Colorado Department of Public Health and Environment

# Medical Marijuana Registry

4300 Cherry Creek Drive South, Denver, CO 80246-1530 • 303-692-2184
**E-mail:** medical.marijuana@state.co.us • **Website:** www.cdphe.state.co.us/hs/medicalmarijuana

**CR**

# Change of Patient Records

**Instructions:**

1. Complete all required sections of the form neatly and accurately.
2. **There are no fees to file this form.**
3. **Do not write-over, cross-out, or use white-out on this form, or it will be voided**. If you make a mistake on the form, please complete a new one.
4. After completing the form, you must sign and date it in front of a notary and have it notarized.
5. **Include a copy of your valid Colorado ID.** The chart below lists the documents the Registry accepts:

| PROOF OF IDENTITY | |
|---|---|
| **The Registry requires a verifiable, photo ID for all forms. Please submit one of the following IDs with your form:** | |
| • Colorado Driver's License<br>• Colorado photo ID<br>• Temporary Colorado Driver's License<br>• Temporary Colorado ID | • Out-of-state Driver's License<br>• Out-of-state photo ID<br>• U.S. Passport<br>• Military ID (copy of front and back)<br>• Tribal ID |
| i. All documents must be currently valid when received at the Registry.<br>ii. Damaged, expired, or tampered IDs are not valid.<br>iii. The address on the photo ID **does not** have to match the mailing address on the form.<br>iv. All IDs must be verifiable and have specific issue and expiration dates.<br>v. The ID must show the patient's date of birth. | |

6. You may **only** change your caregiver or medical marijuana center one time per month.
7. Patient social security numbers are used to confirm identity and protect confidentiality.
8. Incomplete forms will be voided and returned to you. A form is considered complete when:
   a. The form is completed, signed and notarized.
   b. A copy of the patient's photo ID.
   c. A copy of the caregiver's ID is included, if the form has caregiver information.
9. Forms must be sent separately, one form per envelope.
10. Make a copy of all your paperwork for your files.
11. Unless a fee is required, DO NOT send money to the Registry. All monies received at the Registry are nonrefundable.
12. You must submit paperwork within **ten (10) days** of the date you have it notarized.
13. The Registry does not print new cards for changes of address, medical marijuana center or caregiver (unless the patient is homebound or under the age of 18).
14. **Please allow 4 to 6 weeks** from the date the Registry receives your paperwork for processing**.** If you have not received a response within 6 weeks, please contact the Registry at 303-692-2184. Your paperwork or card will be mailed to the address on your paperwork. Cards are not valid outside of Colorado, thus the Registry does not mail cards outside of the state.
15. Submit paperwork by mail or deliver to the Registry's drop-box. **The Registry does not accept forms by fax or e-mail.**

**Mail to:**

**Change Request**
Colorado Dept. of Public Health & Environment
HSV-8608
4300 Cherry Creek Drive South
Denver, CO 80246-1530

**Drop-Box:**
Colorado Dept. of Public Health & Environment
710 S. Ash Street, South East Entrance
Open: Monday-Friday, 7:00 a.m. to 6:00 p.m.
The drop box is on the wall inside the first set of glass doors. Your paperwork must be in a sealed envelope. You will not receive a receipt. **If you wish to have a receipt, please mail in your paperwork by certified mail.**

**For more information, visit our website www.cdphe.state.co.us/hs/medicalmarijuana or call 303-692-2184.**

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**STAFF ONLY**

Evaluated

Data Entry

Card Printed

Corrections:

## Change of Patient Records

**See instructions on page 1. Photo ID required with all forms.**

| 1. Social Security Number (optional) | **Section A: Patient Information (Required)** **The name on the form must match the legal name on your photo ID.** | | | |
|---|---|---|---|---|
| 2. Last Name | 3. First Name | | | 4. Middle Initial |
| 5a. Mailing Address | | 5b. Apartment/Suite # | 6. City | |
| State **CO** | 7. Zip Code | 8. County | 9. Date of Birth | 10. Telephone Number |
| 11. E-mail Address (optional)* | | | 12. Gender ☐ Male ☐ Female | |

* By providing your e-mail address, you agree to receive communication from the Registry by e-mail

**Change Request:** Please mark all changes that apply. For each option selected, complete all blanks.

☐ 13. **Change my contact information**. The above address and contact information is new.

☐ 14. **Change my name**. I have enclosed a copy of the certified, official document that proves my name change.

| | | | |
|---|---|---|---|
| **Old Name** | a. Last Name | b. First Name | c. Middle Initial |
| **New Name** | d. Last Name | e. First Name | f. Middle Initial |
| **Support Documentation** | g. I have included a copy of the following certified document to prove my name change: ☐ Marriage Certificate ☐ Divorce Decree ☐ Other court documents | | |

☐ 15. **Caregiver as "Self."** Please remove the medical marijuana center and/or caregiver from my records.
☐ 16. **Change my Medical Marijuana Center (MMC).**
Only homebound patients, or patients under age 18, may list both a caregiver and a medical marijuana center.

| | | | | |
|---|---|---|---|---|
| **Medical Marijuana Center Information** | a. Name of Medical Marijuana Center | | | |
| | b. Mailing Address of the Medical Marijuana Center | | | c. Apartment/Suite # |
| | d. City | e. State **CO** | f. Zip Code | g. Telephone Number |

☐ 17. **Change of caregiver**. Please change my caregiver to the individual listed below. I have enclosed a copy of the caregiver's valid ID. The name on this form must match the name on the ID.
Only homebound patients, or patients under age 18, may list both a caregiver and a medical marijuana center.

| | | | | | |
|---|---|---|---|---|---|
| **Caregiver Information** | a. Caregiver's Last Name | b. Caregiver's First Name | | | c. Middle Initial |
| | d. Caregiver's Mailing Address | | | | e. Apartment/Suite # |
| | f. City | g. State | h. Zip Code | i. Date of Birth | j. Telephone Number |

I hereby certify that the above information is correct and complete.

| 18. Applicant's Signature: ▶ | 19. Date Signed: (mm/dd/yyyy) |
|---|---|

The signature and proof of identity of the above individual was subscribed and sworn to before me by

_____ in _____ County, Colorado
(Name of applicant printed by notary) (County name)

on this _____ day of _____, 20____.
(Day) (Month)

_____
(Notary's official signature)

_____
(Commission expiration date)

AFFIX NOTARY SEAL