

## Drug Testing Consent

I hereby consent to allow Deland Medical Wellness Center to take a specimen of my urine and submit it to a laboratory testing service for a pre-employment, random, monthly or reasonable suspicion drug test.

I further consent to allow the laboratory testing service to make the results of the drug test available to Deland Medical Wellness Center and give them permission to share my results.

I understand that *[where allowed by state law]* positive test results, refusal to be tested or any attempt to alter the test results or test sample will result in withdrawal of my treatment/pre-employment testing.

I agree to hold harmless and release from all claims to Deland Medical Wellness Center and its agents from any liability arising in whole or part out of the collection of specimens, testing and the appropriate use of the information from such testing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_