



# Compassionate Use Registry

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## User's Guide for Patients

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This User's Guide is meant to be used while you have the system open, so you can follow along.

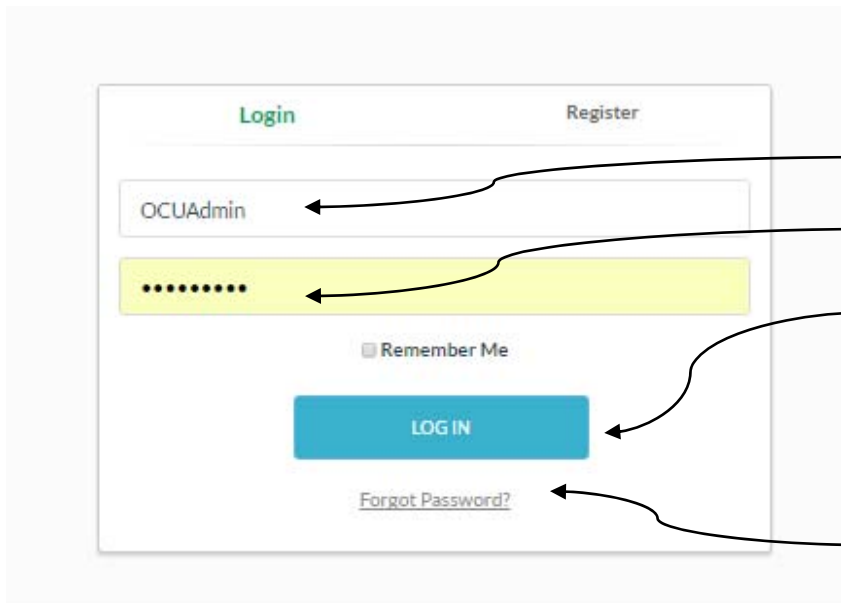


# Compassionate Use Registry

## Logging in



To Log In, click the menu item titled “log in”



Supply your username, (**this will always be your email address**) and your password,

and click Log In.

If you find you’ve forgotten your password, the Forgot Password link will change your existing password into a system-created one, and send an email to the email address on your account containing the new credentials.



# Compassionate Use Registry

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## Changing Your Password

• You password has expired, it must be changed.

**Reset Password**

Current Password

New Password

Confirm Password

[Change Password](#)

Any temporary password will expire after you use it once, and you'll have to change it to continue.

In order to change your password after you've logged in, you must supply your existing password.

Below this field, you must supply your new desired password, twice.

Because this system contains Protected Health Information, you must supply a 'strong' password that is no shorter than 10 characters, and contain a combination of lower and uppercase letters, one number, and at least one special character, such as an exclamation point.



# Compassionate Use Registry

## Your Profile

There are two main areas for Patient users – your Profile and your Application.

Florida Health Compassionate Use Registry Welcome | Joel Hodgson

HOME YOUR PROFILE YOUR CARD CHANGE PASSWORD LOG OUT

Patient Profile for: HODGSON, JOEL Patient Number: P0001040

**?** Your Card application is incomplete. Navigate to Your Card to finish it up.

Id Card #: Ry8C-Gs2O-w4lu [Manage Card](#)

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	A
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001040
Patient Weight:	120 lbs
Gender:	Male
Address1:	1234 ANYWHERE STREET
Address2:	
City:	
County:	ALACHUA
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

[Manage Profile Details](#)

At the top, your Profile will contain that your current information is. Physicians and Dispensers will see this information as well.

At the top will be information on the status of your Card Application – since you can't obtain products without a completed Card, we show this to you to here to help you stay aware.

Your ID Photo, if you've provided one, is also present.

It's important to make sure that your information is correct.

If you need to have your name, DOB, weight, or gender changed contact your physician – only he or she can change this.

You may change your phone number and email address any time you like. **Remember: your email address is your login name, if something happens and you need your email address changed but can't do it on your own, your physician can change it for you.**


If you wish to change your Address, **you must do so by applying for a new Card.** We'll show you how to do that later in this document.

Click Manage Your Details to update your information.



