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**Template Drug and Alcohol Screening Record Form**

**Resident Information:**

Resident's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identifier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Screening (Initial, Reasonable Suspicion, Additional, etc.):

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

**Screening Results:**

Alcohol Test Result (if applicable):

Negative

Positive

Illicit Drug Test Result (if applicable):

Negative

Positive

What substances were revealed?

Observations and Notes (if applicable):

Staff Member Conducting the Screening:

Staff Member's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Resident's Acknowledgment:

I, the undersigned resident of [Recovery Home Name], acknowledge that I have been subject to a drug and alcohol screening on the date mentioned above. I understand that the results of this screening will be kept confidential in accordance with the house’s policies. Results may be shared with those who Recovery Home Name is legally required to share information with and those who I have signed a release of information for. Results are used for the purpose of maintaining a safe and supportive recovery environment.

Resident's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Refusal to Participate in Screening**

I, the undersigned resident of Recovery Home Name],acknowledge that I have been requested to participate in a required drug and/or alcohol screening on the date listed above. I have chosen not to participate in this screening. I have the option to state my reasons for choosing not to participate below. I understand that this will result in Recovery Home Name] implementing the process outlined in the Resident Illicit Drug and Alcohol Screening Policy.

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

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

Reason for Test Refusal(optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Privacy and Confidentiality:

All screening results and related information will be kept confidential and secure in accordance with [Recovery Home Name]'s policies and applicable laws and regulations. Access to this information is limited to authorized personnel only.

Please retain this record in a secure location and in accordance with [Recovery Home Name]'s record retention policy.