



MMJAS DATABASE TRAINING

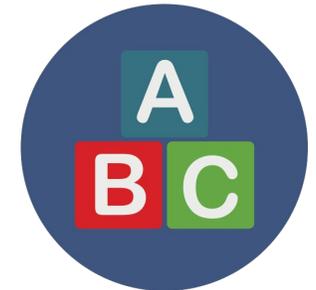
Module 3: How do I renew a patient's recognition card?

DOH 608-028 – November 2019

Module 3: How do I renew a patient's recognition card?

This training focuses on steps for renewing a patient and designated provider card:

- Step 1: Medical Marijuana Authorization Form and Patient Identity Verification
- Step 2: Photograph Requirements
- Step 3: Patient Search
- Step 4: Update Patient and Designated Provider Information
- Step 5: Generate, Print and Issue New Card(s)



Effective November 1, 2019, there are two types of renewals available (Standard renewal and Compassionate Care Renewals). Both types will be addressed in this training.



Compassionate Care Renewals

Effective July 28, 2019, House Bill 1094 established compassionate care renewals for patients who may experience severe hardship because of their medical condition.

- The healthcare practitioner will indicate eligibility on the patient's form which exempts the patient from the photograph requirement of a recognition card.
- This allows the patient's designated provider renew the patient's registration and card on their behalf.



STEP 1

Let's get started!

Medical Marijuana Authorization Form and Patient Identity Verification

Authorization Form

The current authorization form (DOH 623-123 November 2019) is divided into three sections:

- I. Patient and Designated Provider Information.
- II. Healthcare Practitioner Information
- III. Healthcare Practitioner Certification and Signature

The form is available on the Department's website to healthcare practitioners:
www.doh.wa.gov/medicalmarijuana

[Clear Form](#)

 **Washington State Medical Marijuana Authorization**
This form must be completed and signed by the authorizing practitioner or delegate. This authorization form is not a prescription and does not provide protection from arrest unless the qualifying patient and their designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

I. Patient and Designated Provider Information Type (check one) Initial Renewal

1	Patient's Name: _____	Date of Birth: _____	
2	Street address (No P.O. Box): _____	City: _____	State: WA Zip: _____
4	Does the patient have a designated provider (DP)? (check one below) <input type="checkbox"/> Yes, patient sign's item 7 below, unless they are a minor (under age 18) <input type="checkbox"/> No, continue to Section II		
5	DP or Parent/Legal Guardian's Name: _____	Date of Birth: _____	
6	Street address (if different): _____	City: _____	State: WA Zip: _____
7	I am an adult patient (18 and older) and agree the person named above will serve as my designated provider. Patient Signature: _____ Date: _____ (RCW 69.51A.010(4))		

II. Healthcare Practitioner Information

8	Healthcare Practitioner's Name (as it appears on license): _____	WA License Number: (Example: MD000011110): _____
9	Office/Clinic Address _____	City: _____ State: _____ Zip: _____ Phone: _____

III. In signing this form, I and certify the following:

10. I am a Washington State licensed healthcare practitioner and allowed to authorize my patients to use marijuana for medical purposes under RCW 69.51A.010. In my professional opinion, as the treating healthcare practitioner, the above named patient may benefit from the medical use of marijuana for the qualifying conditions below (check all that apply):

<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis	<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Epilepsy/Other Seizure Disorder	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> HIV	<input type="checkbox"/> Intractable Pain	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Posttraumatic Stress Disorder	<input type="checkbox"/> Spasticity Disorder	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity		

11. In my professional opinion, the above named patient is eligible for a compassionate care renewal (RCW 69.51A.030) (check one): Yes, is eligible and has a designated provider No, is not eligible

12. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants (check one below):
 Yes, I recommend _____ number of plants (6 -15 plants) No recommendations

13. This authorization was issued _____ (today's date) and needs to be renewed before _____ (expiration date*).
*Adult patient authorizations may be valid for one year from issue date; six months for minors per RCW 69.51A.230.

