



## Authorization for Release of Medical Record Information

I, \_\_\_\_\_, hereby consent to provide a specimen of my urine/oral fluid/hair for the purpose of drug and/or alcohol testing. I understand the collection will be performed by a trained professional following all applicable DOT or Non-DOT procedures.

I authorize the release of test results to my employer or requesting agency.

I understand that refusal to test, tampering, or non-compliance may be treated as a positive result or refusal to test.

I release BC SECURE SOLUTIONS, its agents, and affiliated labs from any liability resulting from the collection and testing process, provided proper procedures are followed.

### 1. Donor Information

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

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### 2. Information to Be Released

I hereby authorize BC Secure Solutions to disclose to:

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### The following information may be released:

Urine      Oral Fluid      Hair      DOT      Non-DOT

Other (specify): \_\_\_\_\_

### 3. Purpose of Release

Employment/Workplace Testing      Legal/Attorney Use      Personal Use

Other (specify): \_\_\_\_\_



**4. Expiration**

This authorization will expire on: \_\_\_\_\_ or six months from the date signed, unless otherwise revoked in writing to [info@bcsecuresolutions.com](mailto:info@bcsecuresolutions.com).

**5. Acknowledgment**

**I understand that:**

**\*I may revoke this authorization in writing at any time, except to the extent action has already been taken.**

**\*Information disclosed may no longer be protected by HIPAA once released.**

**\*This authorization specifically permits consent to the release of federally protected drug and alcohol testing records as governed by 42 CFR Part 2 (if applicable) and DOT regulations (49 CFR Part 40).**

**6. Signature**

Patient/Authorized Representative Name: \_\_\_\_\_

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

Relationship (if not patient): \_\_\_\_\_

Witness (if required): \_\_\_\_\_