



Welcome to Green Meadows. Whether you are completely new to the **Massachusetts Medical Marijuana Program**, or new to shopping with Green Meadows, we look forward to serving you with the highest quality products and information.



To get started, please print this form, fill out the information below and bring a completed copy with you on your first visit. Printed forms are also available in store to complete on site if you prefer.



Please be sure to have your medical patient card and government-issued ID with you.

### Patient Information

**First Name** (as it appears on ID)

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**Street Address**

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**Preferred name** (or nickname)

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**Patient ID Number (P#)**

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**Phone Number**

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**Birthday** (MM/DD/YYYY)

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**Last Name** (as it appears on ID)

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**Town / City & ZIP code**

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**Preferred Pronouns**

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**Expiration Date** (MM/DD/YYYY)

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**Email Address**

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**Would you like a one-on-one consultation with a Guest Services Associate today?**

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A member of our team will review your goals for using cannabis, available products and formulations, provide recommendations tailored to your needs and answer any questions you may have.

☐ Yes

☐ No



## Registered Caregiver Information

Do you have a registered caregiver?

☐ Yes☐ No

Did a medical patient friend or family member refer you?

Please submit their P#:

Caregiver C# (found on their caregiver card)

Phone Number

Email Address

## Are you eligible for our financial hardship program?

To qualify for our financial hardship program: Please present proof of MassHealth enrollment, SSI enrollment, or income that does not exceed 300% of the federal poverty level, adjusted for family size. Please bring your documentation to the dispensary when you pick up your first order.

Yes

☐

No

☐

## Are you a senior aged 65+?

☐☐

## Are you a veteran?

Please present your government-issued ID verifying status as a veteran or other documentation of service to the dispensary when you pick up your first order. This could include civilian military ID, DD 214 or other military discharge certificate, VA Medical card, or a driver's license with a veteran designation.

☐☐

## Opt-in for Loyalty Program?



- ☐ **Yes**, I would like to sign up for the Green Meadows **Harvest Club**, and agree to receive emails and/or text messages from Green Meadows.
- ☐ **No**, do not sign me up for the Green Meadows Harvest Club, I don't agree to receive emails, text messages, and prefer not to receive special offers from Green Meadows.

## Opt-in for digital patient profile?



- ☐ **Yes**, Green Meadows has my permission to digitally store my patient intake information and/or consultation notes. A profile will be created for product purchasing tracking.
- ☐ **No**, I do not want Green Meadows to digitally store my patient intake information and/or medical consultation notes. I acknowledge a digital profile will be created for product purchase tracking.

## Opt-in for email updates?



- ☐ **Yes**, I would like Green Meadows to contact me by email to provide marketing information (including discounts and promotions) and order updates. More information about email and text communication is contained in the Terms of Service and Privacy Policy, including opt-out information.
- ☐ **No**

## How'd You Hear About Us?

- ☐ Green Meadows employee  
\_\_\_\_\_ (name)
- ☐ Family / Friend
- ☐ Billboard
- ☐ Radio
- ☐ Social Media
- ☐ Website
- ☐ Other  
\_\_\_\_\_

## First Time Patient Program

**20%**

Medical patients who are new to Green Meadows earn an additional 20% off their first purchase. The First Time Patient discount can be combined with other status discounts, up to 40% off!

## Green Meadows Medical Discounts

## Patient Certification Program

**\$200**

Medical patients enrolled in the Green Meadows "Patient Certification Program" can receive \$200 off medical cannabis purchases every year, first with a new certification and then annually upon certification renewal. The \$200 discount is granted in the form of four \$50 "Patient Certification Program" discounts. These can be used as part of the patient's first four transactions at Green Meadows with a minimum \$150 purchase for each transaction. The first \$50 off discount must be used within 30 days of a new certification or annual renewal. The "Patient Certification Program" discount cannot be used more than once per day. "Patient Certification Program" discounts cannot be combined with any other discounts.

## Refer a Friend Program

**\$5**

Refer a friend to become a medical patient or guest with Green Meadows and you both receive a \$5 discount.

*Stackable with Status Based Discounts\**



Ask your GSA for the most up-to-date reward offerings!

**40%**

### Stack your Discounts!

You are able to stack the following discounts for up to a maximum of 40% off.

### VETERAN PROGRAM

**30%**

Discount every day for qualified veterans

**40%**

Discount twice a month, every month (11th and 22nd)

FINANCIAL  
HARDSHIP

**15%**

LOCAL  
RESIDENT

**5%**

Ask a GSA for qualifying towns.

