



INTEGRITY VERIFICATIONS, INC.

EMPLOYEE SCREENING • DRUG TESTS • FINGERPRINTING • POLYGRAPHS • LOSS PREVENTION

PERSONAL INFORMATION

DATE ____/____/____

Have you ever been tested by Integrity Verifications, Inc.?

YES ____ NO ____

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOW LONG AT THIS ADDRESS: _____ TEL. NO.: () _____

DATE OF BIRTH: ____/____/____ CITY/STATE OF BIRTH: _____

DRIVERS LICENSE / ID #: _____

SOCIAL SECURITY NUMBER

____/____/____

I have **NOT** taken any prescription medications in the past thirty (30) days.

I have taken prescription medications in the past thirty (30) days. (*List on reverse side.*)

Who is asking you to get this drug/alcohol screen? _____

CONSENT FOR DRUG & ALCOHOL SCREENING

I hereby give my consent to Integrity Verifications to collect a urine, hair, breath or saliva sample from me to determine the presence of use of drugs and/or alcohol. I further consent to the release of my confidential test results to the entity or individual whose name I have written above.

Signature of Person Being Tested

HIPAA Statement

Health Information Privacy Policies & Procedures regulate our obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain as a Third Party Administrator for drug and alcohol testing.

We implement these Health Information Privacy Policies and Procedures as a matter of sound business practice; to protect the privacy and interests of our clients; and to fulfill our legal obligations under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), its implementing regulations at 45 CFR Parts 160 and 164 (65 Fed. Reg 82462 (Dec. 28, 2000)) ("Privacy Rules"), as amended (67 Fed. Reg. 53182 [Aug. 14, 2002]), and state law that provides greater protection or rights to clients than the Privacy Rules.

www.integrityverifications.com

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