



**Bliss Specialty Healthcare Group
Consent for Random Drug Screening
Controlled Substance Monitoring Program**

Patient Name: _____

Date of Birth: _____

Date: _____

As part of your treatment plan involving controlled substances, particularly **narcotic (opioid) medications**, Bliss Specialty Healthcare Group requires your consent to participate in our **Random Drug Screening Program**. This protocol is designed to ensure patient safety, promote responsible medication use, and comply with federal and state prescribing guidelines.

Purpose:

Random drug screening is used to:

- Monitor for appropriate use of prescribed medications
- Detect any unreported use of other controlled or illicit substances
- Ensure safe and effective treatment
- Maintain compliance with regulatory and legal requirements

Consent Terms:

By signing below, I acknowledge and agree to the following:

1. **I understand** that I may be asked to provide a urine, saliva, or blood sample for drug screening at any time, with or without prior notice.
2. **I consent** to random drug testing as a condition of receiving narcotic prescriptions from this practice.
3. **I understand** that a refusal to participate in a random drug screening may result in discontinuation of my controlled substance prescription(s).
4. **I authorize** the release of my drug screen results to my healthcare providers at Bliss Specialty Healthcare Group for the purpose of medical evaluation and treatment.
5. **I understand** that inconsistent, abnormal, or positive results for illicit or unprescribed substances may result in tapering or discontinuation of narcotic therapy and may lead to dismissal from the practice.

I have read this consent form, understand its contents, and have had an opportunity to ask questions.

Patient Signature: _____

Date: _____

Provider/Witness Signature: _____

Date: _____