



ceresMED

WELLCOME

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Hello,

Thank you for selecting CeresMED as your designated dispensary within the Vermont Marijuana Registry (VMR). We look forward to working with you to help alleviate your symptoms.

In 2012, CeresMED (formerly Champlain Valley Dispensary Inc.) was the first dispensary to be awarded a license to dispense medical cannabis in Vermont. Currently we offer the largest selection of lab-tested, medical cannabis products in the state, from cured flower to transdermal patches. Our knowledgeable and compassionate staff is trained to help each patient discover which products are best suited to their needs. We strive to provide outstanding customer service; please feel free to contact us at any point in the process.

Your next step is to schedule your initial consultation with our dispensary staff within seven days. For CeresMED in South Burlington, please call [844-283-9333, opt. 1](tel:844-283-9333) or visit www.ceresmedvt.com. For CeresMED South in Brattleboro or Middlebury, please call [844-283-9333, opt. 2](tel:844-283-9333) or visit www.ceresmedvt.com.

In the meantime, please review and complete the enclosed documents indicated below. You can bring them with you to your first appointment.

- **Communication Authorization Form:** Help us understand how to successfully communicate with you. Emails, text messaging, and phone calls allow us to share newsletters, specials, limited release of new products, etc.
- **Consent and Release of Liability Form:** Participating in the VMR is an elective service. Medical cannabis is not regulated by the FDA. You are consenting to being advised on the possible benefits and side effects of consuming medical cannabis and are releasing CeresMED from liability related to your use.
- **Patient Privacy Notice:** We respect your right to privacy and assure you that no identifying information will ever be publicly used without your direct or indirect consent.
- **Home Delivery Agreement:** CeresMED offers home delivery statewide. If you are interested in participating in this program, you must agree to the terms of service.

A handwritten signature in black ink, appearing to read "Shayne Lynn", with a stylized flourish at the end.

Shayne Lynn

Executive Director

CeresMED

MEMBERSHIP BENEFITS

- Quarterly Meet Your Medicine Maker education series
- \$50 in dispensary credit with annual renewal of VMR card
- Points-based rewards program that offers free cannabis products or cash discounts
- Access to financial aid assistance
- Regular sales + specials + bulk discounts
- Discounts at Ceres Natural Remedies
- Discounts for Veterans
- Discounts for Seniors
- Contactless, Cashless & Online Payment Options
- Online ordering/express pick-up
- Two dispensing locations for each license
- Rotating selection of clones for your home grow
- Rotating selection of Sun Grown and indoor flower
- Auto-enrolled in home delivery program
- Newsletter with local events + education
- Quarterly Meet Your Medicine Maker (MYMM) education series
- Access to Realm of Caring hotline
- Access to Emerald Seal of Approval, lab-tested products
- Access to potency testing for home-grown flower with easy drop-off



Localvore Passport:

Localvore has generously offered all CeresMED patients \$20 off the annual price for the Localvore Passport (regularly \$60) when you sign up for Localvore. Localvore partners with local businesses to give you access to great deals through a simple mobile app, and proceeds help fight hunger in Vermont, supporting the Everyone Eats program. Use the code 420 when you download the app to get your \$20 discount!



COMMUNICATION AUTHORIZATION

I, _____ agree to allow CeresMED to communicate with me through electronic means, U.S. mail or telephone.

Please provide us with the following contact information and indicate which is your preferred method of communication:

Email: _____

Providing your email address allows us to share:

- Newsletters
- Education and Event Notifications
- Specials and Promotions
- General Communications

Cell Phone (text communication): _____

Your cell phone number allows us to text message* the following:

- Limited release of products
- Specials and promotions

**rates may apply depending on your carrier and plan*

Phone Number (phone call communication) : _____ Select One: Home Work Cell

Your privacy is important to us; do we have permission to leave a message at the phone number listed above?

Yes No

(PRINT NAME)

(SIGNATURE)

(DATE)

I understand that if I no longer wish to receive communications from CeresMED, I must email info@ceresmedvt.com to be removed.

