



Crossroads Counseling Center, Inc.

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Client Notice: Testing Requirement for Substance Use Treatment

Client's Full Name: _____ Date of Birth: _____

- To provide the best patient-centered, high quality behavioral healthcare, Crossroads Counseling Center, Inc. utilizes drug and alcohol testing as part of its substance use treatment program. Testing provides the opportunity for on-going monitoring of abstinence or active use.
- You/your child may be required to complete during the initial assessment process.
- You/your child are required to complete the testing process as requested; this could be required as part of a scheduled requirement (i.e. every Monday, Wednesday, and Friday or within a color code system) or on a random basis.
- Refusing or the inability to complete the process as requested will result in a Behavioral Positive. A Behavioral Positive result indicates the refusal or inability to complete the process which, subsequently, results in failure to provide a specimen for processing. The failure to provide a specimen is a behavioral concern.
- If you/your child is unable to provide a sufficient specimen at the first attempt, you/your child will have three hours to provide a sufficient specimen---this is called the *Shy Bladder Process*. During the *Shy Bladder Process*, you/your child may not leave the collection site. Leaving the collection site automatically results in a Behavioral Positive. Samples collected with each attempt cannot be combined.
- Non-compliance with testing can be grounds for discharge from the program. Positive results or admission of substance use may result in being required to attend a higher level of care.
- Disclosure of results to an outside agency or individual requires a valid Release of Information from the client/authorized representative or a valid court order.
- CCC may use Redwood Medical Laboratories for specimen screening and confirmation. If a specimen is positive for any of 12 tested substances, you can request additional "confirmation" (levels) at a cost to you of \$20 per substance.

By signing, I am acknowledging the above information as being part of my/my child's substance use treatment requirements.

Client/Authorized Representative Name: Signature Date

CCC Staff Name: Signature Date