



Miller Care Group
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Drug Testing Consent Form

I, _____, agree to allow Miller Care Group (MCG) to collect urine, saliva, and/or blood samples from me for drug testing. I also consent to the release of these test results to the appropriate personnel.

Drugs Tested:

- Amphetamine
- Barbiturates
- Buprenorphine
- Benzodiazepines
- Cocaine
- Ecstasy
- Methamphetamine
- Morphine
- Methadone
- Opiates
- Phencyclidine (PCP)
- Propoxyphene
- Tricyclic Antidepressants
- Cannabis
- Fentanyl
- Other illicit and misused prescription drugs

Testing Procedure:

- Leave jackets, hats, scarves, sweatshirts, bulky sweaters, pocket contents, purses, bags, backpacks, etc., in a designated space before entering the bathroom.
- No one, including children, may accompany you into the bathroom.
- The urine test may be observed by a nurse or trained staff member.
- You will be asked to sit and keep your hands in full view during the test.
- If you cannot produce a sample, you will be given fluids and wait 15-30 minutes before trying again.
- Refusing to provide a sample or leaving without providing one will count as a positive test.

Positive Test Results:

- Positive results for any non-prescribed substances will be sent to a lab for confirmation, resulting in additional costs you must pay.
- If you are honest about any substance use, your sample may not need confirmation testing, saving you additional expenses.

Refusal:

- Refusing to sign this consent means you cannot join the MAT Program or receive medication from MCG.
- I have read and understand this consent form

Patient Signature: _____ Date: _____

Program Coordinator: _____ Date: _____