



Screening Consent Form

Print Client Name:

-----**Consent for Interview**

I, the undersigned, authorize Pittington Counseling Services to conduct an interview and assessment to determine my need for treatment services consistent with the level of my needs. I certify that I fully understand the assessment process as explained to me, and may ask any questions pertaining to this process.

-----**Consent for Urinalysis**

I, the undersigned, consent to provide urine samples for analysis whenever requested by Pittington Counseling Services. I understand that urinalysis may be used to evaluate my need for treatment and/or monitor my progress in treatment. I understand that visual observation of urine collection by staff may be necessary and, if conducted, will be done by a person of the same gender as the client. I understand that urinalysis results are confidential except as I have given consent for the release of this information or as legally required.

I have read and fully understand this consent form.

Client/Parent/Guardian Signature

Date

Witness Signature

Date