

Texas Tech University Health Sciences Center El Paso
Employee Consent and Release for Alcohol and Drug Testing

The Texas Tech University System, including the Texas Tech University Health Sciences Center El Paso (“TTUHSCEP”), is committed to providing a safe work environment for all employees, faculty and residents, hereinafter referred to as “employees”. If employees are impaired due to the use of illegal drugs or alcohol, they can potentially become a safety hazard to themselves and others in the workplace. Therefore, in support of a drug-free workplace, TTUHSCEP provides for alcohol and illegal drug testing in the following situations.

Employee should indicate by initialing which situation is applicable.

_____ **Reasonable Suspicion.** I understand that my supervisor has reason to believe that I may be under the influence of and/or in possession of alcohol and/or illegal drugs in the workplace or while performing official duties.

_____ **Post-Accident or Injury.** I have been involved in an accident or injury in the workplace that requires an alcohol and/or illegal drug test under TTUHSCEP OP 70.39, **Drug-Free Workplace Policy**.

I UNDERSTAND that pursuant to TTUHSCEP OP 70.39, **Drug-Free Workplace Policy**, I am being asked to provide a breath, blood, urine, and/or hair sample (or other applicable sample) for testing to determine the presence of alcohol and/or illegal drugs in my system. I UNDERSTAND that TTUHSCEP will pay for the initial alcohol and/or illegal drug test. I AGREE that any costs incurred for any subsequent tests, such as a second opinion or retesting, will be my responsibility. However, if the initial test paid by TTUHSCEP returns positive, I may request and pay for a retest of the retained specimen, if any, and receive reimbursement if the retest is negative.

I VOLUNTARILY CONSENT TO and AUTHORIZE TTUHSCEP and its Regents, officers, agents, servants and employees (collectively referred to as “TTUHSCEP”), and/or physician(s) or testing provider(s) selected by TTUHSCEP, to obtain and test a breath, blood, urine, and/or hair sample from me and to disclose information relating to the specimen, such as test results, in any manner that TTUHSCEP and/or such physician(s) or testing provider(s) deem appropriate. This consent specifically includes, but is not limited to, authorization to release the test results and other information concerning the specimen to my supervisor, Program Director (if applicable), the Executive Director for Human Resources, a training site which requires such information as a condition to continued training, and/or any governmental entity involved in a legal proceeding or investigation related to such test.

I UNDERSTAND and AGREE that if at any time I refuse to submit to an alcohol and/or illegal drug test under TTUHSCEP OP 70.39, **Drug-Free Workplace Policy**, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate suspension from my position with TTUHSCEP and may be subject to further disciplinary action including, but not limited to, termination as an employee.

I HEREBY HOLD HARMLESS and RELEASE TTUHSCEP and any individual or entity responsible for alcohol and/or illegal drug testing from any and all claims, causes of action, damages or liability arising out of or relating to said alcohol and/or illegal drug testing, whether caused by the negligence of TTUHSCEP or otherwise. This release specifically includes, but is not limited to, all claims for injuries or damages arising out of or relating to the collection of specimens, the reliability of testing, the disclosure of test results and other information, any employment action taken as a result of such testing and/or test results, and for violation of any federal or state laws relative to defamation or invasion of privacy. The terms hereof shall also serve as a release on behalf of my personal representatives, estate, heirs, next of kin and assigns and may be pleaded as a bar to litigation.

I ACKNOWLEDGE and CERTIFY that I am at least 18 years of age, that I have access to TTUHSCEP OP 70.39, **Drug-Free Workplace Policy**, and that I have read this Consent and Release, understand its implications and agree to its terms.

Employee’s Printed Name and Signature [Indicate if refuses to sign]

Date

Supervisor’s Printed Name and Signature

Date