



San Mateo County Mental Health Services

URINE TOXICOLOGY SCREENING AGREEMENT

As part of assessment and treatment, when recommended by clinical staff, San Mateo County Mental Health Services provides for the collection of a urine sample, and for a laboratory analysis of its content of alcohol and other potentially toxic drug substances; use of a breathalyzer screen is also permitted.

- I have discussed my evaluation and treatment needs with a health care provider who has recommended urine toxicology and/or breathalyzer screening as part of my assessment/treatment.
- I understand the results of urine toxicology/breathalyzer screening will be shared with me and will be entered into my chart record.
- I understand that my mental health record is confidential and will not be shared except under the circumstances described in the Notice of Privacy Practices.
- I hereby agree to provide a urine sample/breathalyzer sample for screening when requested
- I reserve the right to refuse to provide a urine sample/breathalyzer sample for toxicology screening at any time.

This agreement is valid for a one-year period from the date it is signed, unless consent is withdrawn in writing.

Client Signature

Staff Signature

Date

Date

Client agrees but chooses not to sign;
see Progress Note.

Conservator/Guardian Signature

Date of Progress Note

Date