



Construction Data Services

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

THE PIPE FITTING COUNCIL OF GREATER CHICAGO SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY EMPLOYER REGISTRATION

Employer Legal Name _____

Street Address _____
NO PO BOX

City _____ State _____ Zip _____

Phone Number () _____ Fax () _____

E-mail Address: _____

COMMUNICATORS

Please designate one (1) Primary and at least one (1) Alternate communicator. Your communicators will be the only persons from within your organization that will be able to request, receive and/or discuss test result information.

I hereby authorize remove the following communicators:

The following person is designated as our **PRIMARY** communicator:

The following person is designated as our **ALTERNATE** communicator:

This agreement by and between CONSTRUCTION DATA SERVICES (CDS) and the above listed COMPANY consists of the following understandings and conditions: COMPANY designates CDS to act as its agent as it applies to the services provided by CDS. COMPANY understands that information is to be requested or accessed only by its designated personnel (COMMUNICATORS), and solely for business purposes falling within the scope of their official duties. COMPANY has instructed each of its Communicators that all testing information is to be kept completely confidential and to be used solely for business purposes.

COMPANY agrees to pay CDS for each test or other service ordered from CDS, in accordance with CDS' Drug and Alcohol Test Fee Schedule. CDS will bill weekly for all tests performed during the prior week. COMPANY agrees to pay all invoices within thirty (30) days after the invoice date, without regard to reimbursement from any fund. For any invoice not paid within thirty (30) days of the invoice date, CDS will add, and COMPANY agrees to pay, a SERVICE CHARGE of 1 ½ % per month. COMPANY agrees to pay CDS' reasonable attorney's fees and costs incurred in the collection of any unpaid invoices, and consents to suit in state court in Chicago, IL. CDS reserves the right to suspend or terminate services to COMPANY should any invoice remain unpaid for more than 45 days.

Signature of Company Official

Title

Date

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For CDS use only

Received _____

Client # _____

Please Fax To: 314-645-6767 or 866-645-6767



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THE PIPE FITTING COUNCIL OF GREATER CHICAGO SUBSTANCE ABUSE TESTING AND TREATMENT PROGRAM POLICY COMMUNICATOR AUTHORIZATION AND SETUP

EACH COMMUNICATOR MUST SUBMIT A SEPARATE COPY OF THIS FORM

A COMPANY OFFICER MUST DESIGNATE THE PRIMARY AND ALTERNATE COMMUNICATORS FOR YOUR COMPANY. YOUR COMMUNICATORS WILL ACT AS THE SOLE CONTACT PERSONS FROM WITHIN YOUR COMPANY AND WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROGRAM AND THE RECEIVING OF NON-NEGATIVE AND POSITIVE TEST RESULTS. COMMUNICATORS DESIGNATED BY THE COMPANY OFFICER UNDERSTAND THAT ALL TEST RESULTS MUST BE KEPT CONFIDENTIAL AND WILL NOT BE RELEASED TO ANYONE.

COMPANY OFFICER: I authorize the below listed employees to act as our communicators:

Signature of company officer _____ Title _____
 Company Name _____
 Signature of Communicator _____ Date _____

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM:

Each communicator must submit a separate copy of this form signed by a company officer indicating their individual password in the appropriate space. Your password can be up to ten (10) letters in length. Please select your password carefully, as it will be requested from you as a means of identification. CDS will assign your access number and notify you of such.

NO INFORMATION WILL BE RELEASED WITHOUT A VALID ACCESS NUMBER AND PASSWORD

The following person is to be our **PRIMARY** **ALTERNATE** communicator:

Name _____ Title _____
 Cell Phone Number _____ Beeper # _____
 E-mail Address _____
 Password _____

CDS will mail you a confirmation letter with your PASSWORD and assigned ACCESS NUMBER. No information will be released to you by our office without furnishing us with this ACCESS NUMBER and PASSWORD.

**PLEASE FAX TO:
314-645-6767 or 866-645-6767**