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| **Required Language for Toxicology Agreement**  **in Alignment with R95 Access to Care Expectations** |
| * Required Language – Noted in **BLUE** * Recommended Language – Noted in **BLACK** text and can be modified or omitted * Comments – Noted in ***ORANGE ITALICS*** text are clarification and are not for inclusion in the policy * To include additional provider agency-specific information not covered in the template, insert a new paragraph directly after the relevant block of required text. * Use provider agency specific headers / formats in accordance with your policy and procedure standards * This is not an exhaustive Toxicology Client Agreement, and any other County or State requirements need to be included in an agency’s final version, including additional guidance that aligns with the intent of the R95 Initiative.   *Note: Provider agencies may use “client” or “patient” depending on your standard language* |

**Client Toxicology (Drug Testing) Agreement**

**Purpose**

* Toxicology testing, or what you may know as drug testing or urinalysis, [is/may be] used by [provider agency name] to support your personalized substance use treatment plan and to help you talk with your counselor about any current substance use and triggers, your progress towards goals, and to connect you with harm reduction resources if needed. Testing is a clinical treatment tool, not a punishment.
* Choosing to test is encouraged and has clinical benefits, such as helping to tailor your treatment plan to your specific needs. If you test positive, this does NOT mean you will be automatically discharged but we will consider your other actions (refusal to participate, selling drugs, aggressive behaviors, etc.) in that decision.

**Testing Process:**

* [Provider agency name] follows a testing process that prioritizes safety, privacy, accuracy, respect, and trauma informed, culturally responsive client-centered care.
* You are encouraged to openly discuss any substance use that might lead to a positive test result with your counselor before you start the testing process. This helps build a trusting and collaborative relationship.
* [Provider agency name] may test for:
  + [List substances tested for by agency]
* Testing may occur [outline agency policy for testing frequency in easy-to-understand language (e.g., 8th grade reading level)]
* You can expect the testing process to follow these steps:
  + [Outline provider agency general testing process/steps in easy-to-understand language (e.g., 8th grade reading level)]

**Conduct Expectations**

* When you agree (consent) to testing, you agree to follow all testing requirements and will not try to falsify or tamper with test samples. These include:
  + [List agency expectations in easy-to-understand language (e.g., 8th grade reading level)]

**Results**

* You will be told your test result when it is available.
* If you have a positive test, staff will talk to you about the results, your treatment goals, if you need new supports or services, and if you want to change your treatment plan.
* If you refuse to submit a sample for testing, your refusal will be documented, and your treatment team will proceed as if your toxicology results were positive. This may include discussions about your need for new supports or services.
* If your results must by law be shared with another agency (e.g. DCFS, Probation), your treatment team will submit a report that summarizes your comprehensive treatment and recovery efforts. In addition to your toxicology result, this may include your engagement and progress towards your treatment goals. The toxicology result is only a piece of your recovery story.

**Your Rights**

* You will only be tested after you voluntarily sign this Client Toxicology Agreement.
* You have the right to change your mind at any time before sample collection starts.
* You can talk to your counselor or other staff about how refusing to test might affect you (your treatment goals, probation, court or social service requirements).
* You have the right to request and receive a copy of your provider agency’s Toxicology Policy that describes requirements for program staff.

**Confidentiality**

* Your test results are private and will only be shared with you and your treatment team. If you want to share your test results with others such as your Social Worker, Probation Officer, or the court, you will need to sign a Release of Information Form first.
* Your privacy will be protected. We are required to follow certain confidentiality rules such as 42 CFR Part 2 and HIPAA if we talk about your care with others.

**[Optional: Additional Topic Areas]**

*By signing below, you (the client) confirm that you have read (or have had a staff member read you) and understand this Client Toxicology Agreement. You are providing written consent to be tested according to [provider agency name] requirements and agree to abide by all testing guidelines and procedures.*

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