

**APPENDIX C**  
**CONSENT TO DRUG AND ALCOHOL TESTING**

I, \_\_\_\_\_, consent to submit urine, breath, blood, or other specimens according to Santa Monica-UCLA Hospital Medical Staff Policy MS 102. I understand that these specimens or samples will be used for conducting a chemical analysis to determine if I have the presence of drugs or alcohol at levels above those permitted by UCLA Health (see below).

I further give my permission to UCLA Health to release my detailed screening results to any authorized Medical Review Officer. Pass or Fail information will only be transmitted to the Chief of Staff, and the Medical Staff Health Committee (in the case of a positive test). I understand that this examination is being conducted pursuant to Medical Staff policies. I will cooperate fully with UCLA Health and its designated testing personnel in the administering of the drug and alcohol testing. I am consenting to this test, as a part of my continued membership and if I refuse or fail to fully cooperate, I will be assumed to have a positive result.

I certify that any urine, breath, blood specimen, or sample given by me belongs to me and is given solely for the purposes of drug and alcohol testing. I further certify that the above information is correct to the best of my knowledge. I understand that UCLA Health may require me to produce documentation to verify the above information.

I hereby release and agree to hold UCLA Health and its representatives harmless against any and all claims, charges or causes of action whatsoever I now have or may have in the future, which may arise from this test. I understand that UCLA Health or any other laboratory selected by UCLA has exclusive control over the method of conducting this test.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE PROVISIONS.

\_\_\_\_\_  
Medical Staff Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date