



TREATMENT AUTHORIZATION – COTININE TEST

NAME: _____ SSN: XXX – XX – _____
 DEPT: _____ APPT. DATE: _____
 POSITION: _____ APPT. TIME: _____

EMPLOYER SERVICES

Cotinine Test:

Special instructions: _____ Send positive or negative result to benefits@friscotexas.gov or fax to 972-292-5225

If you are using your primary care physician to complete the biometric screening via physician screening form, then use this form to complete Cotinine testing. This form can also be used for those who just want to complete a stand-alone cotinine test to earn the Tobacco-Free premium wellness incentive.

MEDICAL FACILITY

Employee Wellness Center 7589 Preston Road, Suite 400, Frisco, Tx 75034 469.604.0800

To schedule an appointment with the Wellness Center, visit www.MyPremisehealth.com to schedule an appointment. Take this form with you so they facility.

NOTICE TO EMPLOYEE:

The cotinine test is voluntary as part of participation in the wellness program for earning the wellness incentives. The positive or negative result is shared with the City of Frisco for entry into the City's Wellness provider portal. If you test positive for cotinine the City offers a reasonable alternative standard (RAS). The reasonable alternative standard is the Tobacco-free me program located on the Asset Health Portal and requires 4-weeks to complete.

I understand that I cannot be compelled to give a specimen of my urine or breath. I understand that if I give a specimen it will be tested for controlled substance abuse and/or alcohol misuse. I understand that the giving of a specimen, when requested by my employer (City of Frisco), or prospective employer (City of Frisco), is a condition of continued employment or new employment. I also understand that if a test reveals an unexplained controlled substance or alcohol, my (prospective) employer may take disciplinary action against me, to include termination of employment or my application for employment may be denied if I am an applicant. I authorize the City of Frisco to communicate among themselves, for official purposes, about my test results both orally and in writing, and to provide such test results at any judicial or administrative proceedings. I also authorize designated employer officials, supervisors, and agents to have continued access to my specimen for the purposes of any further analysis or study that may be necessary. Because I wish to be employed by or wish to continue my current employment with the City of Frisco, I hereby give my consent to any agent completing testing for my employer to release to the City of Frisco the results of any test taken by me so that I may qualify for continued employment or new employment, if I am applicant.

I hereby give consent to be tested, given a pre-employment physical exam, and/or given the vaccines as indicated above.

 Employer Representative Signature

 Date
 10/31/2023

 Date

Note to Medical Facility: Please contact Benefits (indicated below) with test results.

- Brittany Perez 972-292-5202
- Abran Gonzalez 972.292.5204 email: benefits@friscotexas.gov
- Kathryn Usrey 972.292.5203

CITY OF FRISCO 6101 FRISCO SQUARE BLVD. FRISCO, TX 75034 PHONE: (972) 292-5200 FAX: (972) 292-5225