

## **URINALYSIS TESTING and INSTANT URINALYSIS TESTING SIGNATURE VERIFICATION FORM**

**Attention: This applies for all Treatment Clients**

**As part of your treatment you will be required to submit random observed UAs at your expense.**

If you submit a positive urinalysis (UA) you will automatically be extended in treatment or referred to more intensive treatment. \*\*Problem UAs (tampered/diluted internally or externally, other adulterations, etc.) EtG testing is part of testing that can detect substances 7-10 days.

While enrolled in treatment here you also agree to abstain from use of poppy seeds, use of Nyquil, Listerine© and other alcohol related products. (This is not an exhaustive list).

Some drug abusing clients cannot stop using alcohol and other drugs when court mandated to this program. Therefore, clients try many ways to cover or hide this continued use. If the laboratory detects the altering attempt, the sample will be considered positive and you may be required to do one or more of the following:

- a. Extend treatment by 90 days or transfer to a more intensive program.
- b. Increase AA participation
- c. Complete physical examination to verify no ongoing health problems and provide this program with information from your physician.
- d. Provide a minimum of 4 consecutive, regular UAs at your expense

\*ADES, Parole/Probation officers are notified as soon as this office gets results. You know if you are not drug free and should contact your ADES probation person, or P.O. as soon as possible.

**These steps are necessary to be in compliance with the following:**

- **Oregon Administrative Rule:** *"Successful completion includes produce no evidence of alcohol or controlled substance other than those prescribed by a licensed physician during the last 90 days prior to discharge."*

*( DUII Program clients are to submit minimum of 3 UA's during Treatment time length, random at providers discretion).*

**\*Any alcohol or other drug use will automatically extend treatment by 12 weeks to Outpatient, Intensive Outpatient, or possible referral to Inpatient, at client's expense.**

**Alcohol Strip:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Enter Today's Date

**Oral Fluid Drug Test:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Enter Today's Date

Client/Patient: \_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

Counselor: \_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE