

Description: This form can be used to obtain consent for drug testing. The form should be modified to fit the needs of the individual therapist or clinic. Words or phrases in red must be modified by the individual therapist.

We recommend that you add your letterhead or logo to this form including your contact information. Please remove the copyright information from the footer after this form is modified.

### **Drug Testing Consent Form**

I authorize (your name or agency) to take a urine sample for evidence of drug use. I agree to be tested for:

\_\_\_\_\_ Marijuana, Opiates, Cocaine, Methamphetamines, and Barbiturates

\_\_\_\_\_ Marijuana, Methamphetamines

Our office test results are highly dependable. However, due to the implications of a positive test, we recommend an independent re-evaluation when results of a test are positive. This step is a choice and is not mandatory.

I agree to the release of the drug test results to (check as appropriate):

\_\_\_\_\_ Results to Client Only

\_\_\_\_\_ Results to Parents/Spouse

\_\_\_\_\_ Results to Probation/Courts/Social Services

\_\_\_\_\_ Other (Please specify)\_\_\_\_\_

Please note: to provide the highest reliability of the test sample, a same-sex attendant will visually monitor the taking of the urine sample.

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Signature of Client/Patient

Date

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Signature of Parent/Guardian

Date