

Toronto Compassion Centre (TCC)

PO Box 65151 RPO Chester

Toronto ON M4K 3Z2

Website: www.tccentre.org

Email: postmaster@torontocompassioncentre.org

Fax: 416-323-0269

Non-Member Telephone: 416-668-6337



Membership Application Page 1: General Information Sheet

The Toronto Compassion Centre (TCC) is a not for profit organization established in 1997 to serve two purposes: we provide information relating to the therapeutic use of cannabis, and facilitate access to a consistent, safe, and dependable source of medical cannabis products for people suffering from ailments for which cannabis has been shown to be effective.

Cannabis has been used effectively for thousands of years in the treatment of various medical conditions. In recent years, it has been shown to be the best available treatment for the symptoms of a number of ailments. Further, marijuana has been shown to be one of the safest therapeutically active substances known to mankind. Unlike most of the alternatives, marijuana has practically no harmful side effects and produces no significant physical dependence.

The Toronto Compassion Centre exists because people are suffering unnecessarily. The TCC and Centres like it are necessary to fill the gap between our society's widespread acceptance of the benefits of cannabis as medicine and our government's reluctance to provide that which thousands of Canadians need: a reasonable source.

For obvious legal reasons, the sale of Cannabis products is restricted to people who satisfy strict membership requirements. There are three categories in which the TCC accepts new members – See Page 2.

TCC membership is free and confidential. We respect, and do our best to protect, the privacy and security of our members.

Thank you,
Toronto Compassion Centre (TCC)

What each applicant must submit to the TCC:

If you do not have your MMAR exemption (Category 1 or 2) please send us:

- ONE doctor's letter of diagnosis (Page 3 *OR* Page 4, as applicable for your condition)
- ONE medical release (Page 6) (Remember to sign Page 5 and leave it in your file at your doctor's office)
- ONE page of personal information (Page 7)

If you do have your MMAR exemption (Category 3) please send us:

- ONE fully legible copy of your current valid MMAR ATP card
- ONE page of personal information (Page 7)

Submit the completed application by mail, fax, or email.

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Membership Application Page 2: Application Procedure and Categories of Membership

While we strive to make the membership process as quick and trouble-free as possible under the circumstances, approval does take time, and your patience is appreciated.

The TCC now has 3 categories of membership. You only need to apply under one category.

Category 1 is for people who are suffering from AIDS/HIV, arthritis, cancer, Crohn's/colitis, epilepsy, fibromyalgia, glaucoma, hepatitis C (active), intractable chronic pain, multiple sclerosis, muscular dystrophy, paraplegia or quadriplegia.

Category 1 applicants need to complete pages 3, 5, 6, and 7 of this membership package.

- Category 1 applicants must submit a "Doctor's Letter of Diagnosis" (page 3).*
- Category 1 applicants must also provide the TCC and their doctor each with a copy of the "Release of Confidential Medical Information" (page 5 and page 6), allowing the TCC to confirm the diagnosis by telephone with the doctor's office.
- All applicants are required to submit a completed Personal Information Form (Page 7).

*Note: We are now also accepting confirmation of diagnosis from Case Managers at the Toronto People With AIDS Foundation in lieu of the Doctor's Letter. In such cases, the Release forms (pages 5 and 6) are unnecessary as T.P.W.A.F. clients already have such a Release on file with the Foundation.

Category 2 is for people who suffer from an ailment not covered by Category #1, and for whom a doctor feels that marijuana could be beneficial.

Category 2 applicants need to complete pages 4, 5, 6, and 7 of this membership package.

- Category 2 applicants must submit a "Doctor's Letter of Diagnosis and Endorsement" (page 4).
- Category 2 applicants must also provide the TCC and their doctor each with a copy of the Release of Confidential Medical Information (see page 5 and page 6), allowing the TCC to confirm the diagnosis by telephone with the doctor's office.
- All applicants are required to submit a completed Personal Information Form (Page 7).

Category #3 is for people who have received their government (Health Canada) issued exemption.

Category #3 applicants need only complete page 7 of this membership package.

- Category 3 applicants must submit also a clear, readable photocopy or scan of their current, valid MMAR Authorization to Possess Medical Marijuana card.
- All applicants are required to submit a completed Personal Information Form (Page 7).

After review and verification of the contents of the application, each new member will be contacted to book an orientation (bring photo ID) to introduce them to the TCC's policies and procedures. A "Code of Conduct" will be provided to new members, and all members must agree, in writing, to the conditions.