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PATIENT BILL OF RIGHTS

Education and the exchange of experiential information are important parts of our mission. Our staff and patient consultants are trained extensively so that they may provide in-depth guidance on the proper use of cannabis and the best practices for medicating, including use of tinctures, edibles, salves and vaporizers. We encourage patients and patient caregivers to share their experiences about cannabis cultivars, concentrates and infused products so that we can build a common framework of knowledge that will best inform us about how to effectively address the health concerns of our community. For example, a patient who is suffering from nausea due to chemotherapy might find out that one particular cultivar of medical cannabis has proved to be most effective in alleviating this side effect. The ability to share this information with a new patient in a similar situation can decrease the duration of the learning curve of self-medication and create the opportunity for more rapid relief and improved quality of life.

In addition to promoting shared experience as a tool to broaden knowledge and strengthen confidence within our community, we will also maintain a library at our dispensary with several titles about medical cannabis that patients can read while on the premises. Lectures and workshops investigating medical cannabis and other alternative health practices will be made available through our Wellness Program.

We believe that with rights, come responsibilities, and so we issue our Patient Bill of Rights followed by our Guidelines of Sensible Use.

Patient Bill of Rights

- **Choice of Providers:** You have the right to accurate and easily understood information about the laws and local regulations regarding your dispensary options.
- **Quality:** You have the right to Quality Medicine, handled with the utmost care and concern for purity, consistency and potency through every stage of production from seed to sale.
- **Safety:** You have the right to obtain your medication in a safe and friendly environment.
- **Respect and Non-Discrimination:** You have the right to considerate, respectful, and non-discriminatory care.
- **Confidentiality of Health Information:** You have the right to talk in confidence with your providers and to have your health care information protected under all appropriate safety provisions.



PATIENT BILL OF RIGHTS

Guidelines of Sensible Use

Like any other psychoactive substance, medical cannabis can be misused. Excessive or inappropriate use can contribute to problems including sleepiness, overeating, and time management issues. Clinical studies have produced widely conflicting conclusions about the true benefits and potential side effects of cannabis use. Moreover, in addition to providing symptomatic relief, some people may overuse medical cannabis in place of a normal range of life experiences.

- Advise your verifying physician of any change in your physical condition including pregnancy and breastfeeding
- Do not use while operating machinery or while driving a motor vehicle.
- Medical cannabis should be used for relief of symptoms while maintaining a healthy, balanced, and responsible lifestyle.
- The decision to use medical cannabis should be made freely, in consultation with a physician, and not as a result of social pressure.
- Medical cannabis users should stay well informed about its effects on themselves and others. These effects should include both legal and health risks and personal consequences.
- Medical cannabis users should model and reward responsible use.
- Medical cannabis users should develop sensible use limits based on personal, health, situational, and cultural factors.
- Avoid medical cannabis use that puts you or others at risk, such as when driving, at work, or in public places. Remember, you are subject to the rules and regulations of the Vermont Department of Public Safety. In addition, medical cannabis is still illegal under federal law and subject to penalties.

Patients using medical cannabis must make responsible decisions and use good judgement. Cannabis will have variable effects when used by different patients and under different circumstances. You must discuss indications and side effects with your physician.



CONSENT AND RELEASE OF LIABILITY

Thank you for choosing CeresMED as your medical cannabis provider. In order to facilitate your request, it is important that you read and understand the following conditions:

You hereby request and consent to receiving medical cannabis products and educational materials, including but not limited to, cured flowers, tinctures, edibles and information regarding nutrition, alternative healthcare, and lifestyle counseling.

You are advised to inform CeresMED staff if at any time you experience any adverse side effects.

You have been advised of the possible benefits of receiving medical cannabis and alternative healthcare practices including, but not limited to, pain management, reduced severity of certain symptoms, and treatment of certain conditions. You have also been advised of the possible risks associated with medical cannabis.

