



ADOLESCENT DRUG TESTING AUTHORIZATION & CONSENT FORM

I, _____, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of _____ urine by Clinical Counseling and Consulting Services, PLLC (CCCS) for the purpose of drug testing.

I authorize CCCS to utilize the results of _____ drug tests for behavioral health and substance abuse assessment and treatment services.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of _____ urine by the CCCS, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test.

I further acknowledge that a positive drug test result will be noted in _____ patient record and in all behavioral health and substance abuse assessments and applicable clinical documentation.

In addition, I hereby knowingly and voluntarily release CCCS and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further acknowledge that I will have to sign a release of information in order for _____ drug results to be released to third-party individuals.

I acknowledge that I have the right to receive a copy of this authorization. I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Parent/Guardian's Signature Date

Parent/Guardian 's Printed Name