Life Management Center
of Northwest Florida Inc.

NOTICE TO EMPLOYEES AND JOB APPLICANTS

1. **POLICY**. It is the position of Life Management Center of NW Florida Inc. that it is a condition of employment to refrain from reporting to work or working with the presence of drugs or alcohol in your body. This employer performs drug testing. If there is a positive confirmed drug test, you will be denied employment with this company or if presently employed, your employment will be immediately terminated or you may be otherwise disciplined. Such positively confirmed drug test shall not create a "handicap" or "disability" as that term is defined by handicap and discrimination laws. If there is a positive confirmed drug test and you are injured on the job, workers' compensation benefits can be denied. If you refuse to submit to a test for drugs or alcohol, you forfeit eligibility for medical and indemnity benefits, and will suffer other penalties and loss of benefits as hereinafter provided.

2. **REQUIRED TESTING**. A drug test includes any chemical, biological, or physical instrumental analysis administered by a laboratory licensed by the Agency for Health Care Administration or certified by the U.S. Department of Health and Human Services, for the purpose of determining the presence or absence of a drug including but not limited to urinalysis and/or blood alcohol testing. You are advised that Life Management Center of NW Florida Inc. will conduct the following types of drugs tests for those drugs identified by brand names or common names as well as chemical names in Exhibit "A" attached to this policy statement:

   A. **Job Applicant Testing**. Job applicants will be tested for the presence of drugs.

   B. **Reasonable Suspicion Testing**. If there is a reasonable suspicion that any employee is using or has used drugs in violation of this company's policies, drug testing will be required. Testing under this provision may be conducted if: you are observed using drugs; exhibit symptoms or manifestations of being under the influence of drugs; exhibit abnormal conduct or erratic behavior while at work; there has been a significant deterioration in your work performance; you have been reported using drugs by a reliable and credible source; you tamper with any drug test during your employment with this company; you cause or contribute to or are involved with an accident while at work, where there is evidence that you have used, possessed, sold, solicited, or transferred drugs while working for this company, or while on our premises or while operating our vehicles, machinery or equipment.

   C. **Follow Up Testing**. If during your employment with this company, you enter into an employee assistance program for drug related problems, or an alcohol or drug rehabilitation program, you will be required to submit to drug testing as a follow-up to such program, unless you voluntarily entered into the program. If you voluntarily entered into the program, the employer has the option to not require follow-up testing. If follow-up testing is required, it will be conducted at least once a year for a two year period following completion of the program. Advanced notice of the follow-up testing date will not be given. This testing will be performed on a quarterly, semiannual or annual basis for up to two years thereafter.

   D. **Reanalysis Testing**. A medical review office (MRO), after reviewing an original drug test of yours, may request you to submit to another test.

3. **REFUSAL TO SUBMIT TO TESTING** Refusal to submit to a drug test or efforts to tamper with or adulterate a drug test may be the basis for refusing to hire you. If already hired, such refusal will preclude further employment with this company or result in disciplinary action up to and including dismissal. Efforts to tamper with or adulterate a drug test may result in termination of employment. If injured on the job, refusal to test or efforts to tamper with or adulterate a drug test will be the basis for your forfeiture of being eligible for medical and indemnity benefits under the Workers' Compensation Act.

4. **REPORTING OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS.** Employees and job applicants have the right to report to the medical review officer as named in paragraph 6 below, the use of prescription or non-prescription medications both before and after being tested. Such report shall be made to the person or persons listed in paragraph 6 below. Certain drugs may alter or affect a drug test. A list of such medications by brand name or common name, as well as by chemical name, where applicable, as developed by the Agency for Health Care Administration is attached to this policy statement and is found in Exhibit "A". You have the right to consult with the Medical Review Officer for technical information regarding prescription or non-prescription medication. Your statements, written or otherwise, in regard to information provided pursuant to this paragraph shall be held strictly confidential, unless you specifically authorize the release of this information.

5. **EMPLOYEE ASSISTANCE, ALCOHOL AND DRUG REHABILITATION PROGRAMS** You are advised that, in addition to the Life Management Center EAP and alcohol and drug rehabilitation programs, there are a number of regional employee assistance programs and alcohol and drug rehabilitation programs. The names, addresses and telephone numbers of these agencies are as follows:

Bridgeway Center, Inc.
137 Hospital Drive
Fort Walton Beach, FL 32548
(850) 833-7449

Chemical Addiction Recovery Effort, Inc.
4000 East 3rd Street
Springfield, FL 32404
(850) 872-7676

Friary Lakeview Program
4400 Hickory Shores Boulevard
Gulf Breeze, FL 32561
(800) 332-2271

Twelve Oaks
2068 Health Care Avenue
Navarre, FL 32566
(800) 622-1255

6. **CONTESTING DRUG TESTING RESULTS** If you receive a positive confirmed drug test result, you have the right to legally or administratively contest the result or explain the result to a medical review officer (MRO) whose name, address and telephone number is as follows:

Dr. Stephen Kracht
8140 Ward Parkway Suite 275
Kansas City, MO 64114
MRO Phone 855-355-7058
Fax 913-498-5038

