



The Healing Clinic

Dear Patient,

Thank you for your interest in The Healing Clinic! We appreciate your business.

The Healing Clinic LLC, is Chicago's leading patient advocacy center for providing patients who qualify, with a certification for a "Medical Cannabis Registration Card".

The Illinois Compassionate Use of Medical Cannabis Act, allows patients who have a "Qualifying Medical Condition" to seek certification by a licensed physician with who is also treating them. Under Illinois Law, registered cannabis patients can legally use, possess, and purchase medical cannabis from one of 60 state licensed dispensaries.

Unfortunately, our services are **not covered** by health insurance, Medicaid or Medicare at this time.

Payment will be collected at the time of your visits. We require two office visits with your **THC- Integrative Primary Care Physician**, who will certify you to use medical cannabis. This is to establish the state required bonafide patient/physician relationship. Your assigned **THC-Integrative Primary Care Physician** will submit a "Physician's Written Certification Form" to the Illinois Department of Public Health should they believe, after a thorough review of medical records related to your qualifying condition and conducting multiple in person physical exams, that you are a good candidate for medical cannabis. **Certification for medical cannabis occurs after your second doctor's visit. Renewal applications are required by the state every three years. The Healing Clinic will gladly handle that process. Our certifying physicians require medical cannabis patients to return annually for a physical examination.**

** A fee of \$150.00 is due at your first doctor's visit/Wellness Physical Examination*

** A fee of \$150.00 is due at your second doctor's visit/Integrative Care Plan + Cannabis Certification*

Application fee depends on how long you apply for the card, a 1 yr card \$100, 2 yr card \$200 or a 3 yr card \$250. If you are on SSDI, SSI (disability benefits) or a veteran you receive 50% off that fee.

We offer discounts for Veterans and those enrolled in Social Security Disability.

CDL and bus permit license holders are not allowed to apply for the program. You will have to give up these license's before applying for a cannabis card. Anyone employed as an active duty law enforcement officer, correctional officer, correctional probation officer or firefighter cannot apply for the program.

Again, we appreciate you choosing The Healing Clinic for your integrative medical needs. If you have further questions, please call or write to us! We are always here for you and happy to help.

The Healing Clinic, INC





THC Patient Packet

Instructions for Patient Packet:

- Fill out and sign the **Authorization For Release of Health Information** form and send back to us as soon as possible. We will request the necessary records on your behalf. You may also submit it to the facility or provider that is currently treating your debilitating condition:

The Healing Clinic
Records Department
Fax: 1-844-249-5580

E-mail: info@thehealingclinic.org

- Records **must be current**, meaning from within the past year. **We only accept qualifying patients who have been diagnosed or treated for their debilitating condition(s) within the past 12 months.**
- Fill out the **New Patient Information** form completely and accurately either by hand or by downloading the document, saving it as a PDF file to *your computer*, and filling in the form fields. You may submit these forms as an email attachment to info@thehealingclinic.org.
- Please read and review our **Client HIPAA Rights** form carefully and please keep a copy for your personal records.

What to bring to your first appointment

- Make sure you have your government issued ID and TWO of the following documents:
 - Pay stub or electronic deposit receipt issued less than 60 days prior to the date of application that shows evidence of the applicant's withholding for state income tax.
 - Valid voter registration card with an address in Illinois.
 - Bank statement, dated less than 60 days prior to application.
 - Deed/title, mortgage, rental/lease agreement.
 - Insurance policy (homeowner's or renter's).
 - Medical claim or statement of benefits (from private insurance company or government agency), dated less than 90 days prior to application; Social Security Disability Insurance Statement; or Supplemental Security Income Benefits Statement.
 - Tuition invoice/official mail from college or university, dated less than 12 months prior to application.
 - Utility bill issued less than 60 days prior to application.
- Veterans and those on SSDI must bring appropriate documentation in order to receive a discount on both their appointment and state application fees.
 - Veteran DD214 or SSDI Benefits Verification Letter

***Be prepared to take a photo that will be used for your
Illinois Medical Cannabis Registry Identification Card.**



New Patient Information

Driver's License No.		Date of Birth		
Referred by		Gender		
Details of Debilitating Condition, including diagnosis date, location and other details				
Details of any treatment already administered				
Patient Information				
Name		SS Number		
Address				
City		State		ZIP
Mobile Phone		Home phone		Work Phone
Email				
I give The Healing Clinic consent to use my information listed above to complete the online IDPH application on my behalf:				
Print Name_____ Signature_____ Date_____				
Instructions				
<input type="checkbox"/>	Pre-visit instructions and directions provided			
<input type="checkbox"/>	Applicable records and reports acquired			
<input type="checkbox"/>	Appointment date and time confirmed			



Patient Health History

Past Diagnoses or Treatment of:

