



ABSOLUTE SENIOR AND HOME CARE SERVICES LLC

Healthcare Staffing Division

DRUG & ALCOHOL SCREENING CONSENT FORM (California)

Name: _____

Position/Role: _____

Date: ____ / ____ / _____

1. PURPOSE OF TESTING (California-Compliant)

I understand that Absolute Senior and Home Care Services LLC (“Company”) requires drug and/or alcohol testing **only for lawful purposes allowed under California law**, including:

- **Pre-employment / Pre-assignment screening**
- **Reasonable suspicion** that I may be impaired while on duty
- **Post-incident / post-accident** where impairment may be a contributing factor
- **Testing required by a contracting hospital/facility** for assignment eligibility

I understand that **California generally prohibits random drug testing**, except where permitted by the contracting facility, required by law, or where the job is safety-sensitive.

I voluntarily consent to:

1. **Provide a specimen** (urine, saliva/oral fluid, breath alcohol, hair, or other lawful method).
2. **Laboratory analysis** performed by a certified testing facility.

3. **Release of results** to the Company's designated representative and, when required, to a contracting facility strictly for the purpose of determining assignment eligibility.
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3. MEDICATION INFORMATION (California Privacy Compliant)

I understand that:

- I should **not** list medications on this form.
 - I may be asked to speak privately with a **Medical Review Officer (MRO)** if a lawful prescription may affect results.
 - My medical information is protected under **California privacy laws, HIPAA**, and will not be shared beyond what is required to determine fitness for duty.
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4. CONSEQUENCES OF POSITIVE, REFUSED, OR TAMPERED TEST

I understand that:

- A **verified positive test**, refusal to test, leaving the collection site, or evidence of tampering may result in:
 - Withdrawal of job offer or assignment
 - Removal from active roster
 - Ineligibility to work for Company clients requiring a drug-free clearance
 - **I will be informed of my results**, and I may **request a retest** of the original sample at my own expense as permitted by law.
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5. CONFIDENTIALITY (California-Compliant)

I understand that:

- Results will be kept **strictly confidential**, stored separately from personnel files, and disclosed only to:
 - The Company's designated compliance staff
 - The MRO
 - Contracting facilities that require confirmation of eligibility
 - Government/regulatory entities **only if legally required**
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6. VOLUNTARY CONSENT & ACKNOWLEDGMENT

By signing below:

- I confirm this consent is **voluntary**, and I have had the opportunity to ask questions.
 - I understand this form **does not guarantee employment, hours, or assignments**.
 - I understand that **refusal to participate in required screening** may make me ineligible for employment or specific assignments.
 - I certify the information I provide during this process is true and complete.
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SIGNATURES

Applicant/Staff Signature: _____

Date: ____ / ____ / _____

Company Representative: _____

Date: ____ / ____ / _____