

Sample CBD Treatment Agreement

Medicinal CBD is recommended for use to _____. Other medical care may be prescribed, including exercise, prescription medications, physical therapy and psychological counseling. **This is not a prescription.**

I, _____, understand and agree to the following. If I have questions or issues with these guidelines, I will speak to my provider and have my treatment adjusted appropriately.

- It is my responsibility to obtain CBD and follow all (State) laws regarding its use.
- I am responsible for finding medication of ___% CBD and less than ___% THC.
- I commit to continuing to receive care so my treatment's effectiveness can be assessed and monitored.
- It's my responsibility to inform you of all medications I take.
- I agree to proper storage of all medications and protect its access from minors.
- I agree to be monitored for dependency problems.

Method of consumption:

Inhalation _____

Ingestion _____

Topical _____

Signed: _____ Date: _____

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If you would like to discuss a particular situation, please contact our risk management division at 1-888-336-2642 or riskmanagement@psicinsurance.com.

