

## DELEGATION OF MEDICAL MARIJUANA GROWER REPORTING DUTIES

A grower may delegate his or her data reporting duties, described in ORS 475B.423 and OAR 333-008-0630, if the grower produces medical marijuana:

- At an address where there are more than 12 plants; or
- At an address that is not the address where a patient resides.

In order for a delegation of reporting duties to be valid a grower must comply with all the requirements explained below.

## INSTRUCTIONS AND INFORMATION

- Definitions:
  - **Delegator:** Grower who is delegating reporting duties to another grower.
  - **Deegee:** Grower who has been delegated reporting duties and reports on behalf of another grower.
- In order to delegate reporting duties, a grower must get consent from every patient the grower is producing for. A form has been created for this purpose and is attached. This consent is necessary because the deegee will be able to view patient names in a delegator's on-line account.
- A grower can only delegate reporting duties to an individual who is a grower at the same address.
- A delegator and deegee must receive permission from OMMP before the deegee may report on the delegator's behalf.
- Once OMMP has granted permission to a deegee to report on behalf of a delegator, OMMP will provide the deegee with instructions for how to create an on-line account through which he or she can report.
- If a deegee fails to report or submits false or misleading information:
  - That individual may have his or her grower card suspended or revoked; and
  - The delegation is void and the delegator must report the missing information to OMMP within 10 business days of being informed by the OMMP of the failure to report.



**Oregon Medical Marijuana Program**

PO Box 14450, Portland, OR 97293-0450

Phone: (971) 673-1234

[www.healthoregon.org/ommp](http://www.healthoregon.org/ommp)

<b>GROWER DELEGATING REPORTING AUTHORITY (DELEGATOR)</b>			
Name (first, middle initial, last):			
Date of birth (MM/DD/YYYY):     /     /	Phone: (     )		
Mailing address:			
City:	State:	Zip:	County:
E-mail address:			
Government issued photo ID # ( <i>enclose copy</i> ):			
OMMP grower card #:			
Physical Grow Site Address:			
City:	Zip:	County:	
Name of patients grower is growing for at this grow site and the patient's OMMP card number:			
1. Name _____	Card No. _____	<input type="checkbox"/> consent attached	
2. Name _____	Card No. _____	<input type="checkbox"/> consent attached	
3. Name _____	Card No. _____	<input type="checkbox"/> consent attached	
4. Name _____	Card No. _____	<input type="checkbox"/> consent attached	
<b>Delegation and Attestation:</b>			
<ul style="list-style-type: none"> <li>• By signing my name below I delegate my duty to report production information for this grow site as required by ORS 475B.423 and OAR 333-008-0630, to _____.</li> <li>• I understand that I still must report for other patients I am producing marijuana for at any other grow site location.</li> <li>• I attest that I have provided notice to and received consent for this delegation from the patients for whom I am producing marijuana.</li> <li>• I understand that if the person reporting on my behalf fails to report in accordance with ORS 475B.423 and OAR 333-008-0630, or submits false or misleading information, the delegation will be void and I will be required to report the required information.</li> </ul>			
Grower signature:			Date:
Printed name:			



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**GROWER BEING DELEGATED AUTHORITY TO REPORT (DELEGEE)**

Name (first, middle initial, last):

Date of birth (MM/DD/YYYY):     /     /

Phone: (     )

Mailing address:

City:

State:

Zip:

County:

E-mail address:

Government issued photo ID # (*enclose copy*):

OMMP grower card #:

Physical Grow Site Address:

City:

Zip:

County:

**Acceptance of Delegation and Acknowledgment of Duties:**

- By signing my name below I accept the delegation of authority to report production information for this grower at this grow site address, as required by ORS 475B.423 and OAR 333-008-0630, from \_\_\_\_\_.
- I acknowledge that I must, on behalf of the grower that delegated authority to me, submit the information required to be submitted in OAR 333-008-0630(3), by the 10<sup>th</sup> of each month.
- I acknowledge that if I fail to report in accordance with ORS 475B.423 and OAR 333-008-0630, or submit false or misleading information, the delegation will be void and my grower registration for each patient may be suspended or revoked.

Grower signature:

Date:

Printed name:



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**Patient Authorization for Release of Information**  
(Grower delegation of duty to report)

I am a medical marijuana patient, OMMP card no. \_\_\_\_\_.

I have designated \_\_\_\_\_ as my medical marijuana grower.

I understand that my grower wishes to delegate the authority to report grow site production information, required under ORS 475B.423 and OAR 333-008-0630, to \_\_\_\_\_.

I understand that the individual to whom my grower wants to delegate reporting duties will:

- Have access to my name
- Will know that I am a medical marijuana patient
- Will know how much marijuana is being provided to me each month

I consent to the disclosure of my name, my status as a medical marijuana patient, and information related to how much marijuana I receive each month, to \_\_\_\_\_, for the purpose of having this individual report grow site production information under ORS 475B.423 and OAR 333-008-0630.

This consent is valid until my current OMMP card expires.

I understand that I can revoke this consent at any time by contacting OMMP at \_\_\_\_\_.

Printed Name:

Signature:

Date: