NEW YORK STATE | Department of Civil Service

EMPLOYEE HEALTH SERVICE

Authorization for Drug/Alcohol Testing and Release of Medical Information

EHS-752 (5/2026 L)

I authorize the Department of Civil Service (including consultants/contract providers) to draw blood, collect urine, and/or collect breath samples from me and to have tests for alcohol and/or drugs performed on these specimens.

Print Name _____ S.S. # _____

Signature _____ Date _____

I also authorize the Department of Civil Service Employee Health Service to release the report of my alcohol and/or drug tests to the agency or department where I work or am applying for work. This information will be used in determining my capacity to safely perform the duties of the position to which I am seeking appointment or the position in which I am currently employed.

I understand that it is possible that the organization receiving this information may re-disclose the information, and that it may no longer be protected by the federal privacy rules of the Health Insurance Portability and Accountability Act of 1996.

This authorization for release of the report expires in 90 days unless I specify a different date or event that will cause the authorization to expire. I understand that I may revoke this authorization by writing to the EHS Privacy Official at the address at the top of this page, and that a revocation will not affect any disclosure made by EHS for the purpose(s) noted above before EHS learns that the authorization has been revoked.

Please make sure you receive a copy of this authorization after you sign it.

Signature _____ Date _____

Witness _____ Date _____

Personal Privacy Protection Law - The information which you are providing access to by this authorization is being requested pursuant to Section 50(6) of the New York State Civil Service Law for the purpose of determining whether you possess the requisite physical and medical qualifications for employment in the position to which you seek appointment, or pursuant to Section 72 of such Law for the purpose of determining whether you are physically and mentally fit to perform the duties of the position in which you are currently employed. This information will be used in accordance with Section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (a), (b), (c), (e), and (f). Failure to provide this information may result in your disqualification for appointment or disciplinary action. This information will be maintained by the Administrator of the Employee Health Service, Department of Civil Service, 55 Mohawk Street – Suite 201, Cohoes, NY 12047; telephone (518) 233-3100. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.

Copies: ***EHS*** *(White)* ***CLIENT*** *(Yellow)*