

**Informed Consent of City of Kenosha Drug/Alcohol Policy and
Request for Inspection and Copying of Drug/Alcohol Testing Records**

To: AURORA HEALTH CENTER
Occupational Health Services
10400 75th Street
Kenosha, WI

I hereby consent to, affirm and acknowledge the following:

1. That I have been informed that, during the course of my employment with the City of Kenosha, I will be subject to pre-employment, random, reasonable suspicion and other types of drug and/or alcohol testing pursuant to the drug/alcohol policy of the City of Kenosha.
2. That I have read and understand the policy of the City of Kenosha regarding drug and/or alcohol testing.
3. That I will undergo such drug and/or alcohol tests at any time during working hours at the request of my supervisor.
4. That a refusal to undergo a drug and/or alcohol test will be the equivalent of a positive result.
5. That I may be subject to discipline, up to and including termination, for a positive result on a drug and/or alcohol test.
6. I consent to disclosure of information from my patient health care records to the City of Kenosha, or its employees, agents or representatives, for the purpose of their analysis and use. This consent is for the disclosure of all drug and/or alcohol related test results, findings, reports or evaluations. It is my specific intention to include laboratory and diagnostic reports and the referral of those laboratory and diagnostic tests results, findings and reports to another health care provider for review and analysis. I understand that information disclosed may include reference to, or treatments for, drug and/or alcohol abuse.
7. I further agree to permit the City of Kenosha, its agents, or employees to contact the above-referenced health care provider, and to make specific inquiries regarding my drug/alcohol testing results based on records, reports and evaluations.
8. I further agree that a photostatic copy of this consent shall be considered as effective and as valid as the original.
9. It is my specific intention that this informed consent and request shall be effective for a period of five (5) years or until completion of the purpose for which this consent was given, unless this consent is specifically withdrawn by me in writing.

Print Employee's Name & Address:

Employee's Signature

Date

NOTE: If employee is under the age of 18, then signature of employee's Parent or Legal Guardian is required below.

Signature of Employee's Parent/Legal Guardian

Date