I authorize Sanctuary Medicinals the permission to collect data on me regarding the Massachusetts Medical Use of Marijuana Program. All data collected will be securely maintained. Data used will be the following:

1. Strains used and routes of administration as they relate to qualifying conditions and symptoms;
2. Any side effects experienced;
3. Therapeutic Effectiveness; and
4. Overall satisfaction with the Medical Use of Marijuana Program.

2. Data will be used internally for determining best practices within Sanctuary Medicinals.

3. Additionally, in a pursuit to constantly improve the Medical Use of Marijuana Program, this data will be shared with the Massachusetts Department of Public Health.

Name (Please Print)

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Signature

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Patient ID Number

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Date

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