## Authorization and Consent for Drug & Alcohol Testing and Release of Test Results

Name				SSN	
First		MI	Last		
Address					
	Street		City	State/Zip	
Phone					<del></del>
	Day			Night	
Cell Phone		E	E-mail address _		
Position					
opportunit Alcohol To must imme (2) hours y Board for	y to ask questions a esting Program. I u ediately report for o will be considered a Branch Pilots.	bout Industr inderstand th lrug and alco refusal for t	rial and Occupation if I am notified bhol testing with testing and will	wledge that I have read, understand, tional Medical Centers' (hereinafter ed by a representative of the Virgini nin two (2) hours. Failure to report for the reported to the Virginia Pilot Ass	"I&O") Drug & a Pilot Association, I for testing within two sociation and the
	: I&O to release the the Virginia Pilot A		derived from o	or contained in my test results to the	Board for Branch
that I have understand I acknowle Release of appropriate the release Board for from the re	substituted or adult the regulations of edge that I have che Test Results after the prior to signing the of the information Branch Pilots. And	terated my s the Virginia sen to execu- careful revier is agreement derived from J. I further re	pecimen. I ack Pilot Association te this Authorize w of same, and t. I release I&C m or contained it lease the Virgin	by refusing to test, testing positive, on mowledge that it is my full responsibilities, the Board for Branch Pilots, and exation and Consent for Drug & Alcolor I have sought any advice that I deter and its personnel from any and all in my test results to the Virginia Pilonia Pilot Association from any and all ined in my test results to the Board for	the U.S. Coast Guard. hol Testing and rmined to be liabilities arising from t Association and the ll liabilities arising
Pilot Asso authority Accountab	ociation (collective to serve as my p	ly referred personal rep as amended f	to hereinafter a resentative for from time to time	nt, I grant to the Board for Branch I as "agent" or "personal representa all purposes of the Health Insu ne, and its regulations ("HIPAA") du	tive") the power and rance Portability and
and reviev paragraphs hospital re	w any information s of this document cords; to execute of	regarding in the second regarding in the second regarding in the second regarding rega	my physical or without limitati any authorizat	te my HIPAA personal representation mental health required to comply on all HIPAA-protected health infoions, releases, or other documents the losure of this information.	y with the first three ormation, medical and
HIPAA pe		e or to my r		athorize I&O to release any and all a designee in order to obtain the information of the control	
Signatur	e			Date	