

# Hamilton County Drug Recovery Court

## CONSENT FOR DRUG SCREENS TO DETECT SUBSTANCE USE

**Voluntary Nature of Program:** I understand that my participation in the Hamilton County Drug Recovery Court program is voluntary.

**My Agreement to Submit to Drug Screens:** I also understand that a condition of my voluntary participation in the Drug Recovery Court program is that I submit to drug tests or screens. I understand that such screens may seek to determine substance use through testing of saliva, breath, urine, blood, hair, or perspiration, among other things.

**My Waiver of Constitutional Rights:** I understand that I have a constitutional right to be free from unreasonable searches, and I understand that drug screens may constitute such a “search.” However, I fully consent and agree to submit to such drug screens, even without probable cause or any level of suspicion to believe that I have used unlawful substances.

**My Other Medications:** I understand that some prescription and over-the-counter medications, along with other items, may cause a positive screen. The use of prescription medications which may cause a positive test must be verified through my physician. I must inform the Hamilton County Drug Recovery Court that I am taking these medications **BEFORE** taking the drug test.

These medications can include, but are not limited to, antihistamines; decongestants; bronchodilator medication; medications for emotional disorders, such as for depression, psychosis, or anxiety. These medications can also include prescription and over-the-counter medications for pain and headaches; irregular heartbeat; cold, flu, cough, and allergies; ulcer and stomach problems; diarrhea, nausea and vomiting; sleeping problems; blood pressure; Parkinson’s disease; arthritis; cortisone/steroid preparations; diuretics; weight loss drugs; local anesthetics; antibiotics; and/or eye drops.

**If I Do Not Submit to a Drug Screen:** I understand that I am subject to sanction or removal from the Drug Recovery Court program if I do not (1) report for a drug screen; (2) submit to a drug screen; or (3) provide a valid sample for testing. I understand that it is my responsibility to make arrangements to report for drug screens when I am directed to do so.

**My Ability to Challenge Positive Results:** I understand that I may challenge positive results from any drug screen. I also understand that I may be required to pay for any independent lab analysis if that separate analysis confirms a positive screen.

**My Consent:** Based upon these understandings, I consent to being tested for substance use while participating in the Hamilton County Drug Recovery Court program.

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Participant Signature

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Date