

Form B. Consent to Drug and Alcohol Testing

I understand that TD Transitional Services LLC operates an alcohol and drug free house with zero tolerance for alcohol and drug use, and that drug and alcohol screening is a condition of living here.

I consent to the following, as set out in the Drug and Alcohol Testing Policy:

1. A drug and alcohol screen at admission, random screens during my residency, and a screen any time the House Manager has reason to believe I have used.
2. Collection of breath, saliva, or urine samples, observed by the House Manager where the Testing Policy requires observation.
3. Refusing a screen, failing to produce a sample, or tampering with or adulterating a sample being treated as a positive result.
4. A contested positive being handled under the Testing Policy, including confirmation testing.
5. My results being documented in my resident file and kept confidential under the Confidentiality Policy (RR-P07). Results are not disclosed outside the program without my written consent, except as federal law allows.

I understand that a positive result is handled under the Testing Policy and may result in discharge from the program.

Acknowledgment

I have read and understand this policy and agree to abide by it.

Resident signature: _____ Printed name: _____ Date: _____

House Manager, for TD Transitional Services LLC: _____ Date: _____