



INTEGRITY — VERIFICATIONS —

PERTINENT INFORMATION

DATE ____ / ____ / ____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL NO: () _____ EMAIL ADDRESS _____

D.O.B. ____ / ____ / ____ SOCIAL SECURITY NUMBER ____ / ____ / ____

BAR CODE #: _____

(If Applicable)

What company/organization/person are you taking this drug/alcohol screen for? _____

CONSENT FOR DRUG & ALCOHOL SCREENING

I hereby give my consent to Integrity Verifications to collect a urine, hair, breath or saliva sample from me to determine the presence of use of drugs and/or alcohol. I further consent to the release of my confidential test results to the entity or individual whose name I have written above.

X _____

Signature of Person Being Tested

HIPAA Statement

Health Information Privacy Policies & Procedures regulate our obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain as a Third Party Administrator for drug and alcohol testing.

We implement these Health Information Privacy Policies and Procedures as a matter of sound business practice; to protect the privacy and interests of our clients; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000)) ("Privacy Rules"), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to clients than the Privacy Rules

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