



Drug Screen Consent

Company Name: _____ Date: _____

Patient Name: _____ DOB: _____

Patient Phone: _____ Social Security Number _____ - _____ - _____

Patient Address: _____

City: _____ State: _____ Zip: _____

I, _____, understand that a urine drug screen determine is a prerequisite for employment/truck driver certification. I understand that it is due to the company's interesting in selecting the best available candidates for employment/truck driver certification and their dedication to providing a safe and productive work place that they may have chosen o include the urine testing of drugs as a mandatory part of the pre-employment/truck driver certification physical examination.

A drug screen may be required at pre-employment, random, for reasonable case, post accident, return to duty, follow-up testing, and according to the company policy. A drug screen may also be preformed for personal reasons.

I understand that these are done under stringent laboratory conditions in order to assure their accuracy.

I understand the test will be done for some prescription and some non-prescription medications as well as for illegal street drugs (DOT drug screens are limited to testing for five drugs).

I have read the foregoing information and understand it completely. I do hereby give consent for a drug screen and the submission of my urine sample testing by the lab chosen by the company or by requesting entity. Further, I agree that the laboratory may release any and all information concerning these results to the appropriate medical review office if so mandated or to the designated representative in other circumstances.

Release of Liability: I, the undersigned, hereby release Southern Immediate Care, the physicians, mid-level providers, and other staff of Southern Immediate Care from any liability or responsibility, as the results, or the continuity of possession of the urine drug screen and urine sample. I certify by my signature below that I understand the above and that I am not under the influence of any substance that would prevent me from understanding the above waiver and release.

This is to certify that I understand and grant my permission that these drug screen results, and or copies of my medical records or portions thereof, or copies of diagnostic reports made by Southern Immediate Care will go to:

_____ Time In _____ Time Out _____

Company Name/Requesting Party Signed _____ Date _____

Witness _____ Date _____

Type of UDS:

- | | | | |
|---|---|--|---------------------------------------|
| ☐ Random | ☐ Pre-employment | ☐ Post-Accident | ☐ Other: _____ |
| ☐ Reasonable Suspicion | ☐ Periodic | ☐ Observed | _____ |
| ☐ DOT | ☐ Non—DOT | ☐ Random | |

Corporate Address:

PO Box 608
Helena, AL 35080
205-409-2794
www.southernimmediatecare.com

Alabama Comp

114 Wildwood Pkwy
Homewood, AL 35209
205-876-2667
Monday – Thursday: 8 am to 4 pm
Friday: 8 am to 3:30 pm

Anniston

4100 McClellan Blvd
Anniston, AL 36201
FAX: 256-235-2277
Monday – Sunday: 8 am to 8 pm

Attalla

956 Gilbert Ferry RD SE
Attalla, AL 35954
FAX: 256-344-0080
Monday – Friday: 8 am to 6 pm
Saturday – Sunday: 8 am to 2 pm

Forestdale

1664 Forestdale Blvd
Birmingham, AL 35214
FAX: 205-900-7961
Monday – Friday: 8 am to 7 pm
Saturday – Sunday: 10 am to 3 pm

Heflin

150 Tompkins Street
Heflin, AL 35264
FAX: 256-403-1721
Monday – Friday: 8 am to 5 pm
Saturday – Sunday: 9 am to 1 pm

Helena

225 Helena Marketplace
Helena, AL 35080
FAX: 205-974-4560
Monday – Friday: 8 am to 7 pm
Saturday – Sunday: 9 am to 5 pm

Homewood

1944 28th Ave South
Homewood, AL 35209
FAX: 205-545-4725
Monday – Friday: 8 am to 7 pm
Saturday – Sunday: 9 am to 5 pm

Lakeshore

2874 Lakeshore Pkwy
Birmingham, AL 35211
FAX: 205-396-2898
Monday – Friday: 8 am to 7 pm
Saturday – Sunday 10 am – 3 pm

Stringfellow

324 East 19th Street, Suite 201
Anniston, AL 36207
FAX: 256-954-9501
Monday – Sunday: 12 pm to 10 pm

Valleydale

4500 Valleydale Rd
Birmingham, AL 35242
FAX: 205-618-9544
Monday – Friday: 8 am - 7 pm
Saturday – Sunday: 10 am – 3 pm