FAMILY GUIDANCE CENTER OF WARREN COUNTY
SUBSTANCE USE DISORDER TREATMENT PROGRAM

AGREEMENT FOR URINE MONITORING

I hereby consent to participation in urine drug screening as part of my treatment with this agency. I agree to share my insurance and billing information with Clarity Laboratory to process the urine drug screening. Clarity Labs utilizes Innovative Lab Solutions, LLC to process its billing. Billing questions may be directed to: Innovative Lab Solutions 718-313-0549 Ext 102. I understand this agreement will be in effect until discharge.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ D.O.B.:_____give my permission to:

Family Guidance Center of Warren County 492 Rt 57 W, Washington, NJ 07882 (908) 689-1000

to release the following information for the sole purpose(s) of: My participation in Drug testing

to: Clarity Labs, 220 Davidson Ave, Suite 104, Somerset, NJ 08873 Tel: 732-595-5414

I understand that verbal or written information will be disclosed only for the purpose(s) noted above, and that the information released will be limited to the following items:

X	Drug Test Results	X	Billing Information
X	Insurance Information	X	Date of Service and choice of service (Tests)

I understand that my substance abuse treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 {"HIPAA"), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

I have been offered a copy of this release and __X__do /_____ do not want a copy.

This consent shall be in effect from _____ to Discharge from Treatment.

_____ _____

Witness Date Client Date

_____

Parent/Guardian of Minor Date

NOTICE: This information will be disclosed from records whose confidentiality is protected by Federal law. Federal regulations 42 CFR, Part 2 prohibit any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.