

CHEROKEE COUNTY DRUG LAB

CHEROKEE COUNTY HISTORIC COURTHOUSE
100 NORTH STREET, SUITE G23
CANTON, GEORGIA 30114
TELEPHONE: 678-493-6578

Consent to Release Information

Referring Agency: _____ Contact: _____

Case or referral number: _____ Phone: _____

Email for results to be sent to: _____

I, _____, hereby consent to urine drug screenings for the purpose of detecting the use of prohibited substances. I understand that all screens will be performed by certified lab technicians, trained to perform such screens.

I consent for the Cherokee County Drug Lab to release results of my urine drug screenings to the referring agency. I understand that screenings for dilution and adulterants may also be performed and detection of attempts to dilute or adulterate my sample will be reported to the referring agency.

I understand that I may request confirmation testing, at my own expense, on any positive, dilute, or adulterated sample. I also consent for the Cherokee County Drug Lab to receive results of any confirmation testing and that results of such confirmation testing shall be released to the referring agency. I hereby release the facility that releases such information to the Cherokee County Drug Lab from any and all liability for complying with this authorization.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of donor records and that recipients of this information may re-disclose it only in connection with their official duties.

I understand that this consent will remain in effect for the length of time prescribed in the court order. The referring agency is responsible for providing the Cherokee County Drug Lab with any revocation of this release.

Signature of Donor Date

Witness Date

Donor's DOB