

**MIDWEST ADDICTIONS PSYCHIATRIC  
& PSYCHOLOGICAL SERVICES (MAPPS)**

3010 E. State Blvd. Ste. 100  
Fort Wayne, Indiana, 46805  
Phone: (260) 471-0632 Fax: (260) 471-3451

**DRUG SCREEN  
NOTIFICATION & CONSENT**

This is to notify you that it is the policy of MAPPS, LLC to administer random urine drug screens and/or other testing methods during your participation in this program. This means that during the course of your attendance, you may be asked to give random, observed urine specimens at the discretion of the counselor.

The intent in administering the drug detection test is to ensure that you remain abstinent from alcohol and other mood-altering chemicals during the course of treatment. This will allow you to receive the best possible treatment available on an outpatient basis. There will be a fee for each test administered and it will be your responsibility to pay that fee as part of the treatment services.

CONSENT: I, \_\_\_\_\_, understand and consent to the administration of random, periodic, observed urine drug screens and/or other testing methods while I participate in the addictions outpatient program or other treatment program.

I understand that I may be requested to give a urine specimen at the request of my counselor. Information obtained from the urine screen or other testing method will be held in a confidential manner unless I have given expressed written consent to release this information or unless it is court ordered by a court of law in accordance with federal and State guidelines.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date