

*CannEducate Virginia, LLC - Consent Form*

**Disclosures**

Sarah O'Hanlon of CannEducate Virginia provides consulting services for information and educational purposes only, and does not diagnose, treat, or prescribe medications. It is recommended that you seek professional medical guidance regarding any illness or symptoms you are experiencing, and to inform your physician or healthcare provider of any and all supplements you are taking. This will support a collaborative effort with CannEducate Virginia to maximize success in achieving your personal goals with cannabis therapeutics. No material/information shared with our clients is intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice and guidance of your physician or other qualified healthcare provider regarding a medical condition or treatment program, and before undertaking a new health care regimen. Do not disregard professional medical advice or delay in seeking it because of something you have read or heard through any other resources.

By signing this form below, you acknowledge that you have read and understand this medical advice disclaimer, and that you have completed this form truthfully and to the best of your knowledge. Although rare and usually minor, certain side effects, including allergic reaction, can sometimes occur from natural remedies, including cannabis.

**TERMS & CONDITIONS**

By entering into this contract, the client agrees to the following:

1. Except in the case of gross negligence, I agree to fully release and hold harmless Sarah O'Hanlon of CannEducate Virginia, LLC, and/or any staff members (hereafter referred to as, "CannEducate Virginia") from and against any and all claims or liability of any kind whatsoever or arising out of or in connection with provided services.
2. That under no circumstances, including but not limited to negligence, shall CannEducate Virginia be liable for any special or consequential damages in any way whatsoever, now or in the future, that results from the use of or the inability to apply cannabis therapeutics.
3. That the informational/educational services provided by CannEducate Virginia are not intended to substitute for the diagnosis, treatment, and care of a qualified physician or healthcare provider, nor to encourage the treatment of illness by persons not recognizably qualified.

Furthermore, the client is advised not to make any adjustments to any prescribed medication for any condition without the approval of a medical doctor or healthcare provider. The client is also advised to seek a physician's or healthcare provider's advice before implementing or making any change in their healthcare regimen.

CannEducate Virginia reserves the right to terminate services for any reason, including but not limited to, client noncompliance, withheld pertinent information, or any other high-risk behaviors as deemed by CannEducate Virginia.

Initial Service Options: (Please check off desired service)

\_\_\_ Initial Consultation (1 hour for \$90): Client will receive a one hour consultation with Sarah O’Hanlon via video call or phone call to discuss client goals and objectives regarding medical cannabis.

\_\_\_ Follow Up Consultation (30 minutes for \$60): Client will receive a 30 minute follow up consultation to discuss questions and offer guidance after the patient implements their established medical cannabis program.

\_\_\_ Phone Discussion with client’s healthcare provider (up to 30 minutes for \$30): Sarah O’Hanlon will communicate with client’s health care provider to support and advocate for the client and their healthcare goals with medical cannabis.

Additional Disclaimers and Acknowledgements:

By approving these terms and conditions I understand and verify that all information is complete and accurate to the best of my knowledge.

I also understand that services provided by CannEducate Virginia are in no way a substitute for medical or psychiatric treatment, and are for informational/educational purposes only.

With this understanding, I hereby grant Sarah O’Hanlon of CannEducate Virginia permission to provide services for education regarding cannabis therapeutics to me, my minor child, healthcare provider, or caregiver. I understand that my goals and objectives from services provided by CannEducate Virginia is dependent upon my efforts, and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be directly influenced by my commitment to achieving these goals and objectives. I give my full consent to receive services from CannEducate Virginia, and I fully understand that results vary and are not guaranteed.

I understand that services provided by CannEducate Virginia is not a replacement for medical treatment, psychological or psychiatric services or counseling. I also understand that CannEducate Virginia does not treat, prescribe for, or diagnose any condition.

I have been advised that I am free to terminate any or all service appointments at any time. I have agreed to participate in each appointment to the best of my ability.

I have accurately provided background information as requested.

I understand that all information provided between CannEducate Virginia and me or my minor child will be kept confidential, with respect to the relevant laws provided by the Health Insurance Portability and Accountability Act (“HIPAA”).

I understand that, depending on the state of my health, further treatment or referrals to other practitioners may be suggested to me and documented if CannEducate Virginia determines my situation to be outside the scope of the services offered.

Payment **MUST** be received prior to the time of service via personal check, or Zelle bank transfer.

All appointments not canceled or rescheduled with a 3 hours notice will be charged in full. Appointments are scheduled for either 1 hour or 30 minutes, and the time allotted for services begins at the scheduled appointment time slot, and charged accordingly. CannEducate Virginia cannot guarantee the ability to continue the appointment beyond the scheduled timeframe, regardless of circumstances.

By signing this document, I agree to all the terms and conditions listed above.

I, \_\_\_\_\_, have read and understand the above terms.

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

If signing as a primary caregiver or for a minor, please print the Patient’s name and sign below:

Name of Patient/Client: \_\_\_\_\_

Caregiver/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_