
PARTICIPANT SIGNED ACKNOWLEDGEMENT

*****Complete and return this form to HPSP*****

This form is provided to you in conjunction with the Toxicology Screening Instructions. After reviewing the document, complete and return this form to HPSP with your signed Participation Agreement or as otherwise requested.

As part of HPSP's toxicology screening process, I agree to:

- 1.) **Register with Hennepin Healthcare (HHC)**
Complete and return the attached **HHC Account Generation** form to HPSP (page 13).
- 2.) **Set up MyChart with Hennepin Healthcare (HHC) and add payment for toxicology screening.**
- 3.) **Establish a Collection Site**
I will provide my urine specimens at the following preapproved sites (check all that apply):

HHC Mayo EHS (Rochester)* Park Nicollet EHS*

**Participants must be employees and should contact employee or occupational health programs to register prior to providing specimens.*

OR

I will provide my urine specimens at: Other

The proposed collection site must complete and return a copy of the **Collection Site Protocols Agreement** form (page 16) to HPSP, if not already in the approved potential collection sites list.

The proposed collection site(s) is: _____

Additional Collection Site Protocols Agreement forms can be found on HPSP's website at:
<https://mn.gov/boards/hpsp/toxicology/>.

I have read and understand the information provided in the Toxicology Screening Instructions and I authorize HPSP to communicate with my specimen collectors and lab regarding the collection or screening processes or results.

Print Name: _____

Signature: _____ **Date:** _____