Phoenix House Florida

CONSENT FOR URINALYSIS/BREATH/SALIVA TEST

PHOENIX HOUSE
FLORIDA

FL 33511

Client Details:

Client Name:
Client DOB:
Client ID:

Consent for Urinalysis/Breath/Saliva Test	
Consent for Urinalysis/Breath/Saliva Test Florida Programs	
Date:	
PH Service Site:	
Client Name:	
Client ID:	
I,	
hereby agree, upon demand, to provide urine/breath/saliva samples for analysis so long as I am a client of PHOENIX HOUSE and/or in aftercare. I understand that the results will be utilized as a clinical tool for the purposes of diagnosis, evaluation and reporting. I understand that refusal to submit to a request for a urine/breath/saliva sample is cause for dismissal from the program and/or aftercare.	

Only complete below for manual signatures

Signature of Client

_____

Date _____

Signature of Parent/Guardian (If Required)

_____

Date_____

Signature of Staff Witness

_____

Date_____