

SUBSTANCE ABUSE REHABILITATION PROGRAM
VOLUNTARY CONSENT TO DRUG AND ALCOHOL TESTING

To ensure patient safety and accurately assess patient needs, SARP _____ requires accurate information about the use of drugs and alcohol for those eligible beneficiaries receiving services at our facility.

I, _____ voluntarily consent to, and authorize the treatment staff at SARP, _____ to collect and conduct drug and alcohol testing while receiving services at this facility.

I further understand that drug and alcohol test results may be used for any purpose, including disciplinary action and characterization of service in separation proceedings. I also understand I have the right to decline to provide a voluntary sample for drug and alcohol testing under voluntary consent rules.

Name _____ SSN _____

Signature _____ Date _____

Staff Name _____

Signature _____ Date _____

Patient Name	Rank/Grade	Sex
SSN/Identification Number	Status	Date of Birth
Branch of Service	Organization	
Sponsor's Name	Relationship to Sponsor	