14. Practitioner Signature _____ Date signed _____



DOH 623-123 November 2019

Authorization Form Validation

The consultant shall ensure the authorization form (form) provided is valid, complete, unaltered, and meets all requirements specified in RCW [69.51A.030](#) and complies with [form instructions](#).

- Form is complete (either handwritten or typed)
- Signed by healthcare practitioner (original signatures only, no stamp signatures)
- Printed on tamper-resistant paper with the RCW 69.51A.030 logo (bottom right corner).
- Patient signed line item 7 (Section I) if they have a designated provider



If any requirement is not met, or the form is altered or incomplete, the person cannot be entered into the database.

Identity Verification

The consultant shall verify the identity of every patient age eighteen and older and every designated provider by inspecting the patient's or designated provider's valid photographic identification.

Except for patients under the age of eighteen, a person cannot be entered into the database without valid photographic identification.



In the event of an inexact match of names on the identification and the authorization, the consultant shall ensure that the patient or designated provider named on the authorization form is the same person presenting the authorization for entry into the database.

STEP 2

Photograph Requirements

Step 2: Take a Photo

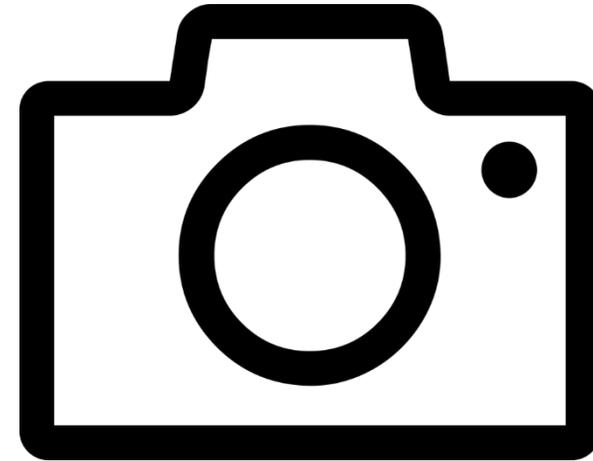
The certified consultant shall take a photo of the patient or designated provider's face:

[Click here for tips on taking the photograph](#)



If authorization indicates a compassionate care renewal, the patient is exempt from this step. The database will reuse the patient's previous recognition card information and photo.

Consultants are required to take a new photo of the patient's designated provider's face.



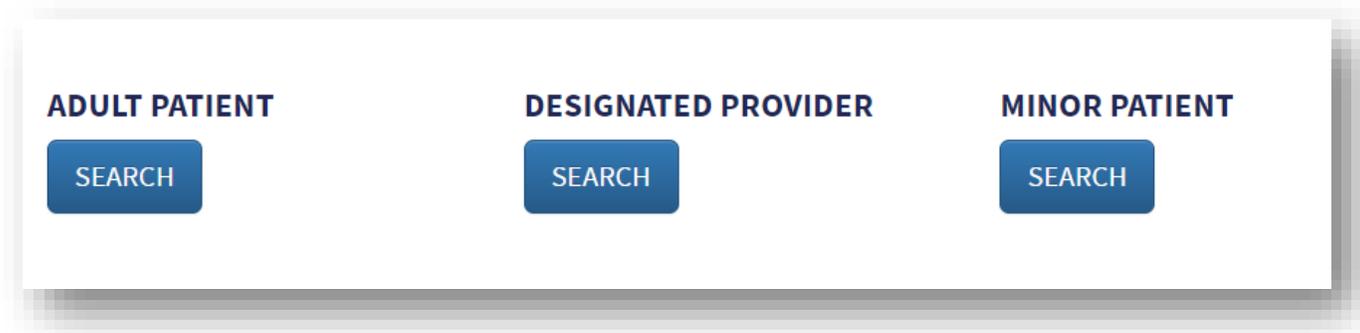
STEP 3

Patient Search

Select Card Type

The patient's age determines which type of card you are creating (see Alert below):

- Click VERIFY A CARD > CARD MANAGEMENT
- Select the type of card:
 - ADULT (age 18 or older)
 - DESIGNATED PROVIDER (age 21+)
 - MINOR (under age 18)



The screenshot shows a horizontal menu with three options. Each option consists of a label in all caps and a blue button with the word 'SEARCH' in white. The options are: 'ADULT PATIENT', 'DESIGNATED PROVIDER', and 'MINOR PATIENT'.

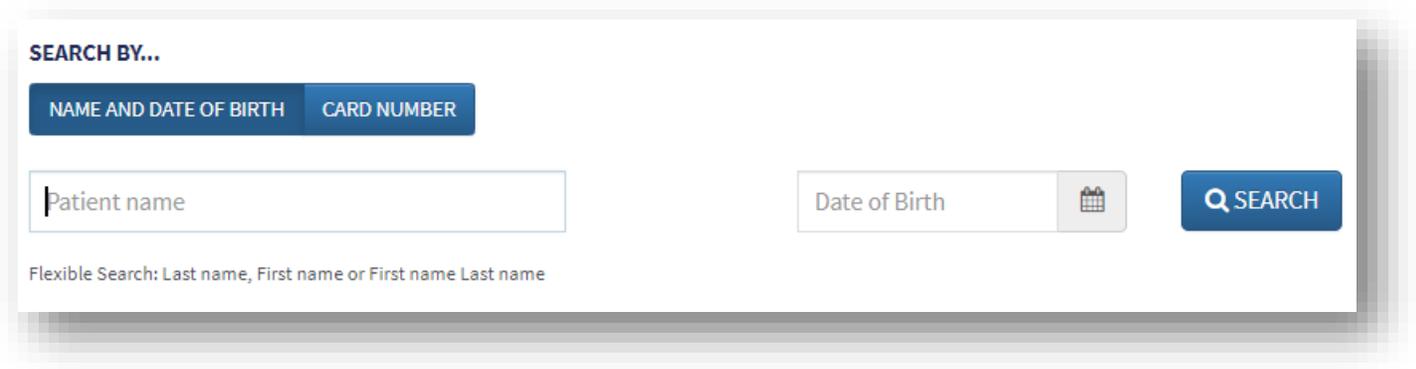


*For patients who just turned 18 years old, but were previously registered as a minor patient, click MINOR patient to renew that card. Once selected, the system will automatically transition you to an adult patient form and deactivate the minor patient record.

Search for Patient

To search for a patient:

- Enter information and click **SEARCH**



The screenshot shows a search interface with the following elements:

- SEARCH BY...** header with two tabs: **NAME AND DATE OF BIRTH** (selected) and **CARD NUMBER**.
- A text input field containing the placeholder text "Patient name".
- A date input field labeled "Date of Birth" with a calendar icon.
- A blue button with a magnifying glass icon and the text **SEARCH**.
- Below the input fields, the text "Flexible Search: Last name, First name or First name Last name" is displayed.

Two possible search results

1. Record not found

NO MATCHING PATIENT AUTHORIZATIONS FOUND

Do you want to create a new request?

[CREATE NEW AUTHORIZATION](#)

2. Matching record found

Existing Card Found

Patient Information

NAME

DATE OF BIRTH

Designated Provider Information

NAME

DATE OF BIRTH

Is this a renewal?



Record not found? Authorization cannot be processed as a compassionate care renewal as patient must have been previously registered. To resolve, double check spelling of patient name and date of birth or search using recognition card number.

Renewal options

Answer the following questions:

1. Is this a renewal? Choose YES
2. Is this a compassionate care renewal?
 - Choose YES if indicated on form (item 13)
 - Choose NO if indicated NO on the form (item 13)
3. Click RENEW CARD

The screenshot shows a web form with three numbered steps:

- 1** Is this a renewal? Yes ▾
- 2** Is this a compassionate care renewal? Yes ▾
In order to complete registration under compassionate care renewals, the patient's designated provider must have a valid authorization indicating the patient qualifies under chapter 69.51A RCW.
- 3** RENEW CARD

Complete or Update Information

Standard renewals

You will be brought to the standard renewal screen. Click RENEW and select YES to disable old record. Complete form and SAVE RECORD.

