



TRI MED SERVICES
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Private and or Court Ordered Random Program
Enrollment & Service Agreement

This agreement outlines the terms and conditions for participation in the Random Drug and or Alcohol Program provided by Tri Med Services.

Client Information:

Name: _____

Date of Birth: _____ Phone #: _____

Email: _____

Type of Testing Needed: _____

Frequency of testing: _____ Fee per test: _____

Results to be sent to: (Include Name, Title, Agency, Court or Attorney)

Email or Fax for Results Delivery:

Program Terms:

Frequency and Type of Testing:

1. Client enrolled in the random drug and or alcohol testing program will be subject to unannounced urine drug screen and or alcohol testing on a random basis, determined by Tri Med Services. Type of testing is determined by your registration. You will let us know what needs to be tested urine drug screen, breath alcohol, urine alcohol (ETG) or combination of testing.

2. **Notification and Testing Window:**

Clients will be contacted no later than 9:00am on their assigned random test date. They must report for testing between 8:00am and 4:30pm that same day.

3. **Failure to Report or Answer Communication:**

Failure to answer or return calls on the day of test, or failure to appear for testing within the required time frame, will be considered a **refusal to test** and reported as a **positive result**.

4. **Office Rules and Collection Policy:**

***No Entry after 4:30 pm.** Clients arriving after this time who cannot provide a urine sample will be charged an **after-hours fee of \$150**. This fee will continue until a sample has been collected and will be billed in 15 min increments after the initial flat after hours fee of \$150.

***Once checked in/arrived to office clients may not leave the office for any reason until the collection is completed.**

***Clients may not bring anything into the office except a wallet and valid photo ID. Do not bring other people or children with you.**

*** Consuming more than 48oz of water before the test may lead to a dilute result, which may be treated as a positive.**

***Direct observation collections may be conducted if adulteration or tampering is suspected.**

Records Release Authorization:

I authorize Tri Med Services to release my drug and or alcohol testing results to the individuals or entity listed above. This includes the courts, legal representatives, treatment centers, or supervising personnel as applicable.

Payment Policy:

- Full Payment is required at time of service.
- Failure to pay will result in denial of testing services and notification to the designated contact(s).

ACKNOWLEDGMENT AND SIGNATURES

Client Printed Name: _____

Client Signature: _____

Date: ____/____/____ month/day/year

Staff Printed Name: _____

Staff Signature: _____

Date: ____/____/____ month/day/year