# REPORTING HEALTHCARE DISCRIMINATION

Gather as much of the following information to report a physician, clinic, hospital, health system, pain clinic, specialist, transplant program, or other healthcare provider that denies or interrupts care because of medical cannabis. You do not need to have all of this information to report an incident. However, this information will be needed if you intend to challenge a decision.


## GENERAL INFORMATION:

- ☐ Contact information
- ☐ Attorney or legal representative's name and contact information, when applicable
- ☐ Current state medical cannabis identification card
- ☐ Medical cannabis recommendation, certification, authorization, or registration document
- ☐ Pending application confirmation, when applicable
- ☐ Caregiver registration or authorization

## PROVIDER & INCIDENT INFORMATION

- ☐ Name of the physician, clinic, hospital, health system, pain clinic, specialist, transplant program, or other provider
- ☐ Address and contact information for the provider or facility
- ☐ Names and titles of the clinicians, administrators, or staff involved
- ☐ Date, time, and location of each incident
- ☐ A written timeline in chronological order
- ☐ A description of the care requested and what happened
- ☐ Exact words used, especially statements that cannabis is federally illegal, substance misuse, prohibited by policy, or incompatible with treatment
- ☐ Names and contact information for witnesses
- ☐ Notes from telephone calls, appointments, consultations, or meetings

## MEDICAL RECORDS & EVIDENCE

- ☐ Medical records related to the denied, delayed, or interrupted care
- ☐ Appointment summaries and after-visit notes
- ☐ Referral, surgery, transplant, procedure, or treatment eligibility documents
- ☐ Pain-management agreement or controlled-substance agreement
- ☐ Drug-test results and laboratory reports
- ☐ Medication list
- ☐ Written instructions requiring the patient to stop medical cannabis
- ☐ Notes stating that medical cannabis use was considered substance misuse or a substance use disorder
- ☐ Denial, discharge, dismissal, or termination letter
- ☐ Copies of emails, letters, portal messages, text messages, forms, and other communications
- ☐ Healthcare facility cannabis, medication, drug-testing, or substance-use policies
- ☐ Insurance denial or prior-authorization documents

## ACCOMMODATION, COMPLAINTS & HARM

**REPORT DISCRIMINATION:**
**SafeAccessNow.org/Medical_Cannabis_Discrimination**

- ☐ Copy of any accommodation request
- ☐ Documentation submitted in support of the accommodation
- ☐ The provider or facility's response to the accommodation request
- ☐ Records of complaints, grievances, appeals, internal reviews, or meetings
- ☐ Documentation of delayed care, unmanaged symptoms, worsening health, added expenses, lost wages, or transportation costs
- ☐ Any upcoming appointment, surgery, procedure, evaluation, prescription cutoff, or appeal deadline
- ☐ A statement of the outcome requested, such as reinstatement of care, reconsideration of treatment, correction of records, or approval of an accommodation.