



**DESIGNATED PROVIDER AUTHORIZATION**

Pursuant to the Washington Medical Marijuana Act RCW 69.51A

Patient Name:

Designated Provider Name:

\_\_\_\_\_

\_\_\_\_\_

Address:

Address:

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**AGREEMENT**

The above named patient hereby authorizes the above named Designated Provider as his/her legally recognized Designated Provider as stipulated under RCW 69.51A and this document is a legally binding contract between the parties. The patient hereby authorizes the Designated Provider to obtain, grow, secure, prepare, repackage and transport medical marijuana for the patient. This agreement further authorizes the Designated Provider to obtain, secure and transport any other medications recommended or prescribed by the Patients medical providers.

This agreement becomes effective upon execution by the patient and expires upon either the patient's written revocation of the agreement by the patient, or upon the patient's death.

This authorization is exclusive to, and solely valid within, the legal boundaries of the State of Washington.

This agreement is not transferable, assignable, or otherwise extended to assignees or designates.

The patient agrees to defend and hold harmless the Designated Provider and gives full authority to the Designated Provider to carry out the actions specified herein. I further testify that I am of sound mind at the time of this agreement and have been given an opportunity to review this document prior to signing and authorizing the power described herein.

**PATIENT SIGNATURE:**

**DESIGNATED PROVIDER SIGNATURE:**

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\_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_