

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



Change of Patient Records

Instructions:

- 1. Complete all required sections of the form neatly and accurately.
- 2. Do not submit this form unless you have an active registration card.
- 3. **There are no fees to file this form.** DO NOT send money with this form. All monies received at the Registry are nonrefundable.
- 4. **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.
- 5. After completing the form, you must sign and date it in front of a notary and have it notarized.
- 6. **Include a copy of your valid ID.** The primary parent's or guardian's ID is required for paperwork submitted for patients under the age of 18. The chart below lists the Registry's preferred documents:

PROOF OF IDENTITY

The Registry requires a verifiable ID for all forms. Please submit one of the following IDs with your form:

- Colorado Driver's License
- Colorado ID
- Temporary Colorado Driver's License
- Temporary Colorado ID

- Out-of-state Driver's License
- Out-of-state ID
- U.S. Passport or passport card
- Military ID (copy of front and back)
- Tribal ID

If you do not have the above documents, please contact the Registry at 303-692-2184 (ext. 3) to discuss other options.

- i. All documents must be currently valid when received at the Registry.
- ii. Damaged, expired, or tampered IDs are not valid.
- iii. Passports must include full photo page and signature page. Passport cards must include copy of front and back.
- iv. The address on the ID does not have to match the mailing address on the form.
- v. All IDs must be verifiable and have specific issue and expiration dates.
- vi. The ID must show the patient's date of birth.
- 7. You may only change your caregiver or medical marijuana center one time per month.
- 8. Patient social security numbers are used to confirm identity and protect confidentiality.
- 9. Incomplete forms will be rejected. A form is considered complete when:
 - a. The form is completed, signed and notarized.
 - b. A copy of the patient's ID is included.
 - c. A copy of the caregiver's ID and form #MMR1012 Caregiver Acknowledgment are included, if the form has caregiver information.
- 10. Forms must be sent separately, one form per envelope.
- 11. Make a copy of all your paperwork for your files.
- 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. The primary parent or legal guardian's signature is required on all forms for patients under the age of 18.
- 15. **Authorized Representatives** –If patient care rights and responsibilities have been legally assigned to another person, a copy of the legal documentation must be on file with the Registry. Acceptable documents include court-certified guardianship documents, power of attorney or medical power of attorney. Medical care rights must be included as a responsibility of the guardian/agent in order to contact the Registry regarding patient records and care. A copy of the guardian/agent's ID is also required.
- 16. **Please allow 4 to 6 weeks** from the date the Registry receives your paperwork for processing. If your form is rejected or a new card is required, you should receive a letter or card within 6 weeks. Your paperwork or card will be mailed to the address on your paperwork. Cards cannot be mailed out of state, to a third party or sent "in care of" another party.
- 17. 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

CDPHE

HSV-8608

4300 Cherry Creek Drive South

Denver, CO 80246-1530

Drop-Box:

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	Change of Patient Records See instructions on page 1. Proof of identification required with all forms.							
	Is the patient homebound? Yes No							
	1. Social Security Number (optional) Section A: Patient Information (Required) The name on the form must match the legal name on your ID.							
Evaluated	2. Last Name			3. First Name				4. Middle Initial
	5a. Mailing Address				5b.	Apartment/Suite	# 6. City	
Data Entry	CO	p Code	8. County		9	Date of Birth	10. Tele	phone Number -
	11. E-mail Address (optional)*							
	* 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.							
Card Printed	12. Change my contact information . The above address and contact information is new.							
	13. 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 Nan		e. First N			f. Middle Initial	
Corrections:	Support g. I have included a copy of the follow. Documentation ☐ Marriage Certificate ☐ Divorce.							
	 □ 14. Caregiver as "Self." Please remove the medical marijuana center and/or caregiver from my records. □ 15. Change my Medical Marijuana Center (MMC) Please complete information based on the name of the center as it appears on the Department of Revenue license. The retail name (dba) is preferable, if listed on the license. Only homebound patients, or patients under age 18, may list both a caregiver and a MMC. 							
	Medical	a. Name of Medical Marijuana Center b. Dept. of Revenue License #						
	Marijuana Center Information	c. Mailing	Address of the Medical	Marijuana (1arijuana Center		d. Apartment/Suite #	
		e. City			State f. Zip Co		g. Tel	g. Telephone Number
	☐ 16. Change of caregiver. To designate a primary caregiver, form #1012 Caregiver Acknowledgment must be submitted with this change request. Only homebound patients, or patients under age 18, may list both a caregiver and a medical marijuana center. Caregiver's ID must be included with form.							
	Caregiver Information		r's Last Name	b. Caregiv				c. Date of Birth
		I	hereby certify that the	above info	ormation	is correct and c	omplete.	
	17. Patient's or Authorized Representative's Signature:					18. Date Signed: (mm/dd/yyyy)		
	The signature and proof of identity of the above individual was subscribed and sworn to before me in							
	(County na	me)	_ County, Colorado o	n this	day)	of(Month)	, 20	_•
	(Notary's offic	-						
	(Commission e	expiration date	e)	_				
								AFFIX NOTARY SEAL