This must be done within five (5) working days after you are given written notification of a positive confirmed drug test result. If your explanation or challenge of the positive confirmed test is unsatisfactory to the MRO, the MRO shall report a positive test to the employer. If there is a collective bargaining agreement or contract in place, you may appeal this pursuant to the terms of those instruments. You also may have the right to appeal to the Public Employee Relations Commission or appropriate court regarding any applicable collective bargaining agreement or contract. If you are refused employment or terminated from employment after your explanation, you may still contest the drug test result pursuant to rules adopted by the Florida Department of Labor and Employment Security. In order to administratively challenge a drug test, you must file a claim with a judge of Compensation Claims within 30 days of being advised that this employer rejects your explanation of the positive drug test if in fact there is such a rejection. You must notify the testing laboratory of any administrative or civil action brought pursuant to this policy statement and Florida laws and advise the laboratory of the need to retain any sample taken until the case of administrative appeal is settled. You have the right under law to have the specimen given by you retested at your expense at another laboratory chosen by you. The laboratory you choose must be licensed and approved by the Agency for Healthcare Administration. This retesting must be performed within 180 days after written notification of a positive test results. The name, address, and telephone number of the testing laboratory is as follows:

ARCpoint Labs of Panama City
2012 Lisenby Ave
Panama City, Florida 32405
1-850-640-0950

You have the right to consult with the medical review officer named in this paragraph for technical information regarding prescription and non-prescription medication or in regard to any other information you desire. You shall have the right to a copy of the drug test results upon request, and to have a portion of any sample or specimen taken to be retested, at your expense, at another laboratory licensed and approved by the Department of Health and Rehabilitative Services, or, effective October 1,1993, the Agency for Health Care Administration (AHCA), chosen by you. This testing must be performed within 180 days after written confirmation of a positive test result. The second laboratory test must test at equal or greater sensitivity for the drug in question as the first laboratory. The first laboratory, which performed the test for the employer, shall be responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody during such transfer.

7. **CONFIDENTIALITY**. You are advised that all information, interviews, reports, statements, memoranda, and drug test results, written or otherwise received by the employer through these drug testing programs are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with Section 440.102, Florida Statutes, or in determining the compensability of workers' compensation claims. This company, any laboratory, employee assistance programs, drug and alcohol rehabilitation programs or their agents who receive or have access to information concerning drug test results shall keep all information confidential. Release of such information under any other circumstance shall be solely pursuant to a written consent form signed voluntarily by you, unless such release is compelled by a hearing officer or a court of competent jurisdiction pursuant to an appeal or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. Information on drug test results shall not be released or used in any criminal proceeding against you as an employee or applicant for employment. Information released contrary to this section shall be inadmissible as evidence in any criminal proceeding. However, the employer, agent of the employer, or laboratory conducting a drug test shall not be prohibited from releasing any such information when consulting with legal counsel in actions brought under or related to Section 440.102, Florida Statutes, or when such information is relevant to its defense in a civil or administrative matter.

Exhibit A

Life Management Center of Northwest Florida reserves the right to test for any or all of the drugs listed by the Agency For Health Care Administration contained in Rule 59A-24 of the Florida Administrative Code. Employees and applicants will be notified regarding changes to the list. (A copy of chapter 59A-24 may be obtained by calling the Agency for Health Care Administration at (850) 487-3107 or the Workers Compensation Customer Service Center at (850) 921-6966. The following is a list of drugs* by brand names or common names, as well as by chemical names for which applicants and employees may be tested:

Drugs Tested*	Trade Names	Common or Street Names
Alcohol	All liquid medications containing ethyl alcohol (ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).	Booze, Beer, Wine
Amphetamines	Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastine.	Ice, Speed, Crank, Uppers,
Cannabinoids	Marinol (Dronabinol, THC)	Pot Grass Weed Smoke, Mary Jane, Reefer, Thai Stick, Dope
Cocaine	Cocaine HCI topical solution (Roxanne)	Coke, Rock, Crack, Snow, Blow, Toot
Phencyclidine	Not legal by prescription	PCP Angel Dust
Methaqualone	Not legal by prescription	
Opiates	Paregoric, Parepectolin, Donnagel PG, Morphine, Tylenol with Codeine, Emprin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, dilaudid (Hydromorphine), M-S Contin and Roxanol (morphine sulfate), Percodan, Vicodin, Tussi-organidin, etc.	Heroin, Horse, Smack,
Barbituates	Phenobarbitol, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebral, Butabarbital, Butalbital, Phenrinin, Triad, etc.	
Benzodiazepines	Ativan, Azene, Clonopin, dalmine, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax.	
Methadone	Dolphine, Metadose	
Propoxyphene	Darvocet, Darvon N, Dolene, etc.	

***Due to the large number of obscure brand names and constant marketing of new products, this list cannot and is not intended to be all-inclusive.**

DRUG FREE WORKPLACE ACKNOWLEDGEMENT

By the signing of this statement, I acknowledge that I have received a copy of the Life Management Center Notice to Employees and Applicants regarding the Drug Free Workplace Policy, including information regarding the employer's drug testing program and I hereby consent to the terms of the policy.

I further understand that notice regarding the program has been publicly posted in an appropriate and conspicuous place on the employer's premises and that copies of the policy are available for inspection by me or the general public in the employer's personnel office or other designated place during regular business hours.

By signing this agreement, I herewith acknowledge that I fully understand my rights, duties, and obligations under this Drug-Free Workplace Program. I further understand that the employer can establish reasonable work rules related to any possession, use, sale or solicitation of drugs, including conviction for drug related offenses and can terminate my employment or deny employment for such conduct.

Print Name of Employee or Applicant for Employment	**Emp ID or SS#**
Signature of Employee or Applicant for Employment	**Date**

Corporate Witness Statement For Applicants:

This is to certify that I have explained this form and the employer's Drug Free Workplace Program to the above listed applicant for employment. He/She has acknowledged to me that he/she has read this form and understands its contents. If he/she cannot read, he/she has advised me of this fact and I have personally read the notice to him/her. In addition, I have orally explained the contents of this form regarding the Life Management Center Drug Free Workplace Program.

Signature of Corporate Witness (e.g. HR or Supervisor)

As soon as the individual signs the above acknowledgement form, send (or fax) to the designated agency authority.