

CONSENT TO PROVIDE A SPECIMEN FOR ON-SITE DRUG TESTING

On-Site Drug Testing is a chemical, biological, or other physical analysis of a specimen of bodily substance by program staff to determine the presence or absence of specified drugs of abuse or their metabolites and any possible associated quantification.

The purpose of on-site drug testing is solely to inform current therapeutic interventions.

On-site drug testing is not definitive and will not be used in place of validated testing from certified laboratories as a basis for decision-making in circumstances where such validation is necessary.

Type of Specimen: <input type="checkbox"/> Urine Type of Test: <input type="checkbox"/> Chemical Strip Substances to be Testing For: <input type="checkbox"/> Alcohol (ETOH) <input type="checkbox"/> Amphetamine (AMP) (1000 ng/ml) <input type="checkbox"/> Barbiturates (BAR) (300 ng/ml) <input type="checkbox"/> Benzodiazepines (BZO) (300 ng/ml) <input type="checkbox"/> Bupenorphine (BUP) (10 ng/ml) <input type="checkbox"/> Cocaine (COC) (300 ng/ml) <input type="checkbox"/> Ecstasy (MDMA) (500 ng/ml)	<input type="checkbox"/> Saliva <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Marijuana (THC) (50 ng/ml) <input type="checkbox"/> Methadone (MTD) (300 ng/ml) <input type="checkbox"/> Methamphetamines (mAMP) (1000 ng/ml) <input type="checkbox"/> Opiates (OPI) (2000 ng/ml) (Morphine 300 ng/ml) <input type="checkbox"/> Oxycodone (OXY) (100 ng/ml) <input type="checkbox"/> Phencyclidine (PCP) (25 ng/ml)
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I recognize that this test is not guaranteed to be accurate. Neither refusal to Consent to this test, nor the results of the test, can be used as a sole basis for denial of mental health or substance abuse services.

I, the undersigned client, understand the above information and give permission to:

Name of Facility and/or Program or Unit and/or Employee Name

to obtain a specimen for onsite drug testing.

_____	_____
Signature of Client*	Date
_____	_____
Signature of Responsible Adult**	Relationship to Client
_____	_____
Date	Date

Client/Responsible Adult is unwilling to sign the Consent to Provide a Specimen for On-Site Drug Testing but is willing to consent to provide a specimen for on-site drug testing.

This consent was translated into _____ for the Client/Responsible Adult by _____

Language Name of Translator

Signature was given declined a copy of this Consent on _____ by _____

Date Initials

* A minor client receiving services under his/her own signature must have the signed Minor Consent and Consent for Service form on file in the clinical record.

** Responsible Adult = Guardian, Conservator, or Parent of minor when required.

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Name:	IS#:
Agency:	Provider #:
Los Angeles County – Department of Mental Health	

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