

DRUG TEST CONSENT FORM

Name:		Preceptor:	
Area of Training:		Department:	
Reason for Testing			
	Pre-Internship Testing	Pre-Clinical Rotation Testing	Random Testing
	Reasonable Suspicion Testing	Post-accident Testing	Follow-up Testing
	Other:		
Agreement for Consent			
<p>I consent to the taking of a blood/urine sample to be tested for alcohol and/or illegal substances. I authorize HCC Network, its agents, and employees to cooperate and assist in the taking of the urine sample. I authorize HCC Network selected drug testing facility to release the results of the urine test to HCC Network and its designated representative.</p> <p>I hereby release HCC Network and its employees, agents, and affiliated entities from all liabilities, medical claims, or expenses that may arise from such testing.</p> <p>I understand the results of any such test will constitute medical information and will remain confidential in accordance with Missouri state privacy law.</p> <p>Students who test positive for drugs and/or alcohol, are subject to disciplinary action(s), which could result in removal from HCC Network. A student who tests positive for drugs and/or alcohol will be asked to leave HCC Network premises until official results are sent out for confirmation, reviewed, and results are sent back to HCC Network. If results are positive the student, preceptors, and the University will be made aware and disciplinary action(s) will take place.</p>			
<i>Student Signature</i>			<i>Date</i>
Refusal to Consent			
<p>I understand that I shall be considered to be unfit for duty and asked to leave HCC Network until further notice due to refusal to consent to a drug and/or alcohol test that has been presented by HCC Network.</p> <p>Students who refuse to submit to drug and/or alcohol testing, will constitute a violation of HCC Network's Drug and Alcohol Testing policy. Refusal to submit will be considered a positive test result which subjects the student to disciplinary action(s). A student who refuses testing will be asked to leave the premises immediately until HCC Network's administrative team has had adequate time to further discuss the matter and determine a plan of action. If the option to return is presented to the student, the student is required to make the University aware of the situation and the steps needed to take to continue their training with HCC Network.</p> <p>The purpose of taking a blood/urine sample has been explained to me and I refuse to consent to giving the blood/urine sample. By refusing to take the drug and/or alcohol test under the conditions of the HCC Network Drug and Alcohol Testing policy and procedure that I may face disciplinary action up to removal from HCC Network.</p>			
<i>Student Signature</i>			<i>Date</i>
<i>Witness Signature (If student understands refusal to consent but refuses to sign)</i>			<i>Date</i>

IN HOUSE URINE DRUG TEST RESULTS

Abbreviation	Drug Name	Positive	Negative	Inconclusive	ng/ml
THC	Tetrahydrocannabinol				50
BUPG	Buprenorphine Glucuronide				10
BAR	Secobarbital				300
BZO	Oxazepam				300
MTD	Methadone				300
AMP	Amphetamine				500
OPI	Morphine				300
OXY	Oxycodone				100
MDMA	Methylenedioxymethamphetamine				500
COC	Benzoyllecgonine				150
PCP	Phencyclidine				25
PCP	Propoxyphene				300
MET	Methamphetamine				500

Drug Testing Acknowledgment and Agreement

I, _____ agree that I performed this drug and/or alcohol test and accurately recorded the results above. I in no way tampered or altered these results as witnessed by the signer below. I understand that by altering or tampering with this drug and/or alcohol test result that I may be subject to disciplinary action(s) up to and including permanent removal from HCC Network.

Provider Signature

Date

Witness Signature

Date