

# Patient Agreement and Consent

- I hereby declare that I have truthfully and completely disclosed all information regarding my medical and behavioral health condition(s).
- I agree to provide supporting documents pertaining to my medical condition(s) if requested.
- I consent to an evaluation by the TSC, LLC practitioner to be certified for the medical use of cannabis.
- I have received a copy of the TSC, LLC Notice of Privacy Practices, and accept those practices.
- I acknowledge that it is my sole responsibility to participate in the follow up with TSC, LLC during my 6<sup>th</sup> month of treatment.

**X**

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Patients Name (Print)

**X**

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Patients Signature

**X**

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Witness Signature