



# American Drug Testing

*Drug-Free Workplace Programs*

111 Magnolia St, Walterboro, SC 29488  
(843) 747-4111 or (843) 549-4357; Fax (843) 549-7441

## DRUG TEST AUTHORIZATION FORM

& Consent to Disclose Alcohol and Drug Test Results (Conforms to 42 CFR Part 2, Subpart B, Sec. 2.31)

Authorized by: **Rusty Sitton**

Phone: **704-731-2050**

# Collector, FAX to (843)549-7441

## Please fax this & Chain of Custody & mail back both

I, (name of patient) \_\_\_\_\_ SS#: \_\_\_\_\_

understand that American Drug Testing will disclose my drug test process and results to:

**AUTOBELL STORE #** <-Fill in Store number\_\_\_\_\_ the lab, and MRO (Doctor)

(name or title of the person or organization to which disclosure is to be made)

Date: \_\_\_/\_\_\_/\_\_\_ Appt Date & Time: \_\_\_\_\_

Reason:  Pre-Employment  Random  Post-Accident  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Your company's Drug Free Workplace policy requires you to provide a specimen to be tested for drugs, and/or alcohol. **Please do not place anything in your mouth until after the test is completed— including cigarette smoking. If you have mints, tobacco, chewing gum, etc, in your mouth, discard them now and rinse your mouth with water.** If you cannot provide urine, start drinking fluids **NOW**. You must read, understand, and sign this form to be tested, and **show a photo ID (driver's license) or have your identity verified by the company manager.** Below, list all drugs you are currently taking or have taken within the past 90 days, including any over-the-counter cough and cold medicines (**If you are not on medicines write "NONE" below**). For **prescription** drugs, write the prescription number and pharmacy name/phone number (see label on prescription bottle). If you don't have the bottle, provide as much information as you can recall (information is confidential and used only to rule out interferences with the test). Leave coats, hats, etc. outside restroom (keep wallet and money with you).

Name of medicine or drug	Prescription Number	Pharmacy Name/Phone and/or (Doctor Name/Phone)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the urine/saliva/hair specimen provided will be mine, freshly provided, voluntarily for drug testing. I will not add anything or tamper with the specimen or container. I understand the rules and instructions and will follow them as required. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon termination of employment. **IMPORTANT! I understand that it's my responsibility to inform my supervisor or company manager if I am taking any medication or chemical substance that has the potential to impair my physical or mental abilities or ability to perform the requirements of my job** (your physician or pharmacist can inform you of the effects of any medication you are taking).

Signature of patient: **X** \_\_\_\_\_

### Confidentiality of Alcohol and Drug Abuse Patient Records

The confidentiality of alcohol and drug abuse patient records maintained by this program (by American Drug Testing) is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends (or drug tests with) the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

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