



Public Health Department

Danette York, M.P.H., Director
David Canton, D.O., M.P.H, Health Officer

Vital Records Office

202 Mira Loma Drive
Oroville, California 95965

T: 530.552.3996
F: 530.538.7023

buttecounty.net/publichealth

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize
(Name of Patient - Please Print)

_____, to disclose to
(Name of Physician)

Butte County Public Health, Office of Vital Statistics, information concerning my medical cannabis recommendation. The purpose of the disclosure authorized in this consent is to facilitate the issuance of a Medical Marijuana Identification Card. I understand that my medical records are protected under the Health Insurance Portability and Accountability Act (HIPAA) as described in the Code of Federal Regulation, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

(Signature of Patient)

(Dated)



Public Health Department

Danette York, M.P.H., Director
David Canton, D.O., M.P.H, Health Officer

Vital Records Office

202 Mira Loma Drive
Oroville, California 95965

T: 530.552.3996
F: 530.538.7023

buttecounty.net/publichealth

MEDICAL MARIJUANA IDENTIFICATION CARD ISSUANCE DECLARATION

Per Senate Bill 420, Section 11362.72(c), Butte County Department of Public Health as the designated agency to administer the Medical Marijuana Identification Card program, shall issue an identification card to the applicant and/or primary caregiver within 5 working days of approving the application. All applicants will be notified by phone upon application approval and their card(s) will be made available within 5 working days of the Notice of Approval date

Choose one of the following methods to receive the Medical Marijuana Identification Card:

Pick up Card:

I will pick up my card at the Butte County Public Health Vital Statistics office. I request the Butte County Public Health Department hold my Medical Marijuana Identification Card in their office upon receipt so that I may take delivery in person at their office. I understand that the patient and/or their primary caregiver can only pick up identification cards.

Sign and date to pick up card: _____

Send Card via US Mail:

I understand that should my card become lost, damaged or destroyed during the mailing process, I must re-apply for a new card and pay new application fees. The lost card will be deactivated in the database.

Sign and date to have card mailed: _____