# Compassionate Use Registry

Patient Profile for: HODGSON, JOEL Patient Number: P0001040

 Id Card #: Ry8C-Gs2O-w4lu	Last Name: <input type="text" value="HODGSON"/>
	First Name: <input type="text" value="JOEL"/>
	Middle Initial: <input type="text" value="A"/>
	Primary Phone: <input type="text" value="1234567890"/>
	Email Address: <input type="text" value="derek.prowse@fiveptg.c"/>
	Date Of Birth: <input type="text" value="01/01/1911"/>
	Patient Number: <input type="text" value="P0001040"/>
	Patient Weight: <input type="text" value="120 lbs"/>
	Gender: <input type="text" value="Male"/>
	Address1: <input type="text" value="1234 ANYWHERE STRE"/>
	Address2: <input type="text"/>
	City: <input type="text"/>
	County: <input type="text" value="Alachua"/>
	Zip code: <input type="text"/>
	Legal Representative 1: <input type="text"/>
	Legal Representative 2: <input type="text"/>

If you need the other items changed, such as the spelling of your name or date of birth, your Physician must do this - contact them for help

After clicking Manage Your Details, you'll be taken to a page where you can change what you would like to update.

Click Save your Changes to save what you updated, or Go Back to Your Profile if you changed your mind.

**As a Patient, you are associated to your physician in the Registry – this is how they are able to view you in the system as a patient, and place Orders. Only one Physician can be this way for you.**

**If you longer wish to work with your current Doctor, you may click "Leave Your Current Physician". You cannot undo this, so be sure this is what you want.**



# Compassionate Use Registry

## Your Orders

Show 10 entries Search:

Order Status	Start Date	Placed By	Route 1	Mg Per Dose	Doses Per Day	Route 2	Mg Per Dose	Doses Per Day	Days	End Date
Expired	01/10/2017	<a href="#">ANTHONY HALL</a>	Sublingual	13	13	Sublingual	50	2	6	01/16/2017

Notes for Sublingual: For ongoing symptoms

Notes for Sublingual: for breakthru pain

Order is for: Low-THC Cannabis

Purchase Device: This patient may NOT purchase a cannabis delivery device.

Dispensed On	At	Via	Amount Dispensed	Status	Route
01/10/2017 12:46 PM	Valid Dispensary	one, dispenser	10 mg	Given to Patient	Sublingual

Amount Remaining: 1004  
Amount Remaining for Sublingual : 600

At your Profile, below your information you'll find your Orders.

When a physician places an order, they must specify if the order is for Low-THC Cannabis (contains very little THC), or Medical Cannabis (contains THC). In the Registry, Low-THC Orders are a grey color. Medical Cannabis Order will be green.

They'll also record the Form – such as oral, vaporizers, and so on. They can save up to two forms in each of your Orders.

For each form, they'll record an amount per dose and number of doses per day they want you to take.

Each order has a few different types of Statuses:

**Scheduled:** This order 'turns on' in the future – you cannot get products for it until the Start Date listed.

**Open:** This order is 'live' and your Dispensing Org can dispense for it.

**Complete:** you've obtained all the products allowed for the order, and it's done now.

**Expired:** the End Date of the order happened, and you can no longer use it to obtain products.

**Cancelled:** your physician 'turned off' the order.



# Compassionate Use Registry

Show 10 entries

Order Status	Start Date	Placed By	Route 1	Mg Per Dose	Doses Per Day	Route 2	Mg Per Dose	Doses Per Day	Days	End Date
Expired	01/10/2017	<a href="#">ANTHONY HALL</a>	Sublingual	13	13	Oral	100	10	6	01/16/2017
Expired	12/26/2016	<a href="#">ANTHONY HALL</a>	Oral	10	5				3	12/29/2016

If you need information about the Physician that placed this order, click their name, and you'll be taken to a page that displays their address and other helpful information.

Dispensed On	At	Via	Amount Dispensed	Status	Route
01/10/2017 12:46 PM	Valid Dispensary	one, dispenser	10 mg	Given to Patient	Sublingual
Amount Remaining: 1004					
Amount Remaining for Sublingual : 600					

If you click on any Order, it will expand to show you the history of all the times you obtained Products from a Dispensing Organization. You'll be told when, where, who recorded it, and how much. If a dispensation is out for delivery, you'll see which staffer currently has the products.

