CONSENT FOR DRUG SCREEN

Name: ____________________________________  Client ID #: ______________

Program: [ ] Potentials [ ] Youth & Family Recovery  [ ] TASC (Juvenile)  [ ] TASC (Adult)  [ ] CRII  [ ] Other

[ ] I give my consent to LifeStream Behavioral Center to obtain a drug screen from me via saliva or breath as a
Initial diagnostic tool to further aid in my intervention/treatment.

[ ] I give my consent to LifeStream Behavioral Center to obtain a drug screen from me via urine as a diagnostic
Initial tool to further aid in my intervention/treatment.

At the discretion or option of LifeStream Behavioral Center, urine specimens will be obtained in the presence of a
staff member of the same gender to prevent falsification of this specimen. Urinalysis procedures shall follow
Federal urinalysis guidelines.

Urine specimens will be sent to the designated laboratory for analysis.

I am aware that a positive screen may result in action which may include increased level of care, termination of
services and if released by consent to my referral source possible legal consequences.

[ ] I agree to participate in a random (unscheduled) urine screening
Initial

I am aware I am to call #___________ on a daily basis. If I hear my issued number of _____ announced that day, I
have twenty-four (24) hours to report to my case manager/counselor and submit a urine screen.

Failure to comply with this agreement, by not submitting an unaltered urine sample with this twenty-four (24) hour
period, may effect my standing within the program, including possible discharge.

[ ] Results of the collection will be forwarded, provided authorization for the release has been obtained via Consent for
Initial Release of Confidential Information to the referring agency/person, i.e.

[ ] Probation  [ ] Court  [ ] Parent(s)  [ ] DCF  [ ] Other ________________________________

[ ] I understand that I will be expected to pay for the drug screening/urinalysis fees at the time of submission.
Initial

Drug Test - 6 Panel Mouthswab $40.00  Urine Drug Test – 1 Panel Dipstick $7.00
Drug Test - Mouthswab for Alcohol $5.00  Urine Drug Test – 1 Drug $15.00
Urine Drug Test – 2 Drugs $30.00  Urine Drug Test – 6 Panel Dip Stick $40.00
Urine Drug Test – Full Panel $50.00

Should I not be able to pay at the time of submission, the drug screening/urinalysis fee must be paid before receiving
further program services, such as group or individual sessions.

________________________________________  ____________________________  ____________________________
Service Recipient  Date  If Minor Parent/Guardian  Date

________________________________________  ____________________________
Witness  Date

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