CeresMED reserves the right to terminate or refuse its services to patients who exhibit inappropriate behaviors, as defined by CeresMED.

This is an elective service. CeresMED will not file insurance claims on your behalf for this service. You are required to pay for this service with cash, debit card or Aeropay™ bank to bank transfer at the time of receiving your medical cannabis.

You are advised that all records pertaining to your medical cannabis and alternative healthcare treatment will be kept confidential and will not be released by CeresMED without your written consent, unless otherwise required by law.

Except for negligent or intentional acts or omissions of CeresMED, you on behalf of yourself, your successors, heirs and assigns, hereby release CeresMED and their related entities, the trustees, directors, officers, employees, medical staff members, agents or contractors, of each, in their personal or representative capacities, of and from any and all liability for any claims or demands for harm, damages, judgments, verdicts, settlements, or otherwise, arising from any injury or damage resulting from receiving medical cannabis and alternative healthcare treatment.

Patient Name: _____

Patient Signature: _____ Date: _____

CeresMED Employee Name: _____

CeresMED Employee Signature : _____ Date: _____

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PATIENT PRIVACY NOTICE

How We Collect Information About You:

CeresMED and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, surveys, text messages, voicemails, website cookies and from the submission of applications that are either required by law, or necessary to process applications or other requests for assistance through our organizations.

What We Do Not Do With Your Information:

Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voicemails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence. We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about patients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient in a signed HIPAA consent form.

How We Do Use Your Information:

Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between CeresMED and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need; or to obtain or purchase any type of medical supplies, devices, medications or insurance.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non- medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Cookies Policy:

We use cookies on our website to collect data from our site visitors. These cookies enable us and third party services to collect aggregated data for statistical purposes on how our visitors use the Website. These cookies do not contain personal information such as names and email addresses and are used to help us improve your user experience of the Website.



PATIENT PRIVACY NOTICE

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources:

Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of CeresMED. We reserve the right to use non-identifying information about our patients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission. Patients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without the patient's express advance permission. You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.

I have read and understand the above material:

Patient Name: _____

Patient Signature: _____ Date: _____

CeresMED Employee Name: _____

CeresMED Employee Signature : _____ Date: _____



HOME DELIVERY AGREEMENT

At CeresMED we work hard to ensure that Vermonters have access to medical marijuana for symptom relief. We understand that many of our patients are limited by access to transportation and health challenges that make it difficult to visit a dispensary. Home delivery is a critical service for these individuals. We are pleased to be able to offer affordable delivery services for our patients, anywhere in the state of Vermont with a minimum order of \$100.00.

Service Charge:

- Patients with Sliding Scale pricing: \$0.00
- Delivery fee anywhere in the state: \$5.00
- Delivery fee waived if purchase is above: \$250.00

Procedure:

- Patients must read the guidelines and sign the home delivery agreement prior to scheduling their first delivery.
- The home address of the patient and/or caregiver must be registered with the VMR and match the address we have listed in our database.
- Delivery services are offered based on availability and scheduled on a first come, first served basis.
- Routes are determined by demand any given week. Requests must be placed Monday-Friday for CeresMed patients or Tuesday-Saturday for CeresMED South patients, a minimum of 24 hours before desired delivery date.
- A requested delivery date is not guaranteed until scheduled and confirmed through the Delivery Coordinator.
- Delivery drivers vary. We do not take requests for drivers.
- Orders can not be changed en route or at the time of delivery.
- Delivery transactions will be monitored through video and audio recording just as they are onsite at our dispensaries. Drivers will be outfitted with body cameras attached to a shoulder strap. The cameras will be turned on just prior to the Delivery Driver leaving the vehicle to approach the residence and will remain on until the Delivery Driver has returned to the vehicle.
- All body camera footage will be kept confidential, similar to other patient records.
- The patient, or their registered caregiver, must be home at the scheduled delivery time. If the patient or caregiver is unable to be at home at the agreed upon time, the Delivery Coordinator must be notified 24 hours prior and the delivery will be rescheduled. If the Delivery Driver arrives at the residence with no one present, the product will be returned and a new delivery must be scheduled with the Delivery Coordinator. We cannot guarantee the rescheduled delivery will be within the same week.
- Only the patient and/or their caregiver may be present for the transaction.
- For the safety and health of the drivers, we request that pets not be present during the transaction. Dogs must be leashed.