PORK CHOPS
123 Main Street
Puyallup, Washington 98222

Date of Birth 11/12/1981
Gender female
Authorization Issue Date 10/22/2019
Authorization Expire Date 10/22/2020

CARDS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 7339 9716 7911 2481

PORK CHOPS

EFFECTIVE DATE: 10-24-2019
EXPIRATION DATE: 10-22-2020

PLANT LIMIT: 6

Authorizing Healthcare Practitioner
JOHN SUMI



Card #7339 9716 7911 2481

PRINT RENEW REPLACE CORRECT

Compassionate Care Renewals

Form will return pre-populated with pre-existing patient information and photo. You can update information and will need to upload new photo for patient's designated provider.

Patient Information

First name * M.I. Last name * Suffix
Pork [] Chops Suffix

Date of Birth * Gender *
11/12/1981 Female Male

Address * Photo
123 Main Street
Address (Line 2)
Puyallup Washington 98222

Identification Type * Identification Number *
Driver's License WAIDCHOPS313QK

STEP 5

Generate, Print and Issue New Card(s)

Review, Edit or Generate Cards

Standard Renewal

Complete and SAVE RECORD. Review for accuracy, edit if needed or generate cards.

BACON EGGS
805 S 114th St
Tacoma, Washington 98092



Date of Birth 11/12/1980
Gender male
Valid Photo ID Type Driver's License
Valid Photo ID Number WAIDEGGS312QK
Healthcare License MD10003250
Health Address 867 S 114th St Tacoma, WA 98402

Healthcare Provider 123 Main Street Puyallup, WA 98442
Phone (206) 887-2345
Qualifying Conditions • Glaucoma
Plant Limitations 6
Authorization Issue Date 10/12/2019
Authorization Expire Date 10/12/2020

CARDS

[GENERATE CARD](#) [EDIT AUTHORIZATION](#)

Compassionate Care Renewal

Screen shows both cards. Review for accuracy, edit if needed or generate cards.

Patient	Designated Provider
<p>PORK CHOPS 123 Main Street Puyallup, Washington 98222</p>  <p>Date of Birth 11/12/1981 Gender female Valid Photo ID Type Driver's License Valid Photo ID Number WAIDEGGS312QK Healthcare License MD10003250 Health Address 867 S 114th St Tacoma, WA 98402</p> <p>Healthcare Provider 123 Main Street Puyallup, WA 98442 Phone (206) 887-2345 Qualifying Conditions • Glaucoma Plant Limitations 6 Authorization Issue Date 10/12/2019 Authorization Expire Date 10/12/2020</p>	<p>MASHED POTATOES 123 Andersen Way Kent, Washington 98089</p>  <p>Date of Birth 11/28/1995 Gender female Valid Photo ID Type Driver's License Valid Photo ID Number WAIDEGGS312QK Healthcare License MD10003250 Health Address 867 S 114th St Tacoma, WA 98402</p> <p>Healthcare Provider 123 Main Street Puyallup, WA 98442 Phone (206) 887-2345 Qualifying Conditions • Glaucoma Plant Limitations 6 Authorization Issue Date 10/12/2019 Authorization Expire Date 10/12/2020</p>

[GENERATE CARDS](#) [EDIT AUTHORIZATIONS](#)

Print, Cut, Fold, Laminate and Issue Cards

Before printing, make sure printer is connected to computer and fully functioning:

- Select PRINT
- Fold, cut and laminate card
- Return authorization and card to patient or designated provider

CARDS



CARDS



Important Reminders

- A patient must be pre-registered in the database to be eligible for a compassionate care renewal of their database registration and recognition card
- Always use Google Chrome as the preferred internet browser
- Always log into the database through SAW: <https://secureaccess.wa.gov/myAccess/>
- Keep your user profile ACTIVE by logging in at least once every 30 days
- Logging in frequently (even if you don't need to) offers many benefits
 - minimizes SAW authentication challenges
 - helps you become familiar with the system
 - keeps your account active
- Protect yourself! Do not share user names or passwords!

Technical Support



360-236-4819 (option 1) or 1-877-303-3869

medicalmarijuana@doh.wa.gov or support@cloudpwr.com

Website: www.doh.wa.gov/medicalmarijuana



handle: WADeptHealth



Washington State Department of

Health