RIGHT ACCORD
Private Duty-Home Health Care
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DRUG TESTING AUTHORIZATION & CONSENT FORM
SMART SCREENS

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site, laboratory, and medical review officer (MRO) using the Smart Screens testing technology and services for the purpose of drug testing and data collection.

I authorize the individual performing the collection, collection site, laboratory, MRO, and Smart Screens to receive and disclose the results of my drug tests to the company that has requested I undergo drug testing.

I acknowledge that the drug test results may be utilized by the company that has requested I undergo drug testing to determine my eligibility for employment or continued employment, therewith, for insurance coverage determinations, or for any other reason that has been disclosed to me by such entity.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the individual performing the collection, collection site, laboratory, or MRO, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test and that the same shall be reported to the requesting company. I further acknowledge that a positive drug test may result in disciplinary action up to and including denial of employment or termination, if hired, a denial of insurance coverage, or any other negative repercussions that may arise related to the purpose of the testing.

I acknowledge that the collection and testing of specimens of my urine shall be facilitated using Smart Screens' state-of the- art hardware and software. I acknowledge that Smart Screens shall collect, process, and disclose my personal information, including the results of my drug test, in accordance with the Smart Screens Privacy Policy. This may include the provision of such information to my employer, potential employer, or a governmental agency involved in a legal proceeding or investigation connected with the test.

I further acknowledge and agree that while Smart Screens will only report to the requesting company the results of those tests specifically requested thereby, Smart Screens may also collect and test specimens of my urine for purposes unrelated to the initial request and may keep and compile such results into de-identified aggregate statistics or otherwise use and disclose the same for any purpose whatsoever (including commercial purposes) so long as such results are de-identified. In such an event, I shall not be authorized to receive a copy or notice of test purposes or results.

In addition, I hereby knowingly and voluntarily release and hold harmless the company that has requested I undergo drug testing, Smart Screens, the individual performing the collection, the collection site, the testing laboratory, MRO, and their respective officers, directors, employees, and agents from any and all claims, damages, losses, liabilities, costs, and expenses, including attorneys' fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law. This means that I will not sue or hold responsible such parties for any alleged harm to me that might result from the disclose of my test results of private information or from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug test or denial of insurance coverage, even if an error is made in the collection, administration, or analysis of the test or the reporting of the results.

I acknowledge that I have the right to receive a copy of this Drug Testing Authorization & Consent Form. I have read and understand the above Drug Testing Authorization & Consent Form in its entirety, and I agree that a copy of this document is as valid as the original. I have been told that if I have any questions about the test or the policy, they will be answered.

APPLICANT / EMPLOYEE:

Print Name: _____ SS #:_____

Signature: _____ Date:_____

WITNESS:

Print Name: _____

Signature: _____