You'll also see how much products you had left after each dispensation



# Compassionate Use Registry

## Your Card Application

Compassionate Use Registry

HOME | YOUR PROFILE | YOUR CARD | CHANGE PASSWORD | LOG OUT

Patient Profile for: Robot, Crow Patient Number: P0001045

192+192

Manage Your Card

**?** Your Card application is incomplete. Navigate to Your Card to finish it up.

The Patient cannot obtain cannabis products until this is completed

Last Name:	Robot
First Name:	Crow
Middle Initial:	T
Primary Phone:	1234567890
Email Address:	derek.prowse@fiveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001045
Patient Weight:	25 kgs
Gender:	Male
Address1:	123 Satellite of Love Way
Address2:	
City:	Low Earth Orbit
County:	Lee
Zip code:	32413
Legal Representative 1:	
Legal Representative 2:	

Manage Your Details

When you are first given a Registry Account, you'll need to apply for a Card in order to obtain products for any Orders your physician has placed. The Card will expire 1 year after the date of your first order, so this message will help you know when to renew it, too.

To take care of this, you can click Your Card in the Menu,

Or click Manage Your Card at your Profile.


**Remember:** If you're changing your address on your card application, it won't show up over on your Profile page until your card is Approved by the Office Of Compassionate Use.





# Compassionate Use Registry


Card Application Form: Robert, Crow



Choose File

Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.

Photo Requirements



Supply a passport Photo to apply

Last Name:	Robert
First Name:	Crow
Middle Initial:	T
Primary Phone:	3234567890
Email Address:	itemk.prowe@flvphg.com
Date Of Birth:	01/01/1911
Patient Number:	Robert
Patient Weight:	25 kg
Gender:	Male
Address 1:	323 Satellite of Love Way
Address 2:	
City:	Love Earth Orbit
County:	Love
Zip code:	32413
Legal Representative 1:	
Legal Representative 2:	

Update My Information

Your Card Application/Renewal looks like there's a lot to do, but it's really just four things:


You need to upload a passport photo.

You might also want to verify the spelling of your name, your birthday, and your address; this information will get printed on your card, so it has to be right.

Proof of Residence

All applicants must submit a copy of a valid Florida Driver's License or Florida Identification card. If the applicant does not possess a valid Florida Driver's License or a current Florida Identification card, they may submit a current utility bill in the patient's name including a Florida address or a current Florida Voter's Registration card. For minor applicants, the applicant may submit a copy of the minor's Birth Certificate or current record of registration from a Florida school (K-12, and proof of residency of a designated legal representative.

Choose File



You must supply Proof of Residence to apply  
The Patient cannot obtain Cannabinoid products until this is completed

You need to upload documentation that meets the requirements for Proof of Residence in Florida.

Payment Record

This section will be updated by the OCJ when they record receipt of your Processing Fee  
Cards cannot be issued or renewed until the Office of Compassionate Use receives a \$75 non-refundable processing fee by check or money order made out to the Department of Health. Ensure that the check or money order includes your Registry Patient Number: PXXXXXXX

Mail Your Processing Fee To:  
Florida Department of Health  
ATTN: Office of Compassionate Use  
4025 Belle Cypress Way  
Tallahassee, FL 32309

Choose File



The OCJ has not received the Processing Fee  
The Patient cannot obtain Cannabinoid products until this is completed

There's a fee for processing the card. You'll need to send that to the Office of Compassionate Use. They'll complete this part of the application when they receive payment.

Patient Signature

To sign electronically, enter your first and last name exactly as it is stored in the system.

Type in your first name:

Type in your last name:

Submit My Card Application

The undersigned person certifies that the applicant has requested a physical Compassionate Use Registry Identification Card as authorized under section 381.005, Florida Statutes, and Chapter 64-4, P.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance, is accurate and complete, and that no one other than me or my legal representative is submitting this request on my behalf. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.



You must sign to apply  
You cannot obtain Cannabinoid products until this is completed and reviewed by the Office of Compassionate Use

Lastly, you need to electronically sign for your application. Once all of these requirements are met, the Office of Compassionate Use will review your application.

If they find an issue, they'll mark your Application online, and you'll get a notification of what to change/fix.

If they approve it, they'll be sending your card to you and



# Compassionate Use Registry

you can start obtaining cannabis Products.

