

**San Mateo County
Behavioral Health and Recovery Services**

Sample Medical Marijuana Treatment Agreement

Clients are required to abstain from ALL mood-altering substances while in residential treatment for substance use disorders. Exceptions to this requirement are those clients who are taking prescribed medications and/or those individuals providing the required documentation for the use of medical marijuana under local and California Medical Marijuana Laws.

As a medical marijuana user, in order to be admitted and to remain in residential treatment, I agree to comply with all of the following:

- _____ I will provide a valid copy of my medical marijuana card verifying my medical need for medical marijuana.
- _____ I will present a letter signed by my prescribing physician verifying the medical necessity for my use of medical marijuana.
- _____ I will sign a Release of Information to my physician allowing my primary therapist/counselor and/or Program Clinical Director to discuss the reasons for and appropriate use of marijuana for medical purposes.
- _____ I will discuss and explore alternatives to medical marijuana with my physician/primary therapist/primary counselor and Program Director.
- _____ I will participate in frequent and random substance abuse testing to monitor any significant changes in the level of marijuana in my system.
- _____ I will not use marijuana 4 hours prior to coming to treatment sessions.
- _____ I will not use marijuana for other than its prescribed purpose.
- _____ I will not bring marijuana in any form, or drug paraphernalia, onto program premises except prescribed dronabinol (Marinol), a marijuana substitute.
- _____ I understand it is my responsibility to assure that I am not impaired or unable to participate in my treatment sessions.
- _____ I understand that if I appear impaired, my counselor/therapist may ask me to leave the session.
- _____ Being asked to leave may be considered a failure to comply with my treatment agreement and may result in my being discharged from the program.
- _____ I further acknowledge that the program has the right to refuse treatment if I am unable or unwilling to comply with any provision of this agreement.

Client Signature

Date

Staff Member Signature

Date