



**TOURO UNIVERSITY**  
C A L I F O R N I A

**Student Health Center**

1310 Club Drive, Vallejo, CA 94592 Phone: 707-638-5200 Fax: 707-638-5261

**Drug Screen Results  
Authorization for Release of Information**

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Print Name (last, first)

DOB: \_\_\_\_\_  Male  Female Program & Year of Graduation \_\_\_\_\_

**Informed Consent**

I authorize the Touro University Student Health Center to release the results of my Drug Screen and send copies of those results to my school's designated contact person and the experiential clinical practice sites that I may be assigned to as required by those facilities and their accrediting bodies.

I acknowledge that Touro University Student Health Center is the only recipient of these reports and that the Touro University Student Health Center has no hand in performing the analysis of the sample other than possible collection. I hold Touro University Student Health Center harmless of any liability for the contents of the information contained in those reports or for inadvertent or accidental release of said information.

I understand that I must contact ArcPoint labs to coordinate my urine drug screen whether I am within or outside of Northern California. By signing this informed consent, I acknowledge that if I have services provided in a location not provided or coordinated by ArcPoint labs that I will assume financial responsibility for all charges.

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Student Signature

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Date