HOME DELIVERY AGREEMENT

Procedure:

- Delivery Drivers serve to deliver orders and transact payment. The driver will confirm with the patient that the products delivered are those indicated on the receipt. They do not provide product consultations. This allows drivers to stay on schedule. Consultations can be done on the phone at the time of order placement or any time after by calling Customer Service or emailing our info@ addresses.
- Delivery drivers will process the transaction at the main entrance of the residence and are only to step into the foyer of a home (within 5ft of entrance) under exceptional circumstances such as extreme weather. If a patient foresees difficulty in being able to fulfill this guideline based on the layout of the home or mobility concerns, a request for exemption can be made when the appointment is being scheduled. Once agreed upon, special instructions will be included with the Delivery Driver's travel manifest.
- Patients and caregivers are not allowed access to the company vehicle for any reason.
- Cash or check are the accepted forms of payment. It is preferred that patients are prepared with the exact amount of cash so that the drivers do not have to transact change. Checks must be filled out completely and in the exact amount of the order total. If the check is unable to be deposited due to a lack of funds, the patient will be contacted and must deliver cash payment to the delivering dispensary within 48 hours of return check notice. The patient will no longer be allowed to use check as a form of payment. Failure to repay the amount will result in potential removal from our registration lists as well as notification to the VMR.
- If there is a difference between the price quoted when placing the order and the amount being requested by the Delivery Driver, the Delivery Coordinator will be notified on the company phone and they will determine the accurate pricing. The Delivery Driver is not responsible for pricing changes.
- Delivery Drivers cannot accept gifts or tips of any kind.



HOME DELIVERY AGREEMENT

Conduct:

- Patients and caregivers are to be fully clothed and of sound mind. If the delivery driver observes the patient or caregiver to be acting erratically or under the influence of legal/illegal drugs/ alcohol and unable to conduct the business at hand, service may be refused.
- No weapons, illicit drugs or alcohol may be present during the delivery transaction.
- Professional and courteous behavior on the part of all parties will be expected during the entirety of the transaction. Profanity, threatening/insulting language and behaviors or inappropriate conversations will not be tolerated. CeresMED reserves the right to define appropriateness and to refuse service in these instances.

I understand and agree to the guidelines on procedure and conduct that are defined in this Home Delivery Agreement. I understand that if I do not follow them, that I will be refused home delivery service.

Patient Name: _____

Patient Signature: _____ Date: _____

CeresMED Employee Name: _____

CeresMED Employee Signature : _____ Date: _____

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METHODS OF CONSUMPTION

Use this chart to help determine your own preferred method of consuming cannabis.

METHOD	PRODUCTS	ONSET*	DURATION*
Inhalation	Flower, Vape & Concentrates	Immediate - 5 Minutes	1 - 3 Hours
Sublingual	Infused Oils, Oral Sprays & Lozenges	15 - 60 Minutes	2 - 6 Hours
Ingestion	Infused Foods, Capsules & Beverages	30 - 120 Minutes	4 - 8 Hours
Topical	Lotions & Salves	Local & Fast-Acting, Within 30 Minutes	1 - 4 Hours
Transdermal	Patches & Gels	Systemic & Fast-Acting, Within 30 Minutes	4 - 12 Hours
Internal	Suppositories	Systemic & Fast-Acting, Within 30 Minutes	2 - 6 Hours

*These are general guidelines that we find hold true for the majority of customers after they have determined their minimum effective dose. Your personal experience may differ. Keep a journal and track your own results. These statements have not been evaluated by the FDA.

For a more in-depth look into each method of consumption, please visit www.cvdvt.org/resources/using-medical-marijuana