

CONSENT TO DRUG TESTING

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Made From: Person/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent and agree to have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Parent(s)/Legal Guardian(s) client name

Sumbit to drug testing conducted by Reach Beyond Alcohol and Drug Treatment Program, Reach Beyond 1395 Cambridge Dr. Idaho Falls, ID 83401.

The above signatures designate agreement to levels of testing listed below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Random- given anytime without notice. |  | Follow-Up- additional tests with notice |
|  | Scheduled- given with notice/court order/referral. |  | Site Test- a UA test given on site/location |
|  | Split Testing- collected specimen will be tested, with a positive, the specimen will be split, half the specimen will be sent to a lab for verification, the other half of the original tested specimen will be submitted to local law enforcement. |  | Reasonable Suspicion- when an individual is suspected of using, testing will result in testing without advanced notice. |

In accordance with the Reach Beyond Alcohol and Drug Treatment Program Policies and Procedures, I understand that all information, and records are protected under the Federal Regulation, 42 CFR Part 2, Governing Confidentiality of Alcohol/Drug Abuse Patient Records, shall not be disclosed without my written authorization unless otherwise provided for in the regulations to insure the rights of the client are protected and the Reach Beyond Alcohol and Drug Treatment Program is protected legally by carrying out the procedure according to legal specifications.

I have read and understand the contents of this “Drug Testing Consent” form.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Legal Guardian(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

HIPPA MODULE CHANGES TO THERASCRIBE 4.0 SCREENS & PANELS

1. Screen: HOME and WILET SITE—Links to customizable forms for the provider to use within her/her practice are added to the Home screen. Seven forms will be available for download from the Wiley web site. The provider may customize each of these forms by adding the name of his/her practice and other unique information. The forms will be in WORD format. The following forms will be available: Patient Disclosure Authorization, Patient Request for Amendment to PHI, Disclosure Tracking Form, HIPAA Rights Information, Patient Request for Disclosure History, Patient Request to Inspect or Copy PHI, Patient Request for Limiting PHI Disclosure.

2. Screen: HIPAA-PD—The program will record and print out a report of whether the patient was provided a PHI Privacy Notice, whether he/she signed the Acknowledgment of Privacy Notice, or whether a receipt of the Privacy Form was witnessed. This is recorded on the HIPAA tab screen in the Personal Data section.

Associated Online Form: Notice of Policies and Practices

3. Screen: HIPAA-PD—The View Log function on the HIPAA tab screen in the Personal Data section records and displays the name of every user who gains access to the client record as well as the date and the screens that were viewed. The Comments field is Read Only and is filled if a group progress not has been copied into the record. This is added security protection.

4. Screen: HIPAA-PD—Disclosures of a patient’s PHI (Protected Health Information) are recorded and tracked on a new HIPAA tab screen within the Personal Data section of the program.

Associated Online Forms: Consent to Disclosure of Information

Patient Request of Accounting for Disclosures

Accounting for Disclosures

5. Screen: HIPAA-PD—A patient’s requests for amendments to his/her PHI are stored and tracked under the new HIPAA tab screen in the Personal Data section of the program

Associate Online Form: Request of Amendment to PHI

6. Screen: REPORTS—A new Session Data report is now available to be printed within the Reports section of the program. This report itemizes the factual data regarding the psychotherapy session such as session number, date, start time, end time, provider, patient diagnosis, session progress rating.

7. Screen: REPORTS—The Reports section of the program allows the user to print three new sub reports: Requested Amendments, Disclosure Authorization, and Session Data. The user may check any of these three options from the View Report Sections or the Report Layouts within the Reports section of the program.

8. Screen: REPORTS—The Session Date Filter feature has been added to allow Progress Notes to be printed within a selected date range. This feature has been optionally available at additional cost previously but will now be included in the HIPPA module.

9. Screen: REPORTS—New reports may be created or designed only by the Administrator. These reports are created in the Clinical Record Reports tab in the Reports section of the program. This limits those who are able to create a report that could possibly be designed to include Progress Note Detail information.