

## **RUSH SERVICING LLC**

### **Drug- and Alcohol-Free Workplace Acknowledgment Form**

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

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

At RUSH Servicing LLC ("RUSH"), we are committed to ensuring a safe, professional, and high-quality healthcare environment for both our patients and our healthcare professionals. To support this mission, we require all independent contractors to agree to and abide by a drug- and alcohol-free workplace policy.

#### **Policy Statement**

1. Abstain from the use, possession, distribution, or sale of illegal drugs, controlled substances (without a prescription), or alcohol while performing services on behalf of RUSH, whether at a patient's home, a partner facility, or during any virtual encounters.
2. Report to duty in a physical and mental state fit for providing care. Providers must not be under the influence of drugs or alcohol during any professional interaction related to their role with RUSH.
3. Understand that RUSH maintains zero tolerance for drug or alcohol use in connection with service delivery. Any violation of this policy may result in immediate termination of the provider's contract and may be reported to relevant licensing boards or authorities.
4. Submit to reasonable investigation or review if there is suspicion or evidence of impairment while on assignment, in accordance with applicable law.
5. Comply with all state and federal laws regarding controlled substances, drug use, and professional conduct.

#### **Acknowledgment and Agreement**

By signing below, I acknowledge that I have read, understand, and agree to comply with the RUSH Servicing LLC Drug- and Alcohol-Free Workplace Policy. I understand that failure to adhere to this policy may result in disciplinary action, including immediate termination of my contract and possible legal or professional consequences.

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

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

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