



Compassionatehands
LLC

Private Duty Home Care Agency

"care you can trust"

compassionate.handsvb@gmail.com

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, hereby give my consent to authorize my employer known as "Compassionatehands, LLC" to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

- Alcohol - Class A Drugs (heroin, cocaine, etc.) - Class B Drugs (cannabis, amphetamines, etc.) in my body through the use of urine, hair, blood, saliva, breath or any sample as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding.

My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I have the right to procure a re-test at a licensed laboratory of my choice, at my own expense, if and when I have a positive test for drugs. All re-tests must be provided to Compassionatehands, LLC within seven (7) working days of the receipt of the original positive test result.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, will result in a cessation of work assignments in accordance with any local, State, or Federal statute, regulation, and policy.

Employee Signature _____ **Print** _____

Driver's license or state issued ID number _____

Date _____