



DRUG AND ALCOHOL TESTING CONSENT (For use with non-DOT testing)

My prospective/current employer or attorney has requested, and I agree, to submit to a test of my urine, and/or breath, and/or blood, and/or hair to identify the presence of legal and illegal drugs and/or alcohol. This/These specimen(s) will be obtained by the staff at *Texas MedClinic*, and will identify the presence of prescription, non-prescription and "street" drugs, and/or alcohol in my system.

I understand that I have the right to confidentiality in regard to the results obtained from this/these test(s); however, I agree to allow my prospective/current employer, and/or his representative(s)*, and/or the attorney whose name is listed below to be furnished the results of this/these test(s) as well as any medical information obtained that could result in a safety risk to myself or others, and agree to fully release *Texas MedClinic*, its physicians, employees and/or agents from any and all liability from any adverse outcome that may arise by the release of such information. I hereby further agree to waive any physician-patient privilege that may otherwise exist with respect to the relationship between Texas MedClinic, and myself and thereby the confidentiality of the results of this/these test(s).

I acknowledge and agree that I will not drive a motor vehicle, perform safety sensitive duties, or operate heavy equipment if the results of my breath alcohol test (if applicable) are greater than 0.020 today.

** I also agree to allow my parent/guardian to be furnished the results of this/these test(s) if I am a minor.*

NOTE: Purses, handbags, coats and outer garments will not be allowed into the collection restroom area. For security purposes, please take these items to your car.

Business Office TEL: (210) 349-5577 / FAX: (210) 349-5666 Billing Office TEL: (210) 349-5592 / FAX: (210) 349-5628