

New Connections Ministries & Liberty House

Drug Testing Consent Form

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I, _____ (clients name), understand that as a condition of my participation in the programs offered by New Connections Ministries & Liberty House, I am required to comply with the organizations drug testing policy.

I acknowledge and agree to the following:

- 1) Testing Authorization:** I authorize New Connections Ministries & Liberty House to conduct drug testing using urine, saliva, hair follicle, or breathalyzer samples.
- 2) Purpose of Testing:** I understand that drug testing is conducted to ensure a safe, drug-free environment to support my recovery process.
- 3) Random and Suspicion-Based Testing:** I agree to submit to testing upon entry into the program, on a random basis, and if there is reasonable suspicion of drug use.
- 4) Consequences of Positive Test Results:** I understand that a positive test may result in additional counselling sessions, increased frequency testing, or possible suspension or termination from the program.
- 5) Confidentiality:** I acknowledge that my test results will be kept confidential and shared only with relevant staff members on a need-to-know basis. Results will not be disclosed to third parties without my written consent, except as required by law.
- 6) Right to Appeal:** I understand that I have a right to request a retest or challenge a positive test result at the time of the results being presented.
- 7) Refusal to Test:** I acknowledge that refusal to consent to testing or to provide a sample when requested may result in disciplinary action, including possible dismissal from the program.

By signing below, I confirm that I have read, understand, and agree to the terms outlined in the New Connections Ministries and Liberty House Drug Testing Policy.

Clients Signature: _____

Date: _____

Witness's Signature: _____

Date: _____