



# Secondary Caregiver Agreement

www.A20labs.com

3/11/2010

Insert  
Date \_\_\_\_\_

Amendment 20 Laboratories LLC (hereafter known as A20labs) and \_\_\_\_\_ (hereafter referred to as Patient) agree to the following: (clearly print patients name here)

\_\_\_\_\_ Patient is a resident of the state of Colorado and holds a valid Medical Marijuana Registry Card.

\_\_\_\_\_ Patient agrees to allow A20labs to make a copy of the Patients Medical Marijuana Registry Card, Colorado State Identification, and PHYSICIAN CERTIFICATION form which was sent to the Colorado Medical Marijuana Registry.

\_\_\_\_\_ Patient agrees and understands that if he/she allows his/her Colorado Medical Marijuana Registry Card to expire or if this card is revoked that A20labs will cancel this agreement and stop all services.

\_\_\_\_\_ Patient agrees that no phone, cell phone, recording devices, or cameras will be permitted to be used during meetings or discussions with A20labs personnel, contractors, or representatives.

\_\_\_\_\_ Patient agrees to assign A20labs and their representatives to act as his/her "secondary caregiver" as defined in Article 18, Section 14 of the Colorado Constitution.

\_\_\_\_\_ Patient agrees to contact A20labs if they are no longer acting as the patient's secondary caregiver.

\_\_\_\_\_ Patient agrees that they are singularly responsible for all medical and treatment decisions affecting their health and well being and that A20labs, A20labs personnel, or A20labs representatives bare no responsibility in the physical or mental health or prosperity of the Patient.

Signature: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Drivers License number: \_\_\_\_\_

MMJ License #: \_\_\_\_\_

CO MMJ License Expiration Date \_\_\_\_\_

Name of A20labs Patient Manager: \_\_\_\_\_