

Jason E. Mastor, MD



Kristin C. Brown, PA-C

Consent for Drug Screening

As a patient of Mastor Mental Health, I agree to submit to random drug testing when requested to do so by my provider. All patients taking controlled substances may be subject to random drug screens as well as others at the provider's discretion.

I understand the results will be used as part of my comprehensive treatment plan and agree to provide specimen as requested.

Patient Signature

Date

Printed Name

Date of Birth