DRUG AND ALCOHOL SCREENING CONSENT

Applicant and employee authorization

This consent supplements, but does not replace, any notice required by the North Carolina Controlled Substance Examination Regulation Act or other applicable law. Huff Consulting should provide the current official North Carolina initial notice when a test is scheduled.

Purpose and Scope

Certain positions or client assignments may require controlled-substance or alcohol screening as a condition of placement, assignment, continued assignment, return to work, or employment. Testing may be required for reasons permitted by applicable law and company or client policy, including pre-employment, post-accident, reasonable suspicion, random testing, return-to-duty, or follow-up testing.

Consent

I voluntarily authorize the collection and testing of an appropriate specimen by an approved collection site, laboratory, medical review officer, or other authorized provider. I authorize the provider to release the test result and related status information to Huff Consulting and, when permitted and necessary for the assignment, to the client company or other authorized party.

I understand that I may refuse a test; however, refusal, failure to report, failure to cooperate, adulteration or substitution of a specimen, or a result that does not satisfy applicable requirements may affect my eligibility for employment, placement, assignment, or continued employment, subject to applicable law.

I understand that test results and related medical information will be treated as confidential and disclosed only as permitted or required by law and for legitimate employment or safety purposes.

I understand that prescription and over-the-counter medications may affect test interpretation. I should provide medication information only to the authorized testing provider or medical review officer, not on the general employment application or to an unauthorized client supervisor.

Applicant/Employee Information

Legal name: _____	Phone: _____
Position/assignment: _____	Client/worksite: _____
Type of test, if known: [ ] Pre-employment [ ] Post-accident [ ] Reasonable suspicion [ ] Random [ ] Other: _____	

Acknowledgment

I acknowledge that I received or will receive any legally required testing notice and information concerning my rights, responsibilities, and any available confirmation or retesting procedures. I have had an opportunity to ask questions before signing.

Applicant/Employee Signature: _____	Date: _____
Huff Representative: _____	Date/Time: _____

Collection site/provider: _____ Scheduled date/time: _____