Authorization and Consent for Drug & Alcohol Testing and Release of Test Results

Name First	MI	Last	SSN	_
	1111	Lust		
AddressStreet		City	State/Zip	
Phone				
Day			Night	
Cell Phone		E-mail address _		
Position				
Alcohol Testing Promust immediately re (2) hours will be consoled Board for Branch Programmer I authorize I&O to re Pilots and the Virgi	ogram. I understand eport for drug and al nsidered a refusal foilots. The elease the informational Pilot Association asequences for violations.	that if I am notific cohol testing with r testing and will l on derived from o h. ting this program	ional Medical Centers' (hereinafted by a representative of the Virgin two (2) hours. Failure to report be reported to the Virginia Pilot Ar contained in my test results to the by refusing to test, testing positive nowledge that it is my full response	cinia Pilot Association, I rt for testing within two Association and the he Board for Branch e, or if my result shows
understand the regu I acknowledge that Release of Test Res appropriate prior to the release of the in Board for Branch P	lations of the Virgin I have chosen to exe ults after careful rev signing this agreem formation derived frilots. And, I further the information derived careful to the sinformation derivation derivat	ia Pilot Association cute this Authorization of same, and the cent. I release I&C om or contained in release the Virgin	on, the Board for Branch Pilots, as action and Consent for Drug & Al I have sought any advice that I de I and its personnel from any and an in my test results to the Virginia P ia Pilot Association from any and and in my test results to the Boar	nd the U.S. Coast Guard. Icohol Testing and etermined to be all liabilities arising from Pilot Association and the d all liabilities arising
In addition to the other powers granted by this document, I grant to the Board for Branch Pilots and the Virginia Pilot Association (collectively referred to hereinafter as "agent" or "personal representative") the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and its regulations ("HIPAA") during any time that my agent is exercising authority under this document.				
and review any in paragraphs of this hospital records; to	formation regarding document, including execute on my beha	g my physical or g without limitationalf any authorizati	e my HIPAA personal represent mental health required to com- on all HIPAA-protected health i ons, releases, or other documents losure of this information.	apply with the first three information, medical and
	presentative or to my		thorize I&O to release any and a designee in order to obtain the inf	
Signature			Date	