



CONSENT AND NOTICE OF RELEASE OF LIABILITY FOR CONTROLLED SUBSTANCE TESTING

APPLICANT / EMPLOYEE INFORMATION

LEGAL NAME (FIRST)

(MIDDLE)

(LAST)

CONSENT AND NOTICE OF RELEASE

I understand that as a condition of employment with the Mountain Area Health Education Center, Inc. (MAHEC), I may be required to submit a sample of my oral fluid and/or urine for chemical analysis as outlined in the Drug- and Alcohol-free Workplace Policy and/or Resident Employee Handbook. I understand that the collection of this sample may or may not be collected by my employer and that the analysis will be conducted by a certified laboratory. The purpose of this analysis is to check for the presence of substances of abuse, including but not limited to: amphetamines, barbiturates, benzodiazepines, buprenorphine, cocaine, marijuana (THC), methadone, methamphetamines, opiates, oxycodone, phencyclidine (PCP), and alcohol. In the event that the above substances are not available to be tested, the panel of drugs to be tested will be determined by the collection facility.

I hereby give permission for any certified laboratory to release the results of these tests to MAHEC. I consent freely and voluntarily to this request for oral fluid and/or urine specimen. I hereby release MAHEC from any liability arising from this request to furnish oral fluid and/or urine samples, the testing of the oral fluid and/or urine samples and any decision made concerning my application for employment or ongoing employment which may be based in whole or in part upon the result of the test analysis. I also understand that if it is determined that the use of an illegal drug was the proximate cause of a workplace accident, that my Workers' Compensation claim may be denied.

I understand that the presence of any illegal drug/alcohol or abused controlled substances in my system may result in the denial of employment with MAHEC or the termination of that employment.

Additionally, I understand that the presence of any controlled substance in my system will require that a Medical Review Officer at a certified laboratory review the results to ensure that I have a valid prescription for the substance, and that I am taking the medication as prescribed by my treating physician. I understand that if both of the latter two conditions are not met by the Medical Review Officer that it may result in the denial of employment with MAHEC or the termination of that employment.

I further understand that employment with MAHEC may be conditioned upon my willingness to submit to and the results of periodic drug and/or alcohol testing required by the organization. Likewise, I understand that refusal to submit to or cooperate with any such testing may result in termination of my employment.

APPLICANT / EMPLOYEE SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE (if under 18)

DATE