Card Application For: HODGSON, JOEL

Last Name:	HODGSON
First Name:	JOEL
Middle Initial:	A
Primary Phone:	1234567890
Email Address:	derek.prowse@fveptg.com
Date Of Birth:	01/01/1911
Patient Number:	P0001040
Patient Weight:	120 lbs
Gender:	Male
Address1:	1234 ANYWHERE STREET
Address2:	
City:	
County:	Alachua
Zip code:	
Legal Representative 1:	
Legal Representative 2:	

Choose File

Remove Existing Photo

Id Card #: RY8C-Gs2O-w4tu

Submit a full-face, passport-type, color photograph of the patient taken within the 90 days immediately preceding registration, and 2x2 inches in size.

Photo Requirements

A photo was uploaded on 3/30/2017. It must be approved by The Office of Compassionate Use.

Update My Information Cancel the Renewal

If you need to change your photo, click "Remove Existing Photo".

Be sure that your photo meets the requirements for ID cards!

## Proof of Representation

A legal representative means the qualified patient's parent, legal guardian acting pursuant to a court's authorization as required under section 744.3215(4), Florida Statutes, health care surrogate acting pursuant to the qualified patient's written consent or a court's authorization as required under section 765.113, Florida Statutes, or an individual who is authorized under a power of attorney to make health care decisions on behalf of the qualified patient.

To apply to be a Legal Representative in the Compassionate Use Registry, you must upload proof of legal representation, this may be a court order, birth certificate, or other appropriate legal instrument.

Choose File

For your Proof of Representation, you may upload as many files as needed by the OCU. Each file cannot be larger than 4mb.

## Patient Signature

To sign electronically, enter your first and last name exactly as it is stored in the system.

Type in your first name:

Type in your last name:

Submit My Card Application

The undersigned person certifies that the applicant has requested a physical Compassionate Use Registry Identification Card as authorized under section 381.966, Florida Statutes, and Chapter 644, C.A.C. The information contained in this application and in any attached exhibits that serves as a basis for card issuance is accurate as complete, and that no one other than me or my legal representative is submitting this request on my behalf. I understand that knowingly making a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in sections 775.082 or 775.083, Florida Statutes.



You must sign to apply. You cannot obtain Cannabis products until this is completed and reviewed by the Office of Compassionate Use

Once you have a photo and proof of residence uploaded, you may sign to submit your application.

**Warning: changing your application will restart the application process, possibly including the need for another processing fee. You should only update your application when it's about to expire, or when the Office of Compassionate Use marked some part of your application as incomplete.**



# Compassionate Use Registry

## Patient Signature

Congratulations on submitting for your Card. The Office of Compassionate Use will review your application. Check back here to see the results of their review

Cards cannot be issued or renewed until the Office of Compassionate Use receives a \$75 nonrefundable processing fee by check or money order made out to The Department of Health. Ensure that the check or money order includes your Registry Patient Number: Pxxxxxxx

Remember: All ID Cards expire 1 year after the date of the Physician's initial order or Low-THC Cannabis or Medical Cannabis. You should renew your card 45 days before it expires. Renewal application CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU

### Notice on the collection, use, or release of Social Security Numbers

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Compassionate Use Registry Identification Card Legal Representative Application, social security numbers are collected and used for identification purposes to ensure that the number identifiers assigned to the legal representative and qualified patient are unique and match the identities of the legal representative and qualified patient, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.



The application is complete and is under review at the Office of Compassionate Use. You cannot obtain Cannabis products until this is completed

When your application is submitted, you'll see this blue icon. Be sure to read over the information here, as it contains some helpful details.

Be aware: at this stage, your application is Under Review, and has not yet been accepted by the OCU.

## Signature

Congratulations your Card Application was approved.

Remember: All ID Cards expire 1 year after OCU Approval. You should renew your card 45 days before it expires.

If your previous card has expired, a renewal application CANNOT be used to purchase low-THC cannabis, medical cannabis, or a cannabis delivery device.

You can renew your card at any time by updating this Application. A Renewal request must be reviewed by the OCU

### Notice on the collection, use, or release of Social Security Numbers



Your Application is completed and approved by the OCU on 3/2/2017. An ID Card has been issued to the address in your Application.

When the application has been accepted, and your card prepared, you'll see an update at your Profile letting you know.

When you see this, you're able to obtain products from a Dispensation.

Don't forget – you'll need to renew your card yearly. It's advisable to start renewing 45 days before your current card expires!