

## REASONABLE SUSPICION TESTING

### ALLIANCE AUTHORIZATION FOR CONSENT TO DRUG AND ALCOHOL ANALYSIS AND AUTHORIZATION FOR RELEASE OF RESULTS FOR "REASONABLE SUSPICION TESTING"

I understand that I am now subject to drug and/or alcohol testing under the Drug-Free Alliance Program. I have previously received a copy of that Program and an explanation of my rights and duties under it. I am knowingly:

- agreeing to provide unaltered urine, breath, saliva or hair specimens and to cooperate in an approved collection site's normal procedures;
- authorizing the collection site to test my breath or saliva specimens for their alcohol concentration and to disclose my alcohol test results to the Administrator at ScreenSafe, Inc., the Member/Employee's Assistance Program, and the Medical Review Officer;
- authorizing the collection site to send my urine specimen to the Alliance's drug testing laboratory;
- authorizing the Alliance's lab(s) to analyze my urine specimens for adulteration, dilution and substitution, and for evidence I use amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates or PCP;
- authorizing the lab to disclose my test results (and related information) to the Alliance's Medical Review Officer; and
- authorizing the Medical Review Officer to disclose my test results (and related information) and cooperation or non-cooperation in testing and medical review to the Member/Employee's Assistance Program and the Administrator at ScreenSafe, Inc.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security /Union Card Number

\_\_\_\_\_  
Time

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

Please bring this form to the collection site. After it is signed, the Employer's designated representative must fax this form back to the Administrator at the number listed below.