RIGHT ACCORD
Private Duty-Home Health Care
3900 Clark Road Suite B5, Sarasota, FL 34233
941.366.0801 | www.rightaccordhealth.com

EMPLOYEE AGREEMENT AND CONSENT TO RANDOM DRUG AND/OR ALCOHOL TESTING

PURPOSE

To promote a healthy and safe work environment for employees and clients.

STATEMENT OF POLICY

1. The use of illegal drugs by employees, on or off duty, will not be tolerated.
2. No employee shall unlawfully:
   a. manufacture,
   b. distribute,
   c. dispense,
   d. possess,
   e. use, or
   f. be under the influence of a controlled substance while in the course and scope of employment.

I, _____, do hereby agree to submit to random urine drug/alcohol testing as part of Right Accord's requirements to help ensure the safety and well-being of the clients, students and/or coworkers. I understand that a representative from Right Accord could ask me to submit to such a test at any time and I am prepared to comply with such request(s). I understand and agree that if at any time I refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Right Accord and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Right Accord and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Right Accord to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I am aware that the results of these random drug/alcohol tests will be utilized to help determine my ability to provide a safe environment for my clients, students and/or coworkers.

I understand that only Right Accord representatives, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Right Accord, its company physician, and any testing laboratory Right Accord might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test.

This policy and authorization has been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered. Also, I understand that this agreement is valid for the entire duration of employment with Right Accord.

_____ _____

PRINT Employee Name **Date**

EMPLOYEE Signature	**Date**
Right Accord Representative	**Date**