

Premier Family Medicine Center, LLC

**AGREEMENT TO SUBMIT TO AN ALCOHOL AND/OR DRUG TEST
AND AUTHORIZATION FOR THE RELEASE OF TEST RESULTS**

I have been requested by Dr. Kim P. Eubanks who is the owner of Premier Family Medicine Center, LLC to submit to an alcohol and/or drug test.

I have been informed and I understand that my agreement to submit to the requested alcohol and/or drug test is completely voluntary on my part and that I have the right to refuse to submit to the test(s). I am aware and have been told that my refusal to submit to the tests will make me ineligible to be considered for employment at the above-named facility, or if I am currently employed, may be grounds for disciplinary action against me up to and including termination/expulsion. I am aware that if I refuse to submit to drug screening or if my test is positive, I will be disqualified for employment or appointment. Additionally, a prospective employee who intentionally tampers with the sample, the chain of custody (COC), identification procedures, or test results may be disqualified from employment as well.

I have been informed and am aware that the results of the results of the alcohol and/or drug test(s) may be protected by confidentiality requirements for alcohol and drug patient records under federal or state laws and regulations. Therefore, I voluntarily agree to the below stated release of the test results.

I, _____ (please print), authorize the testing company to disclose the results of the test(s) to the above-named entity and/or their designee for the purpose of determining the appropriateness of my eligibility for continued employment application/employment.

I also understand that withdrawal of this permission prior to, or at any time after, the release of the results of the alcohol and/or drug test to the above named individual(s) is grounds for terminating my employment/enrollment.

Daytime Phone # _____	Evening Phone # _____
Date of Birth _____	Social Security # _____
Street Address _____	
City, State, Zip Code _____	
Signature: _____	Date: _____
Witness Signature: _____	Date: _____