

CONSENT TO DRUG AND/OR ALCOHOL SCREENING OR TESTING

I hereby voluntarily consent to submit to drug and/or alcohol screening or testing by a physician, clinic, hospital, laboratory or medical facility chosen by the Zion-Benton Public Library District at the agency's expense to determine if I have alcohol or any controlled substance or cannabis in my system. I hereby consent to the physician, clinic, hospital, laboratory or medical facility taking and analyzing a sample or specimen of my breath, urine, saliva, blood and other similar substance. I also authorize the physician, clinic, hospital, laboratory or medical facility to disclose his, her or its findings, conclusions, and opinions regarding the drug and/or alcohol screening or testing to a Library official or a designated representative, but to no other person without my written consent. If the results of such testing indicate that I have violated the agency's Drug-Free Workplace Policy, I understand that I will be subject to disciplinary action up to and including immediate discharge.

If I test positive for a drug which may be legally prescribed for prescription use (including medical marijuana), I hereby further consent to allow the Medical Review Officer of the medical facility which administered the test to contact my physician or pharmacist to verify my reported use of legally-prescribed drugs. I authorize my physician or pharmacist to provide the Zion-Benton Public Library District or its agents with any current prescription bottles or physician's letters authorizing the use of any such medicines, which may explain the positive test results, and I will execute any consent or authorization forms may be required. I understand that the legal use of certain prescription drugs may disqualify me from certain jobs due to safety risks.

I also confirm that I will cooperate with any disclosure authorization requirements that the physician, clinic, laboratory or medical facility has implemented pursuant to applicable law (including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA)), which relate to its ability to disclose findings, conclusions, and opinions, or other protected health information associated with the drug and/or alcohol screening or testing to a Zion-Benton Public Library District official or a designated representative. I hereby further confirm that I will cooperate with any disclosure authorization requirements that my physician or pharmacist has implemented pursuant to applicable law (including HIPAA) so as to allow it to share information with the medical facility or Zion-Benton Public Library District regarding my reported use of legal drugs in accordance with the Zion-Benton Public Library District Drug-Free Workplace Policy.

In consideration of my continued employment, I hereby release and agree to hold the Zion-Benton Public Library District and its elected officials, Trustees, officers, members and agents harmless against any, and all claims, charges or causes of action whatsoever I now have or may have in the future which may arise from this testing or from any investigation or personnel action related to or arising out of any such testing.

I also acknowledge receiving, reading and understanding the Zion-Benton Public Library District Drug-Free Workplace Policy. I understand that, in accordance with this policy, failure

to execute this document and submit to drug and/or alcohol screening or testing, or failure to report to the Zion-Benton Public Library District the use of legal drugs as required by the policy, may result in disciplinary action, up to and including termination.

I further acknowledge that I have read this consent form carefully and that I am signing of my own free will.

Employee Name: _____

(Print)

Employee Signature: _____

Date: _____

Witness Signature: _____

☐ I agree to the test ☐ I will not agree to the test