<input type="checkbox"/>	Acquired Immunodeficiency Syndrome (AIDS)	<input type="checkbox"/>	Lupus
<input type="checkbox"/>	Agitation of Alzheimer's disease	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Amyotrophic Lateral Sclerosis (ALS)	<input type="checkbox"/>	Muscular dystrophy
<input type="checkbox"/>	Arnold-Chiari malformation and Syringomelia	<input type="checkbox"/>	Myasthenia Gravis
<input type="checkbox"/>	Cachexia/wasting syndrome	<input type="checkbox"/>	Myoclonus
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Nail-patella syndrome
<input type="checkbox"/>	Causalgia	<input type="checkbox"/>	Neurofibromatosis
<input type="checkbox"/>	Chronic Inflammatory Demyelinating Polyneuropathy	<input type="checkbox"/>	Parkinson's disease
<input type="checkbox"/>	Crohn's disease	<input type="checkbox"/>	Post-concussion syndrome
<input type="checkbox"/>	CRPS (Complex Regional Pain Syndromes Type II)	<input type="checkbox"/>	RSD (Complex Regional Pain Syndromes Type I)
<input type="checkbox"/>	Dystonia	<input type="checkbox"/>	Residual limb pain
<input type="checkbox"/>	Fibromyalgia (severe)	<input type="checkbox"/>	Rheumatoid arthritis (RA)
<input type="checkbox"/>	Fibrous dysplasia	<input type="checkbox"/>	Seizures, including those characteristic of epilepsy (Starting January 1, 2015)
<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>	Sjogren's syndrome
<input type="checkbox"/>	Hepatitis C	<input type="checkbox"/>	Spinal cord disease, including, but not limited to, arachnoiditis, Tarlov cysts, hydromyelia,
<input type="checkbox"/>	Human Immunodeficiency Virus (HIV)	<input type="checkbox"/>	Spinal cord injury
<input type="checkbox"/>	Hydrocephalus	<input type="checkbox"/>	Spinocerebellar Ataxia (SCA)
<input type="checkbox"/>	Interstitial Cystitis	<input type="checkbox"/>	Tourette's syndrome
<input type="checkbox"/>	Post Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>	Traumatic brain injury (TBI)



List of all surgeries and hospitalizations that occurred in the past 12 months including date occurred:

Please tell us how you believe medical cannabis will help you with your current condition or symptoms:

Sleep

Hours per night ____ Wake refreshed ☐ Y ☐ N Must nap during day ☐ Y ☐ N Nightmares ☐ Y ☐ N

Social Life

Enjoy Job ☐ Y ☐ N

Hobbies:

Which symptoms or health concerns are you here to address?

Send your completed patient packet either by fax or as an email attachment to
The Healing Clinic ATT: Records Department
Email: info@thehealingclinic.org | Fax: 1-844-249-5580



The Healing Clinic

HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

We respect patient/client confidentiality and only release confidential information about you in accordance with Illinois and federal law. This notice describes our policies related to the use of the records of your care generated by The Healing Clinic LLC.

Use and disclosure of protected health information

In order to effectively provide you care, there are times when we will need to share your confidential information with others beyond our clinic. This includes for:

Treatment. We may use or disclose treatment information about you to provide, coordinate, or manage your care or any related services, including sharing information with others outside our Agency that we are consulting with or referring you to.

Healthcare Operations. We may use information about you to coordinate our business activities. This may include setting up your appointments, reviewing your care, training staff.

Information Disclosed Without Your Consent. Under Illinois and federal law, information about you may be disclosed without your consent in the following circumstances:

*Emergencies. Sufficient information may be shared to address the immediate emergency you are facing.

*Follow Up Appointments/Care. We will be contacting you to remind you of future appointments or information about treatment alternatives or other health--related benefits and services that may be of interest to you. We will leave appointment information on your voice mail or leave an email or text message unless you tell us not to.

*As Required by Law. This would include situations where we have a subpoena, court order, or are mandated to provide public health information, such as communicable diseases or suspected abuse and neglect such as child abuse, elder abuse, or institutional abuse.

*Coroners. We are required to disclose information about the circumstances of your death to a coroner who is investigating it.

*Governmental Requirements. We may disclose information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. We are also required to share information, if requested with the U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services or for coordination of your care.



The Healing Clinic

CLIENT HIPAA RIGHTS

You have the following rights under Illinois and Federal Law

Copy of Record. You are entitled to inspect the client record our Agency has generated about you.

Release of Records. You may consent in writing to release of your records to others, for any purpose you choose. You may revoke this consent at any time, but only to the extent no action has been taken in reliance on your prior authorization. Except as described in this Notice or as required by Illinois or Federal law, we cannot release your protected health information without your written consent.

Restriction on Record. You may ask us not to use or disclose part of the clinical information. This request must be in writing. The Agency is not required to agree to your request if we believe it is in your best interest to permit use and disclosure of the information.

Contacting You. You may request that we send information to another address or by alternative means. We will honor such request as long as it is reasonable and we are assured it is correct. We also will be glad to provide you information by email if you request it.

Amending Record. If you believe that something in your record is incorrect or incomplete, you may request we amend it. In certain cases, we may deny your request. If we deny your request for an amendment you have a right to file a statement you disagree with us. We will then file our response and your statement and our response will be added to your record.

Notification of Breach. You have a right to be notified if there is a breach of your protected health information. This would include information that could lead to identity theft. You will be notified if there is a breach or a violation of the HIPAA Privacy Rule if there is an assessment that your protected information may be compromised.

Questions and Complaints. If you have any questions, or wish a copy of this Policy or have any complaints you may contact us in writing, by phone or in person. You also may complain to the Secretary of U.S. Department of Health and Human Services if you believe our Agency has violated your privacy rights. We will not retaliate against you for filing a complaint.

Changes in Policy. The Healing Clinic LLC reserves the right to change its Privacy Policy based on the needs of the Agency and changes in state and federal law. U.S. Department of Health and Human Services to determine our compliance with federal laws related to health care and to Illinois state agencies that fund our services or for coordination of your care.