

**Brick Psychiatric Services, Inc.**

2640 Highway 70  
Building 12, Suite 201  
Manasquan, NJ 08736

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**New Jersey Medical Marijuana – Patient Treatment Contract**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Last Name First Name Middle Initial MM DD YYYY

As a participant in medicinal marijuana program in the state of New Jersey, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to carry proper identification, including my MMP card AT ALL TIMES.
2. I agree to keep and be on time to all my scheduled appointments.
3. I agree to adhere to the payment policy outlined by this office.
4. I agree to conduct myself in a courteous manner when in the office.
5. I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my being terminated without any recourse for appeal.
6. I agree not to deal, steal, or conduct any illegal or disruptive activities in the office.
7. I understand that if dealing or stealing or if illegal or disruptive activities are observed or suspected by employees of the pharmacy where my medicinal marijuana is filled, that the behavior will be reported to Brick Psychiatric Services and could result in my treatment being terminated without any recourse for appeal.
8. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit may result in my not being able to get my medication/prescription until the next scheduled visit.
9. I agree that the medication I receive is my responsibility and I agree to keep it in a safe and secure plane. I agree that it will always be kept in original labeled packaging. I agree that lost medication will not be replaced, regardless of why it was lost.
10. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treatment physician.
11. I agree to keep my medical marijuana at my residence and only transport it only when absolutely necessary. I understand that the smell of or burning of raw marijuana outside a home will attract law enforcement attention.
12. If I need to transport or possess medicinal marijuana outside my home I will keep it to a minimum and will keep it in its original packaging.
13. I understand that I am allowed to possess paraphernalia but only for the purpose of medicinal marijuana.
14. I agree that I will not grow or cultivate marijuana or be in possession of a marijuana plant.
15. I agree to not possess marijuana from any other source other than a New Jersey ATC.
16. I agree to not operate a motorized vehicle of any sort, aircraft, railroad train, stationary heavy equipment or vessel while under the influence of medicinal marijuana.
17. I agree to only use medicinal marijuana in my own residence.
18. I agree to not smoke medicinal marijuana in a school bus, on public transportation, or in private vehicle while in motion. Additionally, I agree to not smoke medicinal marijuana on any school grounds or correctional facility, Public Park, beach, recreation center or any other place where smoking is prohibited.
19. I agree to not take medicinal marijuana across state lines.
20. I agree to take any unwanted medicinal marijuana by returning it to an alternative treatment center. I also agree to provide a valid registry ID card, NJ driver license or other state issued photo to the ATC center or the police.
21. I agree to be cooperative and truthful at all times with law enforcement; to the extent they encounter me while in possession of medicinal marijuana or paraphernalia.
22. I understand that violations of the above may be grounds for termination of treatment.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM DD YYYY