INDUSTRY  
EMPLOYEE

**10%**

SENIOR  
CITIZEN (65+)

**10%**

STUDENTS  
with proof of  
enrollment

**10%**

## Promotions

**\$1**

### Birthday Discount

\$1 regular  
1g preroll

Green Meadows only\*

### Patient Appreciation

Green Meadows may offer one-off discounts and promotions for all medical patients

**By initialing next to each statement listed below, I acknowledge and agree to the following:**

- \_\_\_\_\_ I understand that my registration card only allows for the possession and use of medical marijuana within Massachusetts.
- \_\_\_\_\_ I understand that I cannot use medical marijuana in any form—including smoking, vaping, or eating—in public places or on federal land.
- \_\_\_\_\_ I understand it is illegal to drive across state lines with any kind of medical marijuana product. It is also against the law to transport it via mail, on a plane, train, boat, or other mode of transportation outside of Massachusetts.
- \_\_\_\_\_ I will not engage in the diversion of marijuana, and I understand that fraudulent distribution or resale of medical marijuana is unlawful.
- \_\_\_\_\_ I understand marijuana products have not been analyzed or approved by the FDA.
- \_\_\_\_\_ I understand there is limited information on the side effects of marijuana and there may be health risks associated with using marijuana, even for medicinal purposes.
- \_\_\_\_\_ I understand marijuana should be kept away from children.
- \_\_\_\_\_ I understand that employers, landlords, cities, and towns may have their own policies governing the use of marijuana.
- \_\_\_\_\_ I understand that when under the influence of marijuana, driving is prohibited by M.G.L. c. 90, s. 24, and machinery should not be operated.
- \_\_\_\_\_ I understand I may not distribute medical marijuana to any other individual, and must return unused, excess, or contaminated product(s) purchased at Green Meadows Farm to a Green Meadows Farm dispensary for disposal.
- \_\_\_\_\_ I agree at all times to abide by Massachusetts law in regard to my use of medical marijuana, and hereby release and waive all claims against Green Meadows Farm from any and all liability related to my use of medical marijuana.
- \_\_\_\_\_ I agree not to bring any weapons into any of Green Meadows Farm's facilities.
- \_\_\_\_\_ I understand that Green Meadows Farm may refuse to dispense medical marijuana to me if, in the opinion of the agent, the public or myself will be placed at risk by so doing. In this event I understand that my certifying physician will be notified within 24 hours.
- \_\_\_\_\_ I have received the Green Meadows Farm patient handbook.

Print Name

Signature of Patient

Date



### Health Information

Green Meadows is committed to protecting the privacy of information that is gathered about you while providing marijuana for medical use services and products. The following is a list of health information:

- Information indicating that you are a Green Meadows patient.

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- Information about your health condition.

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- Information about the services and products you receive from Green Meadows

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- Demographic information such as your name or address.

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- Emergency contact information.

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- Disclosure of your state registration number.

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- Other types of information that may identify who you are.

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### Written Authorization:

Green Meadows will obtain your written authorization before using your health information or sharing it with others outside of Green Meadows, except as we describe below.

How We May Use and Disclose Health Information without Written Authorization:

- Your Personal Caregiver

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- Emergency or Public Health Personnel
  - Police

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  - Emergency Responders

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  - Cannabis Control Commission (CCC)

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**I hereby acknowledge that I received a copy of the Green Meadows Notice of Privacy Practices.**

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Print Name

Signature of Patient

Date



The purpose(s) for which health information may be used or disclosed:

Green Meadows is committed to protecting the privacy of information that is gathered about you while providing marijuana for medical use services and products. The following is a list of health information:

- Ensuring compliance with Cannabis Control Commission (CCC) 935. CMR.501.000
- Implementation of an Act for the Humanitarian Medical Use of Marijuana.
- Emergency services that may provide appropriate assistance in the event of an emergency.
- Law enforcement to comply with laws such as those requiring reporting of certain injuries or death; or to report certain crimes.

**I hereby authorize the use or disclosure of any of my health information provided by me to Green Meadows, including health information that identifies or could be used to identify me.**

**I may revoke this authorization by notifying Green Meadows in writing. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.**

Print Name

Signature of Patient

Date

Print Name

Signature of Personal Caregiver

Date

Please acknowledge you have received a copy of our Patient Handbook in person, or can access the Patient Handbook at:

[www.greenmeadows.com/medical/patient-handbook/](http://www.greenmeadows.com/medical/patient-handbook/)



**I have received access to the Patient Handbook.**

I have read, understand, and agree to the terms contained in Green Meadows' Privacy Policy and the Terms & Conditions.



**I have read, understood and accept the Terms & Conditions and Privacy Policy.**