

CITY OF PASS CHRISTIAN

ACKNOWLEDGEMENT OF RECEIPT OF DRUG TESTING POLICY

I, _____, hereby acknowledge that I have received a copy of the City of Pass Christian Drug Testing Policy ("Policy").

You are hereby advised that the City of Pass Christian, MS as your prospective/current employer has implemented a drug and alcohol policy and conducts a testing program, pursuant to Sections 71-7-1, [et. seq.](#), of the Mississippi Code of 1972, Ann. (hereinafter referred to as the Act"), and you are hereby advised of the existence of said Act.

In conjunction with my receiving a copy of the Policy, I further acknowledge the following:

1. I have read the Policy and fully understand the terms contained therein and the consequences for violation any term of the Policy.
2. I understand that my compliance with all terms of the Policy is a condition of my employment with the City of Pass Christian, and I agree to abide to all terms of the Policy.
3. If a Post-Accident drug test is required under the Policy and I am seriously injured and unable to provide a specimen at the time of the accident, then this Acknowledgement shall be considered my authorization for the City of Pass Christian or its designated representative to obtain hospital reports and other documents which would indicate whether there was any controlled substances and/or alcohol in my system.
4. I authorize the collection site, laboratory and/or medical review officer retained by the City of Pass Christian to perform any and all functions which these entities and/or individuals may be required to perform pursuant to the applicable State Laws and Mississippi Department of Health Regulations. Such authorization shall include, but is not limited to, the release of test result information to the City of Pass Christian, verification of the use of prescribed medications, obtaining information from my physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in cases wherein I may be taking a legally-prescribed drugs.
5. To the fullest extent allowed by law, I hereby release and hold harmless the City of Pass Christian and its officials, employees and agents from any liability whatsoever which may arise from the procedures and implementation of this Drug Testing Policy.
6. I am aware that violations of the policy may result in denial of employment and/or disciplinary action, up to and including termination.

7. I am further aware that I have certain rights under State Law regarding drug testing which I am entitled to use if necessary.

8. All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the City of Pass Christian, MS through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by the City of Pass Christian, MS pursuant to the Act and these regulations shall be the property of the employer. The City of Pass Christian, MS shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as designated by the City of Pass Christian, MS on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for the City of Pass Christian, MS to release such information; it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information. The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, the City of Pass Christian, MS shall not be barred from discharging or disciplining the employee.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within forty-five (45) days prior to being tested, and (2) a statement that the form shall be submitted directly to the employer's designated Medical Review Officer, ensuring that no person or entity has access to the information disclosed on the form other than the Medical Review Officer.

Employee's Signature

Date

Witnessed By

Title

Date