



PARTNERING for
prevention

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EXTRACURRICULAR DRUG and ALCOHOL TESTING PROGRAM

Partnering for Prevention, LLC will be facilitating the Extracurricular Drug and Alcohol Testing Program for Huntley Community School District 158 and requires two forms to be completed to participate in this program. One is an Informed Consent for Services (breath and drug screening) and the other is an Authorization for Release of Information, which releases information of services and screening results to Huntley Community School District 158, Huntley High School, and a minimum of one legal guardian.

INSTRUCTIONS FOR COMPLETING THESE FORMS:

1. These forms must be completed in their entirety to be valid. Do not leave any spaces blank unless it states to do so.
2. These forms must be completed by the client (the student), their legal guardian, and a witness.
3. The Consent for Services is strictly to consent to services required by the Extracurricular Drug and Alcohol Testing Program by Huntley Community School District 158. This includes breath and urine drug screening and the release of screening results. Students who are asked to drug screen will be required to provide a list of over the counter and prescribed medications they are taking, if any, at the time of the drug screen. Refused drug screens are considered positive and will be reported as a positive drug screen result.
4. If you would like a copy of the Notice of Privacy Practices, please email Dawn Schoen at dawn@partneringforprevention.net and a copy will be sent electronically to you.
5. On the Authorization for Release of Information form there is a section indicating who information can be released to. The School District and the High School have been filled in for you. Information of at least one guardian needs to also be filled in. If an additional guardian will not be listed, please write N/A in that space. Partnering for Prevention, LLC will only be able to release information to the legal guardian(s) listed on this form.
6. On the Authorization for Release of Information form, section: "this consent is valid until: ____/____/____, please enter MM/DD/YEAR (example: 06/30/2027). This date should be June 30th of the year after the student graduates. So, if the student is expected to graduate in May of 2024, the consent valid date would be 06/30/2025.
7. Please make sure to put check marks and client and legal guardian initials in all areas where they are required.
8. The witness signing these forms must be at least 18 years of age and MUST witness the student and their legal guardian sign these forms.

FORMS THAT ARE INCORRECTLY FILLED OUT ARE NOT VALID AND STUDENTS WILL NOT BE ALLOWED TO TEST. If you have any questions when completing this form, please contact Dawn Schoen with Partnering for Prevention, LLC directly at 224.241.2192.



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INFORMED CONSENT FOR SERVICES

Client Name (please print): _____ Client Date of Birth: ____/____/____

Client ID# (to be completed by office, leave blank): _____

CONSENT FOR SERVICES: I hereby attest that I have voluntarily entered services, or give my consent for the minor or person under my legal guardianship mentioned above to enter services, with Partnering for Prevention, LLC, hereby referred to as the Agency.

_____ Client initials (_____ Legal Guardian initials) indicate understanding above CONSENT FOR SERVICES

NON-VOLUNTARILY DISCHARGE FROM SERVICES: A client may be terminated from the Agency non-voluntarily if: (A) the client exhibits physical violence or verbal abuse, and/or (B) the client refuses to comply with stipulated program rules.

_____ Client initials (_____ Legal Guardian initials) indicate understanding above NON-VOLUNTARILY DISCHARGE FROM SERVICES

CONFIDENTIALITY: I hereby attest that I understand my participation in services is confidential and no information about my participation in services will be released to anyone without my written permission to do so. I understand that my information is protected by federal and/or state law and regulations. Furthermore, I understand there are major exceptions to confidentiality, which include but are not limited to: Child Abuse and Neglect and Imminent Risk of Harm to Self or Others. In the event of those exceptions, I understand information can be released without my written permission.

_____ Client initials (_____ Legal Guardian initials) indicate understanding above CONFIDENTIALITY

NOTICE OF PRIVACY PRACTICES: This notice (Form 3092, Revised November 1, 2014) describes how our agency uses and discloses your Protected Health Information (PHI). This notice also includes information related to your client rights and client responsibilities, as well as, our ethical obligations. I hereby attest that I was offered a copy of the Notice of Privacy Practices.

_____ Client initials (_____ Legal Guardian initials) indicate understanding above NOTICE OF PRIVACY PRACTICES

FINANCIAL POLICY: Services will be billed at the expense of the school district. I hereby attest that I understand the client, nor the legal guardian will be responsible for services provided under this consent.

_____ Client initials (_____ Legal Guardian initials) indicate understanding above FINANCIAL POLICY

I consent to services with Partnering for Prevention, LLC and understand the above INFORMED CONSENT FOR SERVICES.

Client Signature (age 12 or older) _____ Date ____/____/____

Legal Guardian (if client is under 18) _____ Date ____/____/____

Witness _____ Date ____/____/____

AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name (please print): _____ Client Date of Birth: ____/____/____

Full Address (please print): _____

By **checking and initialing** the following, I authorize Partnering for Prevention, LLC to release/exchange the following information:

- ☐ Initiation of and attendance in services: _____ Client initials _____ Legal Guardian initials
- ☐ Summary of breath/drug screening services: _____ Client initials _____ Legal Guardian initials
- ☐ Breath/Drug screen results: _____ Client initials _____ Legal Guardian initials

To the following places/persons:

- ☐ Huntley Community School District 158 located at 650 Dr. Burkey Drive, Algonquin, IL 60102

_____ Client initials _____ Legal Guardian initials

- ☐ Huntley High School located at 13719 Harmony Road, Huntley, IL 60142

_____ Client initials _____ Legal Guardian initials

- ☐ _____
(Legal Guardian full name) (Legal Guardian full address)

_____ Client initials _____ Legal Guardian initials

- ☐ _____
(Legal Guardian full name) (Legal Guardian full address)

_____ Client initials _____ Legal Guardian initials

FOR THE PURPOSES OF (please check):

- ☐ Compliance with participation in the Extracurricular Drug and Alcohol Testing Program

This consent is valid until: ____/____/____

I understand that this information may be transmitted in written, verbal, and/or electronic form.

I understand that the above-named person authorized to receive this information has the right to inspect and copy the information to be disclosed. I understand that there is potential for re-disclosure of this information by the recipient and, if that occurs, the information may not be protected by federal law.

I understand that I, (or a parent or guardian as provided by statute) have the right to inspect and copy the information to be disclosed and may revoke this authorization at any time. Any such revocation will not affect materials disclosed prior to the revocation.

I also understand that if I refuse to this release of information the following may occur: non-compliance with the Extracurricular Drug and Alcohol Testing Program

Client Signature (age 12 or older) _____ Date ____/____/____

Legal Guardian (if client is under 18) _____ Date ____/____/____

Witness _____ Date ____/____/____

NOTICE TO RECEIVING AGENCY/PERON:

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, HIPPA, and applicable Federal and State Alcohol and Substance Abuse Confidentiality Acts, there may not be redisclosure of any of the information provided pursuant to this release unless the client, and/or the legal guardian of the client who is a minor, specifically authorizes such disclosure.