**All Requests for Access to edit this template will be denied so the template can be used by others.**

**To get an editable copy to use click “File” and “Download”.**

This document is a template.

Any templates, tools or other materials and documents are provided for informational purposes only and is not a substitute for professional or legal advice. It is intended to be a general guide and may not cover all legal requirements or considerations relevant to your specific situation.

The use of such Documents and Tools are entirely at your own risk.

Before using or relying on any such document or tool, it is strongly recommended that you consult with a qualified attorney or legal expert to ensure that it is appropriate for your particular needs and complies with all applicable laws and regulations.

The creators and providers of the documents or tools make no representations or warranties, express or implied, about the accuracy, completeness, or adequacy of the information contained herein. The documents and tools is provided "as is" and without any warranty of any kind, including but not limited to the warranties of merchantability, fitness for a particular purpose, or non-infringement.

In no event shall the creators and providers of such documents or tools be liable for any damages, including without limitation, direct, indirect, incidental, special, consequential, or punitive damages, arising out of the use or inability to use the documents or tools.

By using the documents and tools, you acknowledge and agree that you have read, understood, and accepted the terms of this disclaimer. If you do not agree with these terms, you should not use the document and/or tools and should seek legal advice from a qualified attorney for your specific needs.

Please note that laws and regulations may vary by jurisdiction, and the document and tools provided may not be suitable for all situations. It is your responsibility to ensure compliance with all relevant laws and seek legal counsel as needed.

**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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.