Please be advised that all documents provided to the TCC become the property of the TCC and will be stored as securely as possible. If you require copies of any documents in the future, they will not be available; please make any desired copies before submitting your application.

TCC

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Intake Office Telephone: 416-999-4698

Membership Application Page 3: Doctor's Letter of Diagnosis for Category 1.

Category #1 applicants must have their doctor complete the letter provided below, or provide a similarly worded letter with the same information on the doctor's own letterhead. This doctor's letter of diagnosis must be current - older than 6 months will not be accepted.

Dear Physician/Specialist/Naturopath:

The TCC is a resource centre established for the benefit of people suffering from conditions such as AIDS/HIV, arthritis, cancer, Crohn's/colitis, epilepsy, fibromyalgia, glaucoma, hepatitis C (active), intractable chronic pain, multiple sclerosis, muscular dystrophy, paraplegia, or quadriplegia.

Your patient is requesting a letter of diagnosis from you on our behalf. The purpose of the letter is simply to document for our records that this person has been diagnosed with one of the above-mentioned ailments. Please fill in the blanks and stamp this page or draft a letter (on your letterhead) based on the information below.

Please keep a copy of your letter and the accompanying release of confidential medical information in your patient's file, as someone from the TCC will call to verify the validity of the letter.

Date: ____/____/____ (DD/MM/YYYY)

This letter is to certify that _____ (patient's name), whom I have been treating since _____ (MM / YYYY), has been diagnosed with:

I am a licensed Medical Doctor / Naturopathic Doctor (**circle one**) permitted to practice in the province of _____, Canada.

I understand that my office will be contacted by telephone to verify this information.

(Doctor's original signature)

Stamp:

Doctor's Name: _____

CPSO/Registration # _____

Office Phone # _____

Office Address _____

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Membership Application Page 4: Doctor's Letter of Diagnosis and Endorsement for Category 2.

Category #2 applicants must have their doctor complete the letter provided below, or provide a similarly worded letter with the same information on the doctor's own letterhead. This doctor's letter of diagnosis and endorsement must be current - older than 6 months will not be accepted.

Dear Physician/Specialist/Naturopath:

The TCC is a resource centre established for the benefit of people suffering from conditions such as AIDS/HIV, arthritis, cancer (active), Crohn's/colitis, epilepsy, fibromyalgia, glaucoma, hepatitis C (active), intractable chronic pain, multiple sclerosis, muscular dystrophy, paraplegia, or quadriplegia.

Your patient is requesting a letter of diagnosis and endorsement from you on our behalf. The purpose of the letter is simply to document for our records that this person has been diagnosed with a serious chronic ailment and that their doctor feels that cannabis may have therapeutic value for them. You are not required to make any statements regarding dosage or safety of medicinal cannabis. Please fill in the blanks and stamp this page, or draft a letter (on your letterhead) based on the information below.

Please keep a copy of your letter and the accompanying release of confidential medical information in your patient's file, as someone from the TCC will call to verify the validity of the letter.

Date: ____/____/____ (DD/MM/YYYY)

This letter is to certify that _____ (patient's name), whom I have been treating since _____ (MM / YYYY), has been diagnosed with:

and that I, as their doctor, feel that cannabis may be beneficial to them.

I am a licensed Medical Doctor / Naturopathic Doctor (**circle one**) permitted to practice in the province of _____, Canada.

I understand that my office will be contacted by telephone to verify this information.

(Doctor's original signature)

Stamp:

Doctor's Name: _____

CPSO/Registration # _____

Office Phone # _____

Office Address _____

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Membership Application Page 5: Release of Confidential Medical Information - TCC Copy

Membership Categories #1 and #2 require the applicant to complete and provide his or her doctor and the TCC each with a Release of Confidential Information.

This form is to be filled out by the applicant and submitted to the TCC with the application.

Date: ____/____/____ (DD/MM/YYYY)

I, _____ (patient name), do hereby grant permission for the release of my confidential medical information to TCC. I give permission for the Doctor noted below to verify my medical status with a staff member of TCC by telephone. TCC agrees to use this information for the sole purpose of determining eligibility, and also agrees to keep this information strictly confidential.

Patient's Signature: _____

Current Doctor's name: _____

Doctor's phone number: _____

The following portion of this Release form is OPTIONAL for ALL Membership Categories.

For most TCC members this release will never be used. If, however, there's a chance that you may desire to have your information released by the TCC such as in the case of your moving (or travelling) from Toronto to another Canadian city in which a reliable Compassion Centre does exist (Victoria, Vancouver or Montreal for example) then the completion of this form could be quite beneficial for the expedition and facilitation of your access to Cannabis medicine. The TCC makes every reasonable effort to never reveal any information unless specifically requested to do so by you.

I, _____ (applicant's name) hereby request that my (check all that apply):

- () Confirmation of membership
 - () Confirmation of diagnosis
 - () Membership Application, Doctor's Letter(s) and other related details
- are to be released from the TCC when requested by another Compassion Club or related organization ONLY for the purpose of facilitating my access to Cannabis medicine when the TCC believes I am trying to visit another Club.

Applicant's Signature _____

Date: ____/____/____ (DD/MM/YYYY)

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Membership Application Page 6: Release of Confidential Medical Information - Doctor's Copy

Membership Categories #1 and #2 require the applicant to provide his or her doctor and the TCC each with a completed copy of this Release of Confidential Information.

This form is to be filled out by the applicant and submitted to their doctor to be kept in the patient's file at the doctor's office.

Date: ____/____/____ (DD/MM/YYYY)

I, _____ (patient name), do hereby grant permission for the release of my confidential medical information to TCC. I give permission for the Doctor noted below to verify my medical status with a staff member of TCC by telephone. TCC agrees to use this information for the sole purpose of determining eligibility, and also agrees to keep this information strictly confidential.

Patient's Signature: _____

Current Doctor's name: _____

Doctor's phone number: _____

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Membership Application Package Page 7: Membership Form

Please print clearly.

First Name _____ Last Name _____

I prefer to be called (if different from legal name, optional) _____

Date of Birth (DD/MM/YYYY) ____/____/____ Male ____ / Female ____

Street Address _____

Mailing Address (if different) _____

City _____ Province _____ Postal Code _____

Phone: Home _____ Alternate _____

Email Address _____

Emergency Contact Name _____ Relation _____

Emergency Contact Phone Number _____

Doctor's Name _____ Phone Number _____

Doctor's Address (Street, City, etc.) _____

I was referred to TCC by _____ (Membership # _____)

Cannabis helps me with: _____

* Allergies, reactions, or any side effects must be reported and noted:

=====TCC STAFF USE=====

_____ Term: _____ Category: _____ Dosage _____

Received _____ Orientation _____

Date Confirmed _____ Doctor's Contact _____

H.C. _____ E.C. _____ O.I.C. _____

MMAR# _____ Exp _____ Max _____

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LETTER OF INTENT REGARDING GROWER/SUPPLIER DESIGNATION

Please note that this letter is an **optional** addendum to the TCC Membership Application Package. We ask that new members please fill out this Letter, which we hope will never be needed in any way, but could possibly help the staff and directors of the Centre in the unlikely case of another legal proceeding against us.

Since the TCC's provision of medicinal cannabis products is yet to be authorized by our government, this Letter is more about intentions and 'spirit' than any actual agreement, and is in no way binding. Your signing of this Letter does not obligate you to anything, in any way. Our hope is that some day an agreement like this one might actually be legal and might actually form the first step in a totally legal and legitimized patient-supplier relationship. If/when that day comes, we hope you will be eager to solidify a mutually beneficial arrangement as you, and the TCC, then deem appropriate.

THIS AGREEMENT made the _____ day of _____, in the year _____
BETWEEN:

Toronto Compassion Centre (TCC)

Toronto's primary not-for-profit medical marijuana resource facility
Hereinafter referred to as "TCC"
AND:

TCC Member/Applicant known as _____
Hereinafter referred to as "Member"

Whereas the undersigned Member either
A) possesses a Health Canada MMAR Authorization To Possess medical marijuana, or
B) possesses another form of Canadian government issued exemption from Canadian laws against the possession and/or use and/or acquisition and/or cultivation of medicinal cannabis, or
C) has applied for any such exemption, or
D) may apply for any such exemption, or
E) is not necessarily applying for any such exemption for whatever reason but is (or intends to become) a member in good standing of TCC with verification of a diagnosed ailment as per TCC's membership requirements;

Therefore, Member hereby certifies their desire and intent to designate TCC as their primary grower/supplier of medicinal cannabis.

Member: I, _____, of the province of Ontario hereby certify my intent to designate TCC as my primary grower/supplier as outlined in this agreement.

Member's Signature