

Name _____

Email Address: _____



Medical Marijuana Authorization Database
Stakeholder Input – September 2015

1. Establish a voluntary, confidential medical marijuana authorization database		
Issue	What concerns do you have?	What would you like to see?
A. Patients and Designated Providers What information will be entered in the database?		
B. Retailers with Medical Endorsement – Who will enter patient information into the database?		
C. Security of the Data - What should be required to ensure confidentiality of the data?		
D. Querying the Database – What procedures should be put in place when a person(s) authorized by law wants to query the database?		
E. Revoking Designated Providers – What procedures should be put in place to allow for this?		
F. Providing Aggregate Data – What processes should be used for requests for use of summary data?		
G. Removal from the Database – What process should be established for removing patients and		

Name _____

Email Address: _____

designated providers from the database?			
H. Other Issues			
2. Create a process for producing recognition cards for qualifying patients and designated providers			
Issue		What concerns do you have?	
A. Card Security – What features should the card have to prevent fraud and misuse?			
B. Process for Printing Cards – What should the process be for this?			
C. Photograph Process – What procedures should be in place for creating photographs?			
D. Renewal and Lost Cards - What procedures should be in place for renewals and replacing a lost card?			
E. Recognition Card Fees – What process should be set up for retail stores to submit the fees to DOH?			
F. Other Issues			

To return the comment worksheet to the Department of Health:

Mailing Address: DOH MMJ Program, PO Box 47852, Olympia WA 98504

Email: medicalmarijuana@doh.wa.gov

FAX: 360-236-2901