



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

CONSENT FOR DRUG SCREENING
AUTHORIZATION TO DISCLOSE DRUG TESTING RESULTS

Laboratory/Vendor: \_\_\_\_\_

Student ID#: \_\_\_\_\_ School/Program: \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Expected Rotation Dates: \_\_\_\_\_

Deadline to Have Tests Performed: \_\_\_\_\_

Send the drug screen results to: \_\_\_\_\_
(to be completed by the School):

Tests to be Performed (To be completed by the School):

- Substance Abuse Panel 9 (SAP-9) Urine Screen
Substance Abuse Panel 9 (SAP-9) Blood Screen
Substance Abuse Panel 10 (SAP-10) Urine Screen
Substance Abuse Panel 10 (SAP-10) Blood Screen
Other: \_\_\_\_\_

CONSENT TO DISCLOSURE: A copy of this signed and dated document will constitute consent for the laboratory stated above to release the original results of any drug screen to the persons/entities identified above.

RELEASE OF LIABILITY—PLEASE REVIEW CAREFULLY: I have read, understood and agree to the TTUHSCEP Working with Affiliated Entities-Student Drug Screenings Policy HSCEP OP 77.15. I hereby release TTUHSCEP, its Affiliated Entities, employees, agents, and TTUHSC Board of Regents, both individually and collectively, from any and all liability and/or causes of action for disclosing the information related to the drug screening(s) and for acting based on such information and/or reports. I understand and agree that should any legal action be taken as a result of this policy that confidentiality can no longer be maintained, and I expressly waive any right of confidentiality.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_