



CONSENT TO SUBMIT TO DRUG TESTING

As a part of program enrollment, I hereby agree to allow the Patty's Hope to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to release my test results to authorized Patty's Hope staff for appropriate review. Patty's Hope reserves the right to share the results of drug tests with parties who have a valid consent to exchange information on file.

I understand that the results of the drug testing of my urine, if confirmed positive, will incur disciplinary action outlined in Patty's Hope drug and alcohol client policy (Program Manual policy 3.1.7.1) and disciplinary policy (Program Manual policy 3.1.7.2). I also understand that if I refuse to consent, I may be discharged from the program.

Further, I understand that if enrolled in Patty's Hope, I must abide by the terms of the Patty's Hope drug and alcohol client policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of enrollment with the Patty's Hope, and disciplinary action, up to and including discharge, may result if (1) I refuse to consent to such testing; (2) I refuse to execute all forms of consent and releases of Liability as are usually and reasonably attendant to such examination; or (4) I otherwise violate the policy.

ACCEPT

I hereby consent to the administration of the drug tests and to the terms and conditions of the Consent Agreement.

Client Signature _____ Date _____

Client Name _____

Social Security Number _____

Witness' Signature _____ Date _____

Name of Witness _____

REFUSE

I hereby refuse the drug detection urine tests

Client Signature _____ Date _____

Client Name _____

Social Security Number _____

Witness' Signature _____ Date _____

Name of Witness _____