

# Drug and Alcohol Screen Consent Form

## *Chances for Change*

THIS DOCUMENT IS A CONSENT FOR PROGRAM ASSESSMENT, RANDOM, OR REASONABLE SUSPICION DRUG AND ALCOHOL TEST SCREEN AND RELEASE COVENANT AGAINST FUTURE LAW SUIT AND INDEMNITY AGREEMENT

I hereby CONSENT to allow LabCorp, in conjunction with AMC, Inc., to take a specimen of my hair or urine and submit it for a program assessment, random, or reasonable suspicion drug and alcohol test screen. I FURTHER CONSENT to allow the above mentioned laboratory testing service to make the results of such screen available to Treatment Team of Chances for Change at Stay Designated Counseling Services operating under/or as, Stay Designated, Inc.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against Stay Designated, Inc., the laboratory testing service, their respective officers, agents, or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS Stay Designated, Inc. the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or separately, due to the results of such screen being made so available.

By signing this document I also understand that the results of the above mentioned drug and alcohol screen will be delivered directly to the Chances for Change Program Director and his Treatment Team. Such results are to be documented by the laboratory and Stay Designated, Inc., by *Specimen I.D. Number* only.

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Printed Name

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Date

